

# Empowering Adair County Foundation

## REQUEST FOR EXTENSION

### ADAIR COUNTY ISU EXTENSION & OUTREACH OFFICE

154 Public Square, Suite C, Greenfield, IA 50849  
Deena Wells: Office 641-743-8412 or [dwells@iastate.edu](mailto:dwells@iastate.edu)

**Name of Organization:** \_\_\_\_\_

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

Date Received Grant Funds: \_\_\_\_\_

Project Completion Deadline: \_\_\_\_\_

Request for Extension form submission date: \_\_\_\_\_

**1. *What is the current stage of your project? What has been completed and what things need to be completed to finish the project?***

**2. *What delays, complications or unforeseen problems have you experienced with the project which has caused you not to reach your target completion deadline?***

3. **When do you estimate your project will be completed?** \_\_\_\_\_

*The maximum extension allowance on a funded project is six months. If you are not able to complete your project within six months (a total of 18 months from the receipt of grant funds), funds must be returned to Empowering Adair County Foundation. Please contact Deena Wells as soon as possible if you are not able to complete your project within 18 months from receiving grant funds.*

4. **PHOTOGRAPHS**

Please provide a photograph of your project in its current stage. You can attach the photograph to this report or email a jpeg image, along with this completed report to Deena Wells at [dwells@iastate.edu](mailto:dwells@iastate.edu).

**Request For Extension Form Filled Out by:**

\_\_\_\_\_  
*(Please print your name)*

\_\_\_\_\_  
*(Signature)*

**Submitted Date:** \_\_\_\_\_

\_\_\_ Mailed    \_\_\_ Emailed    \_\_\_ Delivered