



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF STATE PARKS
RECREATIONAL TRAILS PROGRAM CFDA 20.219
EXTENSION REQUEST

PLEASE EMAIL REQUESTS TO msspgrants@dnr.mo.gov

PROJECT SPONSOR

NAME		PROJECT NUMBER
PROJECT TITLE		
PROJECT SCOPE		
PROJECT PERIOD	START DATE TO END DATE	DATE OF REQUEST

REASON FOR EXTENSION

WEATHER/NATURAL DISASTER OTHER (EXPLAIN) _____

MATERIALS/SUPPLY ISSUES _____

CHANGES IN STAFF/PERSONNEL _____

PROJECT PROGRESS

PERCENTAGE OF COMPLETION TO DATE	EXPECTED COMPLETION DATE: (Must be within one year of project period end date)
EXPLANATION OF WHAT STILL NEEDS TO BE DONE	

CONTACT NAME	CONTACT TELEPHONE NUMBER	
CONTACT EMAIL		
ADDRESS	CITY	ZIP
NAME OF RESPONSIBLE OFFICIAL FOR PROJECT		

FOR GMS OFFICE USE ONLY

REQUEST FOR EXTENSION IS

APPROVED DENIED WILL REQUIRE ADDITIONAL INFORMATION

APPROVER	DATE APPROVED	REVISED PROJECT END DATE
----------	---------------	--------------------------

COMMENTS

The Grants Management Section will contact you regarding this request.