Department of Environmental Protection
Bureau of Abandoned Mine Reclamation
Abandoned Mine Land and Abandoned Mine Drainage Grant Program

PERIOD OF PERFORMANCE EXTENSION REQUEST FORM

Grantee: _____

Grantee Address: _____

Grantee Contact Name: _____ **Email Address:** _____

SAP Vendor #: _____ **Telephone Number:** _____

Project Name: _____

Project Number: _____ **Grant Agreement No:** _____

Current Period of Performance

START DATE:_____ END DATE:_____

Proposed Period of Performance

END DATE: _____

Justification for Period of Performance Extension:

Grantee's Authorized Representative Signature:

_____ Date: _____

Please note, this request should be submitted to your Grant Manager for approval. For further information and conditions related to time extension requests, please refer to your grant agreement.

This section for Department use only.

Grant Manager Approval: _____ Date: _____

Grant Coordinator Approval: _____ Date: _____

Grant Program Admin Approval: _____ Date: _____

Grants Center:

Management Tech: _____

Date Submitted for Extension: _____ Date ESA Updated: _____