Overview:
The FDP / No Cost Extension form is used to request additional time to complete the original scope of a project, utilizing existing funds available on a grant award issued by a federal granting agency participating in the Federal Demonstration Partnership (FDP) which formally incorporates the terms and conditions of FDP.

Please Note: Not all awards issued by these granting agencies are under the terms of FDP. For more information regarding FDP in general, please visit the Awards section of the OCGA Web site.

The agencies participating in FDP are: Air Force Office of Scientific Research (AFOSR), Army Research Office (ARO), Army Medical Research (AMR), Department of Energy (DOE), Environmental Protection Agency (EPA), National Aeronautics & Space Agency (NASA), National Institutes of Health (NIH), and U.S. Department of Agriculture (USDA).

Purpose, timing, and components of an FDP No Cost Extension request:

- A No Cost Extension request is for the purpose of completing work already approved by the funding agency. It should not propose any new studies during the extended period but should be strictly for additional time in order to complete on-going studies.

- For NIH grants, OCGA can submit an electronic request for a No Cost Extension up until the expiration date of the project. **However, please be aware** your request to OCGA should be initiated at least 2 weeks prior to the expiration date to allow time to verify all of the information provided.

- Based on experience, our guidance for all FDP agencies is that a request for No Cost Extensions should be initiated by the Principal Investigator at least sixty (60) days prior to the expiration date of the project.

- This sixty (60) day lead time is especially crucial for some of the FDP agencies, such as AFOSR, ARO, and ONR, (which still retain the final approval authority) in order to allow the approval to be granted and received prior to the current end date of the grant.

The scientific justification/rationale for a No Cost Extension request will address the following four questions:

1. Why is additional time necessary?
2. What are the total estimated funds remaining as of the current project end date (including indirect costs)
3. Why are these funds available?
4. How will these funds be used during the extension period?

If Human and/or Animal Subjects are involved in the project, an approved protocol must be in place for the full time period of the project. If a protocol will expire during the extended period, it must be renewed in accordance with UCSD Human Research Protection Program and/or UCSD Animal Welfare Program office policy.

Authority for approval of an FDP No Cost Extension request:

- **UCSD local approval authority:**
  - Under the terms of the FDP, the University is able to approve a No Cost Extension only one time per competitive segment of a grant award and for a maximum of 12 months. Additional No Cost Extension requests outside of this specific delegated authority must be approved by the agency.

  - FDP agencies that have delegated No Cost Extension approval authority to the local University level are: EPA, NASA, NSF, AMR, DOE, NIH, and USDA.
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- **Agency approval authority:**
  - FDP agencies that still retain authority to approve all No Cost Extensions (i.e., authority has **not** been delegated to the local University level) are AFOSR, ONR, and ARO.

Approval process for an FDP No Cost Extension request:

- Once the FDP No Cost Extension request has been reviewed and approved, it will be signed by OCGA for General Campus and Health Sciences Departments/ORU’s or by the SIO Contract and Grant Office for SIO Departments. As required by the FDP, for those participating FDP agencies that do allow local approval, the contract and grant offices will formally notify the agency of the approval granted and of the newly extended end date.

- For those agencies that have **not** delegated No Cost Extension approval authority to the local University level, OCGA will forward the request to the agency for review and consideration. If/when approved, this section will be completed by the authorized funding agency official and returned to OCGA.

### Principal Investigator:

<table>
<thead>
<tr>
<th>PI First Name</th>
<th>PI Last Name</th>
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<tbody>
<tr>
<td>Department/ORU</td>
<td>Department/ORU Contact</td>
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<tr>
<td>Contact Phone #</td>
<td>Contact Fax #</td>
</tr>
<tr>
<td>Contact Mail Code</td>
<td>Contact Email</td>
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**UCSD #:** List the UCSD # associated with the budget period being extended.

**PI Last Name:** List the last name of the Principal Investigator.

**PI First Name:** List the first name of the Principal Investigator.

**Department/ORU:** List the Department/ORU that administers the project.

**Department/ORU Contact:** Identify the individual that will be contacted if there are questions regarding the FDP / No Cost Extension form.

**Contact Phone #:** List the phone number of the individual listed as the Department/ORU contact.

**Contact Fax #:** List the fax number of the individual listed as the Department/ORU contact.

**Contact Mail Code:** List the mail code of the individual listed as the Department/ORU contact.

**Contact Email:** List the email address of the individual listed as the Department/ORU contact.
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Human and Animal Subjects Information:

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<tr>
<th>Human and Animal Subject Information:</th>
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<tbody>
<tr>
<td>Is a Human Subjects protocol associated with this project?</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
<tr>
<td>Protocol #(s)</td>
</tr>
<tr>
<td>Is an Animal Subjects protocol associated with this project?</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
<tr>
<td>Protocol #(s)</td>
</tr>
</tbody>
</table>

Is a Human Subjects protocol associated with this project?: If not, check the “No” box. If so, check the “Yes” box and complete the sections for Protocol # and Date.

Protocol #(s): List the human subject’s protocol number(s) that is/are in effect for the project. Please be reminded that, as is the case with any research project, there must always be an approved protocol in place for the full time period of the project. If a protocol will expire during the extended period, it must be renewed in accordance with UCSD Human Research Protection Program Office policy.

