



## Conservation Grants Program Request for Extension

Organization: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Grant Program: \_\_\_\_\_

Project Name: \_\_\_\_\_

Original Grant Deadline: \_\_\_\_\_

Project #: \_\_\_\_\_

Has any previous extension been approved? If so, what length?

Yes

No

Expiration Date: \_\_\_\_\_

Are the deliverables and budget of the project the same as approved previously?

Yes

No, explain below

Briefly describe the extent of deliverables completed to date.

Briefly explain the circumstances making extension necessary.

What is the requested extension length?

1-year extension

6-month extension

3-month extension

Additional \_\_\_\_\_ day extension

Deputy Director, Director, or Program Manager Approval:

Approve requested

Other: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Extension End Date: \_\_\_\_\_

Deputy Director, Director, or Program Manager Signature: \_\_\_\_\_