

**REQUEST FOR CONTINUATION OF SPONSORED PROJECT
COMPANY COST CENTER NUMBER
& JUSTIFICATION FOR PROJECT EXTENSION REQUEST**

TO: Research & Sponsored Programs

DATE: _____

1. This is to request a continuation of cost center number(s) _____
cost center number
until _____ (a maximum of 6 months). The University anticipates the award of a
date
continuation contract/grant from _____ on approximately
Sponsor Name
_____ for the project entitled _____. It is
date Project Title
understood that if a continuation contract/grant is not awarded, all expenditures on this cost center number
beyond the effective award enddate will be transferred to the department's maintenance cost center number(s)
_____. It is also understood that transfers to the department's
departmental costcenter number
salary costcenter number may be made only for permanent employees of the University. The salary of any
employee whose employment is dependent upon continuation of the contract/grant must have his/her salary
transferred to the department's maintenance cost center in the event of non-renewal of the contract/grant.

2. This is to request a time extension on Award Number _____ from
project award number
_____ until _____.
Sponsor Name date
I understand that request 2 is only a request to the Sponsor for the extension and does not extend the ccn.

JUSTIFICATION: *(a justification is required for both request 1 and request 2)*

REQUESTED BY:

_____/_____
Principal Investigator/ Date
Project Director

_____/_____
Department Chairman/Head Date

Cost-Sharing Yes ___ No ___

Sub-Contract Yes ___ No ___

RSSP Processing:

initials date

***N.B: All NSF requests are to also be processed on NSF
Fastlane. Call RSSP, 575-3845 with any questions.***