**PLEASE SUBMIT ON DEPARTMENT LETTERHEAD**

(Date)

TO: Craig K. Hirai

 Department of Budget and Finance, Finance Director

FROM: (Name, Title)

(Department OR State Agency)

SUBJECT: No-Cost Extension Request for Coronavirus State Fiscal Recovery Fund (CSFRF) Subaward

This is to request an extension to the performance period of our Coronavirus State Fiscal Recovery Funds (CSFRF) subaward.

This request is for:

1. **Project name:**
2. **Subaward Amount:**
3. **Appropriation Account Symbol:**
4. **Extended Performance Period Requested:**

**Note: Encumbrances must be liquidated by 90 days after the performance period end date.**

Current: May 11, 2021-June 30, 2022

 Request: May 11, 2021- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Provide a narrative on why a no-cost extension is needed to complete the original scope of work using the awarded funds.**

CSFRF Subaward Request for No-Cost Extension

(Department OR State Agency)

(Date)

1. **Will the subaward funds be fully encumbered by June 30, 2022.**

[ ]  Yes.

[ ]  No. Please explain.

**I certify that the information on this form is correct and complete.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

[Award Administrator]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

[Fiscal Administrator]

[ ]  APPROVED [ ]  DISAPPROVED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Craig. K. Hirai Date

CSFRF Authorized State Representative

c: Curt Otaguro, Comptroller, Department of Accounting and General Services

 Neal Miyahira, BPPM, Department of Budget and Finance

 Mark Anderson, OFAM, Department of Budget and Finance