



PROJECT EXTENSION REQUEST

Staff Extension Board Extension

Grantee: _____

Contact Name and Phone Number: _____

Contract Number: _____

Project Title: _____

Original Due Date: _____

Staff-Extended Due Date (if applicable): _____

Reason for Delay *(Please be as detailed as possible. Note the percent of the project completed to date of the due diligence items completed to date for land acquisitions.)*

Blank area for providing the reason for delay.

Resolution *(Explain how you plan to move forward with the project.)*

Blank area for providing the resolution.

**Revised Schedule and Expected Completion/Closing Date/Date of Final Report Submission
(if applicable) *(subject to approval by GOCO)***

[Empty grey rectangular box for input]

For GOCO Use Only:

Approved

Not Approved

Signature: _____ Date: _____