**CCRP No-Cost Extension Request**

1. **Date of Request:** Click here to enter a date.
2. **Grant Region:** Choose an item.
3. **Name of Grant Project**
4. **Grant Number**
5. **Grantee Contact Person**
6. **Grantee Contact Email**
7. **Briefly describe why a no-cost extension is needed.** *(200 words or less)*

1. **When do you expect funds to be fully expended?** Click here to enter a date.

*Please note that reports are due two months from this date. Reports are due at the end of the month.*

1. **Briefly describe the activities that will occur during the no-cost extension**

*(200 words or less)****:***

1. **[ ]  I have attached a brief budget (in any format) showing how funds will be expended**

**Internal Use Only**

|  |  |
| --- | --- |
| **McKnight Program Officer/Director Approval** | **Date** |