



Institute of Food and Agricultural Sciences
Citrus Research and Education Center

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May 26, 2020

[Agency Administrative Contact name]
[Agency name]

Subject: No-Cost Extension Request
Agreement Number: [Insert Ref Award #]
PI: [Insert PI Name]
UF Award Number: [Insert UF Award #]
Project Title:
Original Project Period: [Insert Project Date Range]

Dear [Agency Name],

I would like to request a [insert length of nce] month no cost extension to the agreement in reference. This extension is necessary because [Insert reason for nce, briefly explain obstacles that prevented the on-time completion of the objectives].

If effort is being reduced for any key person from what was originally budgeted, indicate the new commitment during the extension period and the reason for the reduction.)

If you have any questions, please contact me by email at: [Insert your email address] or by phone at: [Insert your phone number]. If you approve of the no-cost extension request, please sign below and return to the following address:

University of Florida
Division of Sponsored Programs
ufawards@ufl.edu

I thank you in advance for your attention to this matter and look forward to hearing from you.

Sincerely,

[Insert your name]
Principle Investigator

Division of Sponsored Programs
University of Florida

Agency Representative