[Insert Date]

Jason Steele, MPH

Public Health Analyst

Hospital State Division

Federal Office of Rural Health Policy

Health Resources and Services Administration

5600 Fishers Lane

Rockