**State Director and/or Authorizing Official Name:** 

## **Higher Education Emergency Relief Fund (HEERF)**

# No Cost Extension (NCE) Request Form

This completed form must be emailed to your HEERF program specialist on or before June 20, 2023.

**Introduction:** Most HEERF grant performance periods are scheduled to end on June 30, 2023. The U.S. Department of Education (Department) is prepared to offer first-time NCEs to HEERF grantees that can adequately demonstrate that any remaining HEERF grant funds expended during this additional period will not be used merely for the purpose of using unobligated balances, as required by <u>2 CFR § 200.308(e)</u> (2). This form is how the Department will make that determination.

**Submission Instructions:** The authorized institutional representatives of HEERF grant awards must complete this form and email a PDF copy to their assigned HEERF program specialist (identified in Box 3 of the HEERF Grant Award Notification (GAN)) on or before **June 20, 2023**. Early submission is strongly encouraged in order to avoid any interruption to being able to access to HEERF grant funds. HEERF grant awards without approved NCEs will enter the 120-day grant liquidation phase for the first phase of the grant closeout process.

**Section 1: Grantee Award Information:** Please provide your institution's authorized institutional representatives identified in Box 6 of the GAN in the box below.<sup>2</sup>

**Institution Name:** 

Institution UEI:	Title:	
Institution OPEID:	Email:	
State:	Phone:	
Section 2: NCE Request: Please indicate which NCE(s) you are requesting below.		
□ <b>NCE for institutional grant funds (ALNs 84.425F, J, K, L, M, N, S).</b> If granted, institutions will be provided an initial 12-month extension and have until <u>June 30, 2024</u> , to complete HEERF grant activities.		

□ NCE for student grant funds (ALNs 84.425E and Q). If granted, institutions will be provided a 6-month extension have until December 31, 2023, to complete disbursements of emergency

<sup>&</sup>lt;sup>1</sup> This form does not apply to HEERF A2 grantees that have received an approved performance period extension to complete construction projects.

<sup>&</sup>lt;sup>2</sup> If you are the authorized representative for multiple institutions, please submit this form separately for each institution given the different needs and plans each institution may have.

<sup>&</sup>lt;sup>3</sup> Please note that NCEs for the HEERF IREPO program (ALN 84.425P) are reviewed separately and you should contact your IREPO program specialist.

financial aid grants to students. The Department may consider additional extensions as necessary.

**Section 3: HEERF Grant PR/Award Number Identification:** Based on the selection(s) in Section 2, please provide the PR/Award numbers of the HEERF grants in which you are requesting an NCE.

(1)	
(2)	
(3)	
(4)	
(5)	

#### Section 4: NCE Explanation and Plan<sup>4</sup>:

For institutions requesting an NCE for institutional funds: Please provide the following:

- (1) A brief description of your institution's reason for requesting the NCE;
- (2) A budget narrative and timeline describing how the institution plans to spend the remaining balance of your HEERF grant(s); and
- (3) Explain how the grant activities and proposed expenditures described in (2) connect to preparing, preventing, and responding to COVID-19.

For institutions requesting an NCE for student grant funds: Please provide the following:

- (1) Explain the barrier(s) that prevented the institution from expending the emergency student funds during the initial grant performance period;
- (2) A timeline for when your institution intends to distribute the remaining grant funds to students;
- (3) How those grant amounts will be calculated;
- (4) How the institution plans to prioritize grants to students with exceptional need; and
- (5) How the institution plans to communicate the availability of emergency financial aid grants to students.

<sup>&</sup>lt;sup>4</sup> If more space is needed to provide adequate responses to these questions, please include your response as a separate attached PDF file labeled "Section 4—NCE Explanation and Plan".

#### Section 5: Acknowledgment of HEERF grant program requirements

☐ By checking this box, I acknowledge that any approved NCE period may be subject to restrictions, heightened program monitoring, or other enforcement actions if my institution has not:

- Submitted all HEERF annual reports
- Publicly posted all HEERF quarterly reports conspicuously on our institution's website
- Conducted and submitted all required audits, as applicable
- Complied and responded timely to requests and questions from our institution's HEERF program specialist and/or other authorized representatives of the Department

#### **Section 6: Institution Authorized Representative Certification**

I, the undersigned authorized representative of the institution requests that the United States Department of Education to extend the performance period as indicated in Section 2 of this form to complete HEERF grant activities. I acknowledge that I am a current authorized representative of the institution as noted on the most recent GAN.

Institution Name:			
Authorized Representative (typed name):  Authorized Representative Signature:			
			Authorized Representative Title:
Date:			
FOR INTERNAL USE ONLY			
☐ APPROVED	JUSTIFICATION:		
☐ DENIED			
DATE:			
HEERF PROGRAM SPECIALIST INITIALS:			

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-NEW. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (ARP (Pub. L. 117-2)). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your request, please contact Karen Epps, 400 Maryland Avenue, SW, Washington, D.C. 20202.