**Institute of Food and Agricultural Sciences** 18905 SW 280 Street

Tropical Research & Education Center Homestead, Florida 33031

 305-246-7000 Telephone

August 29, 2025

[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] Division of Sponsored Programs Agency Representative

Principal Investigator University of Florida