|  |  |
| --- | --- |
| **Project Name :** |  |
| *Project name must be the same as on the original proposal*. |
| **Project Leader:** |  |
|  |  |
| **HCTF Project File # (e.g.; 0-111):** |
|  |  |
| **Contract # (e.g.; CAT17-0-111):** |

**Have you submitted a 2017-18 proposal for this project?**

**Important notes:**

* All contract extension requests will be reviewed by the HCTF Contract Extension Review Committee, and an approval notification will be given to accepted requests as soon as possible.
* If an extension is recommended, HCTF Finance will contact you to coordinate the amendment.

**Please complete sections A & B:**

**A) Rationale:**

The rationale must address the following four issues:

1. Why didn’t the funding get used in the year in which it was received?

1. How will you apply the funds next year to complete the project as described?

1. What steps will be taken to ensure that the project will be completed in the extension year (i.e., what are you going to do to ensure that this year’s delay will not be repeated?)

4. Objectives met/not met/ progress on each objective

**B) List any changes as a result of this request to the objectives / activities / budget described in the original proposal, and include a description or clear rationale for any changes**

Signature of Applicant (or Signing Officer):

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Date: |  |

**Please submit completed Contract Extension Request Forms by email to** [**reporting@hctf.ca**](mailto:reporting@hctf.ca)