



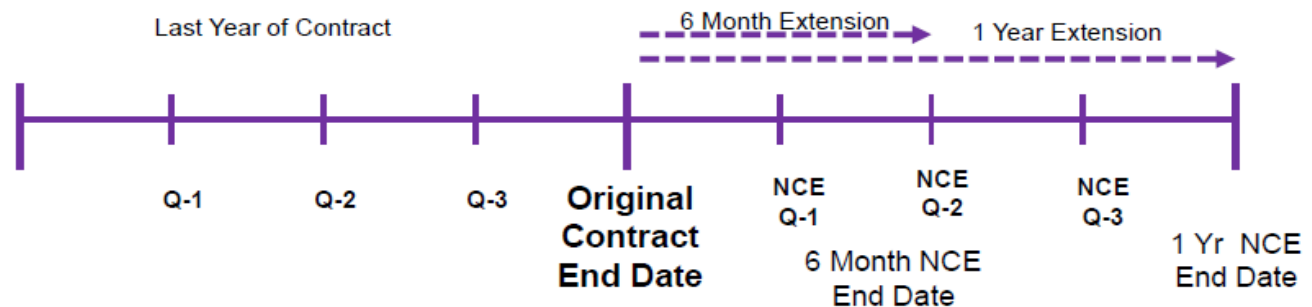
Department of Health
Wadsworth Center

No-Cost Time Extensions

Extramural Grants Administration – Wadsworth Center

No-Cost Time Extension Request

- Use to allow more time to complete contracted research project
- Funds **must** remain in current budget lines
- Start process **at least six (6) months** prior to end of contract
 - Requires DOH, AG and OSC approval
 - Progress Report required for approval
- Periodic and Final Progress Report still required




All Fiscal Requests Require a Justification

Be Specific

- Strength of justification is critical to approval of the request
- Justification must be tied to progress made on contract aims
 - Progress to date on each specific aim
 - Plans for use of funds to accomplish stated aims

1. Enter Contract Number (CXXXXXGG/GM)
2. Enter Contractor SFS Payee Number
3. Enter Current Contract Period
4. Enter Requested Contract Period
5. Select Funding Source (drop down list)
6. Principle Investigator (Name and Title)
7. Principle Investigator (Signature and date)
8. Grants Office (Name and Title)
9. Grants Official (Signature and date)





**Department
of Health**

Wadsworth
Center

NO-COST TIME EXTENSION REQUEST FORM

The request must be submitted at least six months prior to the end of the contract

CONTRACT NUMBER: <input style="width: 90%;" type="text"/>	
CONTRACTOR SFS PAYEE NUMBER: <input style="width: 90%;" type="text"/>	
CURRENT CONTRACT PERIOD: <input style="width: 50%;" type="text"/>	REQUESTED CONTRACT PERIOD: <input style="width: 50%;" type="text"/>

Requests to extend the term of the contract requires DOH and OSC approval. Provide sufficient justification on additional pages explaining the need to extend the contract beyond the scheduled end date and how the funds will be used to achieve the project's approved research aims.

FUNDING SOURCE: <input style="width: 90%;" type="text"/>	
PRINCIPAL INVESTIGATOR: <input style="width: 90%;" type="text"/> <small>Name and Title</small>	
<input style="width: 90%;" type="text"/> <small>Signature and date</small>	
GRANTS OFFICIAL: <input style="width: 90%;" type="text"/> <small>Name and Title</small>	
<input style="width: 90%;" type="text"/> <small>Signature and date</small>	

1. Contract Number, Contract SFS Payee. Number and Contract Period will populate from the Cover Page.
2. Column I must reflect the most recently approved budget.
3. Estimated Expenditures (Column II) cannot exceed Current Budget or “Over Budget” error will appear.
4. Remaining Funds (est.) (Column III) will auto fill.

