

PLEASE EMAIL REQUESTS TO mspgrants@dnr.mo.gov

PROJECT SPONSOR				
NAME			PROJECT NUMBER	
PROJECT TITLE				
PROJECT SCOPE				
PROJECT PERIOD TO				DATE OF REQUEST
REASON FOR EXTENSION				I
)THER ((EXPLAIN)		
CHANGES IN STAFF/PERSONNEL				
PROJECT PROGRESS				
PERCENTAGE OF COMPLETION TO DATE		EXPECTED COMPLETIO (Must be within one year of pro		
EXPLANATION OF WHAT STILL NEEDS TO BE DONE AND DETAILED TIMELINE WITH DATES FOR COMPLETING THE SCOPE OF WORK.				
		CONI	ACT TELEPHONE NUMBER	
CONTACT EMAIL				
NAME OF RESPONSIBLE OFFICIAL FOR PROJECT				
FOR GMS OFFICE USE ONLY				
REQUEST FOR EXTENSION IS		JIRE ADDITIONAL INF		
APPROVER			DATE APPROVED	REVISED PROJECT END DATE
The Grants Management Section will contact you regarding this request.				
Have you ever served on active duty in the Armed Forces of	YES	Nould you like to receive information and assistance regarding the		
the United States and separated from such service under conditions other than dishonorable?	□ NO	agency's veteran services? For information visit http://mostateparks.com/CitizensMilitaryService,		
			ks@dnr.mo.gov or call 800-	