

Date of Submission by Project Lead(s)
Governance Organization
IF Project Code
Project Title
Project Lead(s)
Original Duration for Project Completion (1 or 2 years)
<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years
Original Due Date of Final Project Status and Accounting Report
Have you applied for and/or been granted an extension
<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES above, please indicate revised due date of Final Project Status and Accounting Report (if applicable)

## REASON FOR CHANGE OR EXTENSION

Please check one or more, if applicable, and refer to specific requirements below this section:

### Project Change Request

#### Lead Change

Please attach an email explanation or enter in the narrative section below, the Lead change, the name of the new Project Lead and confirmation that the person is an AFP member. Also, a summary of their qualifications to assume the project and their agreement to complete the project on time and with the funds available.

#### Pivot Change

Please attach an email or enter in the narrative section below, a detailed explanation of the new proposal for the project and its relation to original goals. How will the new project be completed with the time remaining and funds available. How much of the original proposal is complete and what needs to be done to complete the revised proposal.

#### Duration Change:

Change from a 1 year to a 2 year project (for complex 1 year projects that require additional time to complete)  
Please attach an email or enter in the narrative section below, an outline of the reason for the requested change and the adjusted timeline for its completion.

### Extension Requests

Total Extension Months Requested \_\_\_\_\_

*Please select the reason(s) and provide a narrative summary in the section below.*

Maternity/Parental Leave

Duration of Leave (month and year) provided by your institution: From \_\_\_\_\_ to \_\_\_\_\_

Medical/Family Medical Leave

Duration of Leave (month and year) provided by your Institution: From \_\_\_\_\_ to \_\_\_\_\_

Covid-19 Related Delays (for projects funded in 2023 or earlier)

Other: Extensions considered for rare and unique circumstances

## NARRATIVE REQUEST FOR EXTENSIONS

**Narrative Request for Extensions, Lead Change, Pivot Change or Duration Change – 2000 character**  
Please provide a brief summary of the reason for your request and your plan to complete the project on time and with the funds available.

Please indicate:

1. Amount of funding remainin
2. How much of the original proposal has been completed and how much is left to complete
3. With the requested extension, detail the new timeline (time required to spend the remaining funds and submit the final project status and accounting report)  
maximum

**Note to Project Leads:** The final project status and accounting report should be submitted as soon as possible after all of the funds have been spent. Additional information about the project (publications, implementation, knowledge translation, etc.) can be submitted at a later date. Extensions are only required until all of the funds have been submitted

## 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