Approval Date(s): List the most recent date that the Principal Investigator’s human subject’s protocol for the project was approved by the UCSD Institutional Review Board.

Multiple Protocols: If there are multiple protocols, attach an extra sheet listing the protocols and their appropriate dates.

Is an Animal Subjects protocol associated with this project?: If not, check the “No” box. If so, check the “Yes” box and complete the sections for Protocol # and Date.

Protocol #(s): List the animal subject’s protocol number(s) that is/are in effect for the project. Please be reminded that, as is the case for any research project, there must always be an approved protocol in place for the full time period of the project. If a protocol will expire during the extended period, it must be renewed in accordance with UCSD Animal Welfare Program office policy.

Approval Date(s): List the most recent date that the Principal Investigator’s animal subject’s protocol for the project was approved by the UCSD Institutional Animal Care and Use Committee (IACUC).

Multiple Protocols: If there are multiple protocols, attach an extra sheet listing the protocols and their appropriate dates.
# FDP / No Cost Extension Form

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### Agency Information:

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<thead>
<tr>
<th>Agency Information:</th>
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<tbody>
<tr>
<td>Agency Name</td>
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<tr>
<td>Award #</td>
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<tr>
<td>Fund #</td>
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<tr>
<td>Current Project End Date</td>
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**Agency Name:** List the name of the funding agency which issued the grant award. The agencies participating in the Federal Demonstration Partnership (FDP) are: Air Force Office of Scientific Research (AFOSR), Army Research Office (ARO), Army Medical Research (AMR), Department of Energy (DOE), Environmental Protection Agency (EPA), National Aeronautics & Space Administration (NASA), National Institutes of Health (NIH), National Science Foundation (NSF), Office of Naval Research (ONR), and U.S. Department of Agriculture (USDA).

**Award #:** List the award number for the project assigned by the agency.

**Fund #:** List the fund number assigned to the project by the Office of Post Award Financial Services (OPAFS).

**Current Project End Date:** List the end date of the project as currently stated in the grant award.

### Requested Extension Period Information:

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<tr>
<th>Requested Extension Period Information:</th>
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<tbody>
<tr>
<td>☐ 12 Months New End Date</td>
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<tr>
<td>or</td>
</tr>
<tr>
<td>☐ Other # of Months New End Date</td>
</tr>
</tbody>
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For a one-year (12 month) No Cost Extension request, check the “12 months” box and list what the new requested end date would be.

**Please Note:** For agencies participating in the Federal Demonstration Partnership (FDP) which have delegated No Cost Extension approval authority to the local University level, we are able to do so only **one time per competitive segment of a grant award and for a maximum of 12 months.** These agencies are EPA, NASA, NSF, AMR, DOE, NIH, and USDA. Additional No Cost Extension requests outside of the specific delegated local authority must be approved by the agency.

For No Cost Extension requests of less than 12 months, please list the number of months and the new end date as indicated in this section of the form.

The remaining FDP agencies of AFOSR, ONR, and ARO have **not** delegated this authority and **must** approve any No Cost Extension request, regardless of the length.
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Scientific Justification Questions:

1. Why is additional time necessary?

2. What are the total estimated funds remaining as of the current project end date, including indirect costs? $ ________________

3. Why are these funds available?

4. How will these funds be used during the extension period?

Why is additional time necessary?: Address the reason that additional time beyond the presently awarded end date is required in order to assure completion of the originally approved scope of the project. Please Note: Purely having funds available is not a valid reason to request a no-cost extension.

What are the total estimated funds remaining as of the current project end date (including indirect costs)?: List the total costs (i.e., direct and indirect costs) that are estimated to be remaining as of the end date as currently stated in the grant award. Please Note: Award funds must available for use during the extended period (i.e., there cannot be a zero balance).

Why are these funds available?: Address the reason why it is estimated that there will be funds available (i.e., that not all of the funds will be expended) as of the current end date.

How will these funds be used during the extension period?: Address the tasks of the original scope of the project that will be fulfilled during the requested extension period. Please also describe how the unexpended funds will be used. It is not necessary to list an actual detailed budget.

Signatures:

Principal Investigator

__________________________________________________________________________
Principal Investigator Signature

__________________________________________________________________________
Date

PI Signature: The FDP / No Cost Extension form is to be signed, and dated, by the Principal Investigator.
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Instructions:

Signatures – Continued:

OCGA Official Authorized to Sign on Behalf of The Regents

_________________________________________  __________________________
Signature                                              Date

_________________________________________
Print or Type Name and Title

OCGA Official Authorized to Sign on Behalf of Institution: Once the FDP No Cost Extension request has been reviewed and approved, this section will be completed by OCGA for General Campus and Health Sciences Departments/ORU’s or by the SIO Contract and Grant Office for SIO Departments. As required by the FDP, for those participating FDP agencies that do allow local approval, the contract and grant offices will formally notify the agency of the approval granted and of the newly extended end date.

Agency Approval, if Required

_________________________________________  __________________________
Funding Agency Official Signature                                             Date

_________________________________________
Print or Type Name

_________________________________________
Print or Type Title

Funding Agency Approval, if Required: For those agencies that have not delegated No Cost Extension approval authority to the local University level, OCGA will forward the request to the agency for review and consideration. If and when approved, this section will be completed by the authorized funding agency official and returned to OCGA.