

GENERAL INFORMATION

Please note that projects do not need to be fully completed to submit their Final Project Status and Accounting Report. This status and accounting report should be submitted soon after the funds have been spent. If desired, additional project progress can be added at a later date to enhance the potential for additional funding from IFPOC partners. Therefore, extension requests may not be necessary if the funds are able to be spent within the time originally allocated to the project. Please take this into account while determining the amount of time required for your extension request.

IFPOC COMMITTEE FAQs - FOR PROJECT LEADS

Have you previously asked for/been granted an extension for this project? Please specify dates and length of time.

How much funding were you granted for this project, and how much has been spent to date?

With the additional time, how will the workplan or workflow change?

If the approach of the project has shifted as a result of these stoppages, what impact will this have on the original goals for the project?

Did you alert your GO administration when you realized the project was not on track and were changes made to the project as a result of the consultation?

Have you sought assistance from the GO, your organization or other colleagues to meet the challenges which delayed your project?

Are there any extenuating circumstances that the Committee should be aware of?

Governance Organization
Project Code
Project Title
Project Lead(s)

Original Duration for Project Completion (1 or 2 years)

1 Year 2 Years

Original Due Date of Final Project Status and Accounting Report

Have you applied for and/or been granted an extension prior to this?

Yes No

If you answered YES above, please indicate revised due date of Final Project Status and Accounting Report (if applicable)

This extension is being requested due to (please check one):

Maternity/Paternity Leave Duration of Leave (in months) provided by your Institution: _____

From _____ to _____

Medical/Family Medical Leave Duration of Leave, if known, (in months) provided by your Institution: _____

From _____ to _____

Covid-19 Related Delays Extension Requested (in months): _____

For Maternity, Paternity, Medical or Family Medical Leave: Please provide a brief summary of your plan to complete the grant - maximum 1000 characters

For COVID-19 Related Extension, PLEASE provide narrative summary of rationale for request , taking into consideration the FAQs listed on page 1 – Please include specifics on how Covid-19 impacted the ability to complete this project. Include the date the project was stopped, the duration of the stoppage (or an estimate) and the date of restart (if known), how much funding project started with, and how much has been spent, how will extra time be spent, what workflow changes are required, how (if at all) will the goals change? Also provide the estimated timeline for project completion. - 1000 characters below and remainder on next page
- maximum 3000 characters

For COVID-19 Related Extension, PLEASE provide narrative summary of rationale for request , taking into consideration the FAQs listed on page 1 – continued

FOR GOVERNANCE ORGANIZATION MANAGEMENT

Please remind Project Leads that IF **projects do not need to be fully completed in order to submit their Final Project Status and Accounting Report**, and that extension requests may not be necessary if the funds are able to be spent within the time originally allocated to the project.

When did the GO last review the progress of this project?

Date (month/year):

At this time, was the delay obvious?

Yes

No

If you answered YES, what recommendation did the GO make at that time? (up to 1000 characters)

Details:

Was this extension request reviewed and approved by the GO?

Yes

No

Does the GO commit to monitoring the completion of this project for the duration of this extension?

Yes

No