

**New Jersey State Council on the Arts
Grant Period 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. 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.

Clearly complete the information below and email the form to:

Tammy R. Herman, Director of Programs & Services
(Literature, Media Arts)
tammy.herman@sos.nj.gov

Kim Nguyen, Program Officer, Folk Arts
(Crafts, Dance, Folk Arts, Folk Arts Apprenticeships)
kim.nguyen@sos.nj.gov

Danielle Bursk, Director of Arts Education
(Arts Basic to Education, Arts in Education, Visual)
danielle.bursk@sos.nj.gov

Paula Stephens, Program Officer, Arts in Communities
(Local Arts Program, Music, Opera/Musical Theatre)
paula.stephens@sos.nj.gov

Mary Eileen Fouratt, Program Officer
(Multidisciplinary, Presenters, Theatre)
MaryEileen.Fouratt@sos.nj.gov

Grantee/Applicant name: _____

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

Type of grant/application (check one):

- | | |
|--|--|
| <input type="checkbox"/> Arts Education Special Initiative | <input type="checkbox"/> General Operating Support |
| <input type="checkbox"/> Arts Project Support | <input type="checkbox"/> General Program Support |
| <input type="checkbox"/> Folk Arts Apprenticeship | <input type="checkbox"/> Local Arts Program |
| <input type="checkbox"/> CoSponsored Project Support | |

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"/> Audit/Financial Statements |
| <input type="checkbox"/> Interim Report | <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 New Jersey State Council on the Arts:

The above extension has been approved. _____
Signature Date