NO-COST EXTENSION REQUEST - WORKSHEET			
Genetics: genetic.counseling@health.ny.gov	CONTRACT NUMBER:	0	
HRSB: HRSB@health.ny.gov	CONTRACTOR SFS PAYEE NAME:	0	
SCRIB SCRIB@health.ny.gov	CURRENT CONTRACT PERIOD:	MM/DD/YY	
	REQUESTED CONTRACT PERIOD:	MM/DDYY - MM/DD/YY	
	2	3	4
CATEGORY OF EXPENSE	COLUMN I CURRENT BUDGET	COLUMN II EXPENDITURES (est.)	COLUMN III REMAINING FUNDS (est.)
1. PERSONAL SERVICES			
a) SALARY	-	-	-
Enter Position Title From Contract			
Enter Position Title From Contract			-
Enter Position Title From Contract			-
Enter Position Title From Contract			-
Enter Position Title From Contract			-
Enter Position Title From Contract			-
Enter Position Title From Contract			-
Enter Position Title From Contract			-
Enter Position Title From Contract			-
Enter Position Title From Contract			-
b) FRINGE		-	-
SUBTOTAL	-	-	-
2. NON PERSONAL SERVICES			
a) CONTRACTUAL SERVICES	-	-	-
Enter subcontractor name			
b) TRAVEL	-	-	-
Travel			
Meeting Registration	-	-	-
c) EQUIPMENT	-	-	-
Enter Item Description	-	-	-
e) OPERATING EXPENSES	-	-	-
Lab Supplies	-	-	-
Office Supplies			
Animals and Care			
Core Facilities			
Publications			
Communications			
Miscellaneous	-	-	-
	-	-	-
	-	-	-
f) OTHER	-	-	-
Facilities and Administration			
	-	-	-
SUBTOTAL	-	-	-
TOTAL	-	-	-

Please Do Not Overwrite Formulas Contained in this Worksheet.



NO COST EXTENSION PERSONAL SERVICE DETAIL

BUDGET MODIFICATION REQUEST - PERSONAL SERVICE DETAIL								
Genetics: genetic.counseling@health.ny.gov HRSB: HRSB@health.ny.gov SCIRB: SCIRB@health.ny.gov	CONTRACT NUMBER:							
	CONTRACT SFS PAYEE NAME:							
	CONTRACT PERIOD:							
POSITION TITLE	ANNUALIZED SALARY PER POSITION	STANDARD WORK WEEK (HOURS)	PERCENT OF EFFORT FUNDED	NUMBER OF MONTHS FUNDED	SALARY	BENEFIT RATE	FRINGE	
					-			-
					-			-
					-			-
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					-			-
The values in the Salary & Fringe columns must match those of the BM Worksheet Column III Requested Budget.					Total Salary	-	Total Fringe	-

Note: The red arrow points from the yellow box to the "NUMBER OF MONTHS FUNDED" column header.

1. Header will populate form Cover Page
2. Position Title must match that of the Worksheet
3. Salary will automatically calculate based on the information entered in (Annualized Salary, Percent Effort and Number of Months Funded).
4. Enter Benefit Rate (%) – Fringe will automatically calculate

1. Contract Number, Contract SFS Payee. Number and Contract Period will populate from the Cover Page.
2. Detailed justification should:
 - ✓ Explain why funds were not expended during the normal contract term.
 - ✓ Provide reasons the contract term should be extended.
 - ✓ Why is it necessary to achieve the approved research aims?
 - ✓ Describe steps that will be taken to utilize additional funds during the contract term.



NO-COST EXTENSION REQUEST - JUSTIFICATION

Genetics: genetic.counseling@health.ny.gov HRSB: HRSB@health.ny.gov SCIRB: SCIRB@health.ny.gov	CONTRACT NUMBER:	0
	CONTRACTOR SFS PAYEE NAME	0
	CURRENT CONTRACT PERIOD:	MM/DD/YY
	REQUESTED CONTRACT PERIOD	MM/DDYY - MM/DD/YY

1

Justification: Explain why all funds were not expended during the term of the contract and the reasons it is necessary to extend the contract beyond the scheduled end date. Describe steps that will be taken to ensure sufficient funding is available to achieve the approved research aims during the extended contract term. Use additional pages if necessary.

No Cost Extension Approval Notification

- EGA returns countersigned request form
- EGA obtains DOH, AG and OSC approvals
- Copy of executed amendment or denial notification email sent to organization and EGA
- Organization can voucher for allowable expenses incurred during approved extension period

Any Questions?

Contact us at:

hrrb@health.ny.gov

scirb@health.ny.gov

or

(518) 474-7002



**Department
of Health**



Department of Health Wadsworth Center