**Extension Request Form**

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| Applicant: | | | | |  | | Project ID: | | | |  |
|  | |  | |  | |  |  | | | |  |
| Period of Performance: | | | | |  | | Requested Extension Date: | | | |  |
|  | |  | |  | |  |  | | | |  |
| Date of Request: | | | | |  | |  | | | |  |
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| **\*\*This form is required to be completed, signed and submitted to GEMA/HS for extension requests.**  **All requests must be signed below by the Authorized Representative.** | | | | | | | | | | |  |
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| Please provide a brief description of project activities to date. | | | | | | | | | | |  |
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| Please explain reasons for requesting an extension including any obstacles the Applicant has encountered. | | | | | | | | | | |  |
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| Please outline the Applicant's plan of action during this extension. | | | | | | | | | | |  |
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| Authorized Grantee Official | | | Grantee Title | | | | |  |  |  |  |
| GEMA/HS Approval | | | | | | | | | | |  |