

**FEDERAL DEMONSTRATION PARTNERSHIP/EXPANDED AUTHORITY REQUEST FORM
UNIVERSITY OF FLORIDA**

	Date
Principal Investigator	Department
Co-Principal Investigator	Department
Project Title	
Agency	Agency #
Budget Period	UF Account #

GRANTEE APPROVAL ONLY

- Preaward Costs : (Please indicate how many days.) 30 60 90
- No-Cost Extension (One-time, 12 months). A copy of this form will be sent to the agency.
Please note: To spend the remaining funds is not an adequate justification for additional time on grant.
- Other (specify)

Requests requiring agency approval will be handled by letter format. Submit a letter to Awards Administration, ORTGE, 205 Grinter Hall, POB 115500 for countersigning and forwarding. **For all National Science Foundation (NSF) recipients, please apply through FASTLANE.**

SCIENTIFIC/TECHNICAL/ADMINISTRATIVE JUSTIFICATION is required for all requests. Attach additional page, if necessary.

REQUIRED SIGNATURES:

Principal Investigator(s):	_____	_____
	_____	_____
Chairperson:	_____	_____
Other:	_____	_____
UF/DSR Authorized Official:	_____	_____