

Extensions (No Cost and Low Cost)

Extensions (No Cost and Low Cost) - Recipients may request a no cost or low cost extension for up to 12 months after the end of a project period to complete program-related activities for awards not subject to expanded authority at least 10 days before the project period is scheduled to expire. No new activities will be funded in a no-cost extension. Requests will not be approved if the primary purpose is to permit the use of unobligated balances of funds. Funds should be used to bring about an orderly phase of the grant/cooperative agreement. All terms and conditions of the award apply during the extended period.

❖ **TIPS** - All correspondence must be on official agency letterhead and must include the following:

- Date
- Grantee name and number
- Point of contact – name and phone number, and email address
- Two signatures – Authorized Business Official and Project Director

Required Documentation:

- Detailed justification outlining the activities that will be completed during the no costs extension period
- Detailed budget and justification outlining the activities that will be completed during the low costs extension period
- Timeline to provide continuity of cooperative agreement/grant support while a competing application is under review or permit an orderly phase-out of a project that will not receive continued support.
- Impact on the program if not approved.

No Cost or Low Cost Extension Template

Date

Attn: _____

Grants Management Specialist
CDC, Procurement and Grants Office
2920 Brandywine Road
Room 3000, Mail Stop E-09
Atlanta, GA 30341

Re: Cooperative Agreement Award No. _____

Program Announcement _____

Request for Extension (Specify No Cost or Low Cost)

Dear Grant Management Specialist:

This letter is to request a ___ month <<specify no-cost or low cost>> extension to complete all program related activities for the cooperative agreement listed above. The total unobligated balance on the cooperative agreement is estimated to be \$_____. This amount will be sufficient to complete the remaining program activities.

<<Insert paragraph indicating the bona-fide need and list of remaining activities along with their corresponding objective and anticipated timeline completion date.

Activity A: _____

Objective X: _____

Anticipated timeline for completing activity: Month, Year>>

If you have any questions regarding this request, please feel free to contact _____ at
phone/email address.

Sincerely,

/s/ _____
Project Director

/s/ _____
Authorized Business Official