

**Federal Demonstration Partnership/Expanded Authority Request Form  
University of Florida**

Date:

Principal Investigator:

Department:

Co-Principal Investigator:

Department:

Project Title:

Agency:

Agency #:

Budget Period:

UF Account #:

**GRANTEE APPROVAL ONLY**

- Preaward Costs: (Please indicate how many days.)     30     60     90
- No-Cost Extension (one-time, 12 months). A copy of this form will be sent to the agency.  
*Please note: To spend the remaining funds is **not** an adequate justification for additional time on a grant.*
- Other (specify)

Requests requiring agency approval will be handled by letter format. Submit letter to Awards Administration, RGP, 205 Grinter Hall, POB 115500 for countersigning and forwarding. **For all National Science Foundation (NSF) recipients, please apply through FASTLANE.**

**SCIENTIFIC/TECHNICAL/ADMINISTRATIVE JUSTIFICATION** is required for all requests. Attach additional page, if necessary.

**REQUIRED SIGNATURES:**

Principal Investigators (s): \_\_\_\_\_

\_\_\_\_\_

Chairperson: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

UF/DSR Authorized Official: \_\_\_\_\_

\_\_\_\_\_