

REQUEST FOR PROJECT TIME EXTENSION						PAGE _____ of _____
(COMPLETE EACH CELL - PREPARE A SEPARATE REQUEST FOR EACH PROJECT)						
DECLARATION NO. FEMA _____-DR-_____		PW NO.		FIPS NO.	DATE:	CATEGORY
APPLICANT:			COUNTY:		DAMAGED FACILITY:	
DATE OF DECLARATION:		DATE OF PROJECT APPROVAL/FUNDING:			DATE PROJECT IS CURRENTLY APPROVED THROUGH:	
NUMBER OF PREVIOUS TIME EXTENSIONS:			PERCENTAGE OF WORK COMPLETE AS OF THE DATE OF THIS REQUEST:			
MILESTONES:				PROJECTED DATE:	ACTUAL DATE:	
1. DESIGN FINALIZED AND APPROVED:						
2. BID PACKAGE OR WORK ORDER ISSUED:						
3. CONTRACT ACCEPTED / NOTICE TO PROCEED:						
4. SCOPE OF WORK STARTED:						
5. SCOPE OF WORK FINISHED:						
6. CERTIFICATE OF COMPLETION / PROJECT APPROVAL:						
PROVIDE A DETAILED TIMELINE OF DELAYS IN CONJUNCTION WITH DOCUMENTED JUSTIFICATION DESCRIBING THE EXTENUATING CIRCUMSTANCES OR UNUSUAL PROJECT REQUIREMENTS THAT ARE BEYOND THE CONTROL OF THE APPLICANT. (This must be provided for approval consideration. Add attachments as necessary for a complete request description): 						
DATE OF TIME EXTENSION REQUESTED:						
Applicant understands that: 1) approval is based on the information provided with this request; 2) any changed conditions are to be immediately brought to the attention of the Governor's Authorized Representative; and, 3) approved projects remain subject to all previous requirements for accountability, completion, and closure.						
SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE:					DATE:	
PRINT NAME and POSITION:					CONTACT NUMBER:	