

**New Jersey State Council on the Arts
Document Extension Request**

Applicants and grantees are encouraged to submit documents by the established deadlines. However, should you need to request an extension to a deadline, please use this form to make the request. Extensions for applications may be difficult to approve as the timing for distribution of applications to panels for review may not permit additional time. Grant agreements and final reports are reviewed in the order received, and first and final payments are dependent upon receipt and review of these documents, therefore an extension can delay the receipt of payment.

Complete the information below, print the form and mail or fax it to:

New Jersey State Council on the Arts
Extension Request
P.O. Box 306
Trenton, NJ 08625
Fax: 609-989-1440

Grantee/Applicant name: _____

Grant number (for audits, agreements and reports – found on grant agreement): # _____

Type of grant/application (check one):

- | | |
|--|--|
| <input type="checkbox"/> General Operating Support | <input type="checkbox"/> Arts in Communities |
| <input type="checkbox"/> General Program Support | <input type="checkbox"/> Building Arts Participation |
| <input type="checkbox"/> Arts Education Special Initiative | <input type="checkbox"/> Southern NJ Staffing Initiative |
| <input type="checkbox"/> Arts Project Support | <input type="checkbox"/> Folk Arts Apprenticeship |
| <input type="checkbox"/> Projects Serving Artists | <input type="checkbox"/> Local Arts Program |
| | <input type="checkbox"/> Local Arts Staffing Initiative |

Requesting extension to the filing date for the following document:

- | | |
|---|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Final Report |
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Interim Report |
| <input type="checkbox"/> Audit/Financial Statements | <input type="checkbox"/> Other: _____ |

Original deadline (mm/dd/yy): _____

Date you wish to extend the deadline to (mm/dd/yy): _____

Reason an extension is needed: _____

All requests are subject to review and approval.

_____	_____	_____
Name/Title	Applicant/Grantee Signature	Date

For use by NJ State Council on the Arts:

The above extension has been approved. _____
Signature Date