



**St. Louis Children's Hospital Foundation
Extension Request Form**

Completed report should not be longer than 3 pages
Please email a copy of the completed form to Desiree.Williams@bjc.org no later than 30 days prior to project end date.

Program/Project Name:

Program/Project Number:

Original Funding Period:

Date Requesting Extension To:

Amount Requested for Extension: \$

1. Provide a summary of your program's chief accomplishments to date:
(Please limit to one half page)

2. What did you accomplish towards the goals of your current awarded program?

3. How do your results compare to the performance measures proposed in your application?

4. Please explain significant variances between the approved Foundation award and your actual expenses (complete updated budget using template below):

5. Please explain reason for the extension request and provide what the additional time will allow you to accomplish:

Project Spending Summary

Summarize expenses below – or attach a separate sheet. Also, include brief narratives for each item.

Expense Categories	Requested Extension <small>(If equal to the amount requested, indicate the amount requested to extend)</small>	Requested Amount <small>(If less than the total project budget from the original Request for Proposal, indicate the amount requested from the original Funding Request)</small>	Comments/Notes
Benefits – Including WU Admin Fee			
Travel, Non-capital equipment operating			
Supplies/Program Administration			
Materials			
Supplies/Lab Supplies			
Other			
Please specify use:			
Subtotal			
WU Admin Fee/Indirect Costs: Non-Salary, Non-Capital equipment Travel/Lab			
Subtotal WU Admin Fee/Indirect Costs			
TOTAL			

Date Submitted:

Contact Name & Title:

SLCH Foundation Vice President Signature: