**Prior Approval No-Cost Extension: Cover Letter Template**

*Please review these instructions before using the template for a prior approval request for a no-cost extension.*

*To fill out the template, please use the text boxes to add information specific to your request.*

*If you have any questions about this template, please contact the Grants Management Specialist for your award.*

*Delete this page before submitting your request.*

*Click to enter a date.*

Centers for Disease Control and Prevention

Office of Grant Services

**Re:** *Enter Award Number: (e.g. NU50CK000XXX)*

**NOFO Number and Title:** *Enter NOFO Number and Title*

Dear Grant Management Specialist:

This letter is to request prior approval for a no-cost extension for the Notice of Award listed above.

*Click here and enter organization name* would like to request a *Click here and add the total number of additional months* – month no cost extension. The extension will be used to complete *Click here and add a list of objectives or activities to be completed during the no cost extension.* The activities are within scope of the project.

*Click here and describe why funds are remaining. Provide a justification for the extension based on the time required to complete existing project activities and/or permit the orderly closeout of the award.*

Denial of this request may negatively impact this project by *Click here and describe any negative impact on the project.*

If you have any questions regarding this request, please feel free to contact *Click here and enter contact name, number, and e-mail.*

Sincerely,

*Click here and enter name of authorized organizational representative*

Authorized Organizational Representative