

UNIVERSITY OF HAWAII
Office of Research Services
NSSC NCE Prior Approval Form

Principal Investigator _____

E-mail _____

Award Number _____

Current Budget Period _____

- Type of Extension: I) 1st No-Cost Extension
 II) 2nd No-Cost Extension
 III) 3rd No-Cost Extension

Indicate extension period From: _____
To: _____

- Reason for Extension: To Assure adequate completion of the original scope of work within the funds already made available.
[Per 1260.23 Grant & Cooperative Agreement Handbook]
 Other, If "Other", please explain:
 Please limit reason to 1000 characters.

Justification:

Certifications, Signatures and Approvals:

- I certify that the information on this form is correct and complete and this request is within the last 30 days of the period of performance.
- I certify that an electronic copy of the no-cost extension justification and any relevant attachments have been forwarded to the authorized organizational representative.
- I certify that an electronic copy of the current progress report for this award has been forwarded to the authorized organizational representative.

Principal Investigator Signature _____

Date _____

Fiscal Authority Signature _____

Date _____