Office of Special Education Programs (OSEP)

No-Cost Extension (NCE) Reporting Form

**Date of Request:**

**Grant Award Number:**

**Institution:**

**Project Director:**

**Project Officer:**

**Original Performance Period (start and end dates)**:

**End date Requested for First NCE:**

**End date Requested for Second NCE, if applicable:**

**End date Requested for Third NCE, if applicable:**

**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):**

**Additional Information to Support the Request:**