

**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 \_\_\_\_\_ fom  
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.***