***Request for extension of lrtf funding***

DATE: Click here to enter a date.

GRANT RECIPIENT: Click here to enter text.

LRTF PROJECT NUMBER: Click here to enter text.

PROJECT NAME: Click here to enter text.

LRTF AWARD AMOUNT: Click here to enter text.

<Grant Recipient Name> requests a one-time, no-cost extension for the completion of LRTF project number <LRTF Project Number> for the following reason(s): Click here to enter rationale for extension request

Original project completion date: Click here to enter a date.

Requested project completion date: Click here to enter a date.

The final request for reimbursement will be submitted by: Click here to enter a date.

(typically 90 days from the completion date)

Signature of Applicant Authorizing Official or Project Coordinator/Manager:

<Name of Applicant Authorizing Official or Project Coordinator/Manager> Date: Click here to enter a date.

**Please print, sign, scan and submit this request for extension to the LRTF Program Administrator at** [**lrtf.support@iowadot.us**](mailto:lrtf.support@iowadot.us)**. Upon review you will receive notification if it has been granted or denied by email and/or US Mail.**