

NO COST EXTENSION (NCE)

ANA expects recipients to complete their projects within the approved timeframe; however, unforeseen circumstances sometimes delay a project's completion. A No Cost Extension allows a recipient that has incomplete activities from their Objective Work Plan and unspent funds to extend their project by up to one year to complete their project. Once you have notified and received approval from your Program Specialist of your need for a No Cost Extension, refer to the table below and the following examples to prepare the amendment to be submitted in GrantSolutions. To allow for processing, submit your No Cost Extension 45 days before the project end date.

DOCUMENT	EXPLANATION
Instructions	An information-only document that provides instructions for preparing the amendment.
Cover Letter	Upload a Cover Letter on company or tribal letterhead that describes the rationale for the amendment and lists the incomplete activities and their anticipated completion dates. Your Authorizing Official should sign this letter.
SF- 424	The 424 is another online form you should open and complete in GrantSolutions. Be sure to mark Revision in 2. Type of Application . You can upload a completed form in the Miscellaneous Information placeholder if revisions are needed.
Miscellaneous Information	Any other documentation for the request.

NOTE

To be eligible for an NCE, all programmatic and financial reporting must be up to date. Verify that the reporting is up to date.

NOTE

You must submit a separate Budget Revision amendment to make any changes to the budget. For grants awarded before 2024, Carry Over Budget requests also require a separate amendment.

Please note that you must receive a signed Notice of Award from ACF before you can proceed with implementing your request. If you have not heard from OGM, please do not assume your request has been approved.

TRIBAL DEVELOPMENT
30 Rural Road
Generic City, ST 00000

August 5, 2024

Sue Smith, Program Specialist
Administration for Native Americans
330 C Street, SW
Washington, DC 20201

RE: Grant 90NA0000 No-Cost Extension Request

Dear Ms. Smith:

Tribal Development (TD) is requesting a No Cost Extension to our “Diversifying Tribal Development Farm” project until September 29, 2025. As we have discussed with you previously, our project was impacted by the departure of the Farm Production Manager and the Workforce Development Coordinator in March of this year. This delayed the progress of several activities while we looked to fill the positions.

We are requesting a No Cost Extension for our staff to attend trainings that will enhance their capabilities in diversification of farm operations and workforce development. We have hired two qualified individuals who will be starting work in September. Once they have been trained, they can in turn provide trainings to tribal members who will be working on the farm. We have attached a revised OWP indicating the incomplete activities and expected dates for completion.

Your consideration of this request is appreciated. If you have any questions, please contact me at cjones@td.com.

Sincerely,



Cathy Jones
Executive Director

Enclosures

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): E: Other (specify) _____ * Other (Specify): No Cost Extension _____
* 3. Date Received: 08/05/2024	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: 90	5b. Federal Award Identifier: 90NA0000	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Tribal Development		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 00-0000000	* c. UEI: XXXXXXXXXX	
d. Address:		
* Street1: 30 Rural Road	Street2: _____	
* City: Generic City	County/Parish: _____	
* State: ST	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 00000-0000	
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: John	
Middle Name: _____	* Last Name: Smith	
Suffix: _____	Title: Project Director	
Organizational Affiliation: _____		
* Telephone Number: 999-999-9999	Fax Number: 999-999-9900	
* Email: jsmith@td.com		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Administration for Native Americans

11. Catalog of Federal Domestic Assistance Number:

93.612

CFDA Title:

Social and Economic Development Strategies

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Diversifying Tribal Development Farm

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="335,571.00"/>
* b. Applicant	<input type="text" value="82,899.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="418,470.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed: