8.27.2024

Rehabilitation Services Administration
No-Cost Extension (NCE) Reporting Form

Date of Request:

Grant Award Number:

Program (Tribe) Name:

Project Director:

Project Officer:

Original Performance Period (start and end dates):

End date Requested for First NCE:

Performance Period Budget Allocation (total for all years of the grant):

Remaining Budget Amount for Use during the NCE Period:

Rationale for the NCE (why were funds not expended at the anticipated rate?):

How will NCE funds be used (ensure these activities relate to the project goals and objectives)/Narrative:

Proposed Budget Expenditures (breakdown of expenditures):

Additional Information to Support the Request: