***\*\*Note\*\* Route request on department’s letterhead through RAMP. Once prepared, please convert the document to PDF. A no-cost extension request must be submitted in advance of the end date of the agreement (but typically not more than 90 days prior to end date) based on sponsor requirements.***

**Address Letter as follows:**

Date

Sponsor Representative

Sponsor Address

Sponsor Phone

Sponsor Email

Dear ( ):

This is to request a no-cost extension of the following grant:

Agency project number:

Principal Investigator name:

Project title:

UW-Madison fund-account number:

UW-Madison grant number:

Grant period:

We would like to extend this project until (*requested end date*). (*Then provide a clear justification statement, summary of progress to date, estimate of funds remaining and if we haven’t received the funds a confirmation that we will continue to invoice the sponsor for remaining funds, and timetable for completion.)*

If more information is required, please contact me by telephone at (*phone number*) or email at (*email address*). Thank you for your consideration of this request. If you approve of the no-cost extension request, please sign below and return to the following address: (*Omit email or mailing address as needed*)

(*email address*) OR

University of Wisconsin-Madison

Research & Sponsored Programs

21 North Park Street, Suite 6301

Madison, WI 53715

Sincerely,

(*PI Name*)

Principal Investigator

(*Department Name/Address/etc.*)

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Research and Sponsored Programs

University of Wisconsin-Madison

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Sponsor Representative