



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF STATE PARKS
**LAND AND WATER CONSERVATION FUND CFDA 15.916
 EXTENSION REQUEST**

PLEASE EMAIL REQUESTS TO lwcf.rtp@dnr.mo.gov

PROJECT SPONSOR

NAME	PROJECT NUMBER
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PROJECT TITLE

PROJECT SCOPE

PROJECT PERIOD	START DATE	TO	END DATE	DATE OF REQUEST
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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)
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EXPLANATION OF WHAT STILL NEEDS TO BE DONE

CONTACT NAME	CONTACT TELEPHONE NUMBER
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CONTACT EMAIL

ADDRESS	CITY	ZIP
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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
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COMMENTS

The Grants Management Section will contact you regarding this request.