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

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.

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

_________________________________________  __________________________________________
(Please print your name)  (Signature)

Submitted Date: ____________________________  ___ Mailed  ___ Emailed  ___ Delivered