

Greenbelt Advisory Committee on Education (ACE) Grant Extension Request

Due date: prior to original project end date for approved and funded projects.

Section 1: AWARDEE INFORMATION:

Name: _____ Position: _____

Email address: _____ School: _____

Phone: _____ Amount Awarded: _____

Project start date: _____ Original Project end date: _____

Title of Project: _____

Section 2: REQUEST FOR EXTENSION (attach additional pages if needed):

1. Requested new end date.

2. Justification for extension.

3. Breakdown of any grant monies that have already been spent.

4. Do you need a new check to be issued? YES NO

If so, please return original check and specify:

Amount requested: _____

Check should be made payable to: _____

Email to: jongreenbelt@yahoo.com or mail to: ACE Grants Program, Greenbelt CARES, 25 Crescent Rd, Greenbelt MD 20770-1891, (301) 345-6660.

OFFICE USE: Date received? _____ Report complete? _____