



Date of Request:

Project Information

Principal Investigator Email Address Phone

Department OSPA Post-Award Team MU Project No.

Sponsor Sponsor Award No.

Award Title:

Current Award End Date Requested Award End Date Budget Expected to Remain at End of Current Period

Justification

Please provide justification for NCTE and planned spending for budget remaining, including progress to date and scientific or programmatic reason for the extension. The justification provided may be used in our request to the sponsor if approval is required. If budget is in another format, it may be attached as a separate page.

The fact that excess, unspent funds are anticipated is not a sufficient justification for an extension.

Will the level of effort for the PI/Key Personnel change significantly (more than 25%) during the NCTE period?

IRB - Will human subjects be included on the project? If yes, provide protocol no.

ACUC - Will animal care be included on the project? If yes, provide protocol no.

Subrecipient(s)? If subaward(s) exist, list the name(s) and new end date(s) in the Additional Comments section.

Principal Investigator Signature Print Name Date

Submission

Email this form and any additional supporting documentation to your [Post-Award Team](#).

OSPA USE ONLY

IRB (HUMA)	Expiration Date	PS updated
ACUC (ANIMA and/or ANIM2)	Expiration Date	PS updated
Export Controls Technology Plan	EC Office Contacted Date	
COI (PHS/NSF FCOI) Regulations	Approval Obtained	Date
EHS (HAZMT, RDNA, PATHO) notification sent to biosafety@missouri.edu		Date
Subawards NCTE info sent to muresearchospasubcon@missouri.edu		Date
Milestones		PS updated

Reviewed by OSPA Post-Award Team member to ensure that a NCTE will not result in noncompliance.

Reviewer Date

Authorized Signer Date

Additional Comments or Information