



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

PLEASE EMAIL REQUESTS TO mspgrants@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.