 No Cost Extension Request Form

AmeriCorps\*Texas

Please complete the No Cost Extension Request Form and submit requested information for consideration to your assigned Program and Grants Officers at least 30 days prior to the original budget period end date. Programs may not enter into commitments with members, contractors, or other individuals or organizations that would cause costs to be incurred beyond the budget period end date prior to receiving OneStar approval. If the no cost extension request is due to a program design change, the change must be approved by OneStar prior to submitting the request for a no cost extension. Submission of a request for an extension is not a guarantee that the request will be approved. Once all requested documentation is submitted and received at OneStar, it will be thoroughly reviewed. Programs should be in contact with OneStar as soon as the potential need to request a No Cost Extension is identified. No cost extension requests are not considered official requests and will not be reviewed until the No Cost Extension form has been submitted to the OneStar office with signatures.

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| **Legal Applicant Name** | Click here to enter name. | | | |
| **Program Name** | Click here to enter name. | | | |
| **Person Submitting Request** | Click here to enter name. | | | |
| **Program Year** | Choose one. | | | |
| **Date** | Click to enter a date. | | | |
| **Original Budget Period**  **End Date** | Click to enter a date. | **Proposed New Budget Period End Date** | | Click to enter a date. |
| **PURPOSE**  Provide a summary of why the program is requesting a no cost extension. If this request is due to an approved program design change, please include detailed information describing those changes. | Click here to enter text. | | | |
| **BUDGET**  Are there any significant budget adjustments that need to be made because of this request? | No budget adjustments are needed for this request.  Yes, budget adjustments are needed for this request and are described below:  Click to enter a description of budget adjustments. | | | |
| **CERTIFICATIONS**  Check the boxes to certify the following statements. | | | | |
| I understand that performing the work of two different grant awards concurrently requires special reporting to ensure all expenditures and in-kind match are allocated in accordance with the relative benefit received by each grant award. When costs that directly benefit the AmeriCorps grants are not readily attributable to one grant or the other, this requirement includes using an appropriate allocation method to distribute these shared costs between the two grants.  I have attached a Member Information Form for ***each member*** that will require an extension to complete service.  I certify that the information submitted in this request is accurate and officially request a no cost extension for the AmeriCorps program. | | | | |
| **Authorized Representative**  **Printed Name** | Click here to enter text. | **Authorized Representative Position Title** | | Click here to enter text. |
| **Authorized Representative Signature** | X | | **Date** | Click to enter a date. |

 Member Information Form

No Cost Extension Request

Complete one form for each member for whom the extension is being requested and attach to your No Cost Extension Request Form.

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| **Member Name** | Click here to enter name. | | **Member Type** | | Choose an item. |
| **Member Start Date** | Click to enter a date. | | **Hours of Service Completed to Date** | | Click here to enter text. |
| **Current Expected**  **Member End Date** | Click to enter a date. | **Proposed New**  **Member End Date** | | Click to enter a date. | |
| **Has the member been suspended?** | No, the member has not been suspended.  Yes, the member has been suspended for <Enter number of days in suspension> days. | | | | |
| **CERTIFICATIONS**  Check the boxes to certify the following statements, and fill in the requested information, as applicable. | | | | | |
| **Prior to submitting this request, our program:**   * Assessed the member’s interest/commitment to completing the program. * Communicated to the member the new end date for service completion. The member will have a weekly requirement of <Enter number of hours> hours until <Enter proposed new end date>. * Communicated to the member that they (***check ONE of the following***):   will not be receiving living allowance after their original end date; OR  will continue to receive a living allowance in the amount of $<Total amount> paid <How often (e.g., weekly, monthly, biweekly)> with the final payment to be received on <Date of final payment>.  **If approved, I certify that:**   * I have formally amended the member’s Member Service Agreement detailing the new term of service, including:   + New end date,   + Weekly hours goal,   + Living Allowance amount (aligned with current living allowance distribution requirements) or signed statement that no living allowance will be earned beyond the original end date,   + Information on benefits,   + Discipline plan for members not meeting the expected hour requirement, and   + Clear statement detailing repercussions of exiting early for cause (By choosing to exit, members give up their loan forbearance/interest payment, as well as the education award and forfeit one term of member service). * I have developed a plan to ensure that this member is provided with adequate supervision until the completion of their term of service which may include a new agreement with site supervisor/host site. * I understand that I cannot enter into an agreement with the member to change their end date beyond the budget period end date on our grant award from OneStar until I have received approval from OneStar granting the no cost extension. * I understand that signed Member Service Agreements may be reviewed during desk-based member file review. * I also understand that, according to the AmeriCorps Provisions, full-time members who are eligible to receive health care benefits must be offered such, and all members must be provided with either Workers Compensation or ADD coverage; our program will adhere to these requirements. | | | | | |
| **Authorized Representative**  **Printed Name** | Click here to enter text. | **Authorized Representative Position Title** | | Click here to enter text. | |
| **Authorized Representative Signature** | X | | **Date** | Click to enter a date. | |