**SECOND NCE REQUEST**

DATE

GMS Name

Title

NIH Institute

Address/Email

**NIH GRANT NUMBER**

**PI NAME(s)**

Dear Ms./Mr./Dr. \_\_\_\_\_\_\_\_\_\_\_\_:

We request a TIMEFRAME (e.g. one-year, six-month) extension for our project “TITLE” to NEW END DATE.

EXPLAIN WHY YOU NEED THE NCE (e.g. what WORK needs to be completed) AND HOW ANY REMAINING FUNDS WILL BE SPENT. It would also be a good idea to address any key person effort reductions, because these still require prior approval. We submit the attached detailed budget, budget justification and checklist for your review.

Thank you for your kind consideration of this request. Please do not hesitate to contact us with additional questions or if further information is required.

PI Name Authorized Official Name

PI Title Authorized Official Title

Johns Hopkins University Office of Research Administration

School of Medicine

**\*\*\*\*UPDATE THE HIGHTLIGHTED FIELDS AND DON’T FORGET TO REMOVE THE HIGHLIGHTING (AND THIS NOTE), BEFORE YOU SEND TO THE PI TO SIGN OFF\*\*\*\***