

**Arts & Sciences
Internal No Cost Extension Request**

Name of PI: _____

Sponsor: _____

FOPAL: _____

Cayuse Project Number: _____

Current End Date: _____ Subawards Extended? _____

1st NCE _____ 2nd NCE _____ Other _____

New End Date Requested: _____

Was there a re-budget requested with the NCE? _____

Date Submitted to Sponsor: _____

How was it submitted? _____ Will you submit or SPA? _____

**If the NCE is NOT granted, your department will be liable for the
charges that occur after the original end date.**

Please provide a departmental FOPAL to cover the expenses if Not Approved

FUND: _____ **ORG:** _____ **Program:** _____

Department Chair's Signature: _____

Please Submit completed form to asgrants@southalabama.edu

**Once you receive approval from sponsor, please forward that
information to me at asgrants@southalabama.edu**

For A&S Grants Use Only

Approved: _____ Not Approved: _____

Update Priority: _____