**National Association of Chronic Disease Directors**

***Vendor No Cost Extension Request Form (NCE)***

Please send completed document to [legal@chronicdisease.org](mailto:legal@chronicdisease.org)

**Name of Consultant:**

**Contact#:**

Definition of No Cost Extension - This is a request for additional time to complete scope of work for vendor without providing additional funds.

Please refer to the operational calendar on the consultant webpage to determine the deadlines for when NCE requests should be submitted to NACDD for a current grant.

**Please note that NACDD *MUST* obtain approval for NCE’s from the Centers for Disease Control and Prevention’s (CDC) Office of Financial Resources (OFR) – formerly the Procurement and Grants Office (PGO). Once NACDD receives notice regarding approvals from the OFR, the NACDD Grant Management Specialist will provide you with notification of your request.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional time is required for the below agreements. In accordance with the vendor agreement, the vendor should submit a NCE request to legal@chronicdisease.org.

Vendor agreement #:

Vendor name:

Program #:

Requested timeframe (date) to complete work:

Funds remaining to be spent:

Vendor agreement #:

Vendor name:

Program #:

Requested timeframe (date) to complete work:

Funds remaining to be spent:

Vendor agreement #:

Vendor name:

Program #:

Requested timeframe (date) to complete work:

Funds remaining to be spent:

Vendor agreement #:

Vendor name:

Program #:

Requested timeframe (date) to complete work:

Funds remaining to be spent: