***\*\*Note\*\* Route request on department’s letterhead through UFIRST. An effort reduction request must be submitted on behalf of the PI by UF Awards Administration to obtain approval.***

**Address Letter as follows:**

Agency Representative

Agency Address

Agency Phone

Agency Email

Dear ( ):

This is to request a no-cost extension of the following grant:

 Agency project number:

 Principal Investigator name:

 Project title:

UF award number:

 Award period:

We would like to request key personnel effort reduction on this award (*requested end date*). (P*rovide a clear justification statement, scientific impact/summary of how work will be completed, identify person(s) these duties will shift to, if substantial effort reduction is indicated Sponsor may need clarification if any rebudgeting will need to occur if salary was requested. Also, if accurate, indicate there will be no anticipated change to the original timetable for completion)*

*(Please indicate % effort is being reduced for any key person from what was originally budgeted, indicate the new commitment during the extension period and the reason for the reduction.)*

*Note: If calendar months and/or % effort were originally committed please discuss the reduction in the appropriate context.*

If more information is required, please contact ufawards@ufl.edu. Thank you for your consideration of this request.

Sincerely,

(*PI Name*)

Principal Investigator

(*Department Name/Address/etc.*)

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Division of Sponsored Programs

University of Florida