



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

Integrated Mobility Division
Period of Performance Extension
Request

Instructions: Requests for grant project end date extensions must be submitted at least 60-days prior to the current performance period end date. Requests cannot be combined for multiple projects. A cover letter must accompany each request fully detailing the reason a delay in the project. All previously approved extensions for the project under consideration must be fully explained along with why an additional extension is needed in the cover letter. **Incomplete forms will not be processed.**

Submittal date:	Project #:
Current POP End Date:	Agreement#:
Proposed POP End Date:	WBS element:

Subrecipient (<i>Agency Name</i>)		
Contact Person:	Phone: ()	
Email:		
Project Description:		
NCDOT/IMD Use Only		
1. Reason for Delay: (Provide a brief description.)	Adequate	Inadequate
2. What is the status of the grant project? (Summarize project milestones to date and % of budget remaining. Have grant reports been submitted along with claims?)	Adequate	Inadequate

3. Plan for Completion. (List the steps to be taken if approval is granted that will ensure completion by the new end date.)	Adequate	Inadequate
4. Indicate the number of Period of Performance extensions previously granted for this project: ___ 0 ___ 1 ___ 2 or more, provide explanation in the cover letter.	Adequate	Inadequate
<p>I, _____ certify the project scope of work will be completed on or before the newly requested end date of _____ and claim requests will be submitted for reimbursement of eligible expenses in accordance with the <u>30-day allowable timeframe</u> of the newly approved Period of Performance end date. All provisions of the Grant Agreement remain in effect and the subrecipient will continue to adhere to the contractual terms and conditions to execute the project in the manner identified in the Grant Agreement. I, _____ further certify neither the project scope of work nor the approved budget, are under consideration to be changed in this request. Only the project's end date is requested to change.</p>		
_____ Signature of Authorized Official or Agency Designee	_____ Date	
<i>This Section is for IMD Staff use only</i>		
Recommendation: ___ Approved ___ Not Approved _____ <div style="text-align: right; margin-right: 50px;">Signature and Date</div>		
Comments: 		

Please send a detailed cover letter explaining the need for the extension **and** the completed/signed application to IMD's Compliance Officer, Beth Gay at bmgay@ncdot.gov.