



Organization Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

Dear TAP Board,

I am writing to request an extension for our project.

☐ Request for a \_\_\_\_ days/month extension

☐ Request for a 3-month extension

☐ Request for a 6-month extension

Below, in a few short paragraphs, describe the reason for the extension. Be thorough and give details of issues and how you plan to resolve them. Provide a plan for how you will meet the extension deadline and any other important information.

NOTICE: All requests will be reviewed by the board within 14 days of receiving completed form.

\_\_\_\_\_

Signature on Behalf of Organization

\_\_\_\_\_

Printed Name & Title

\_\_\_\_\_

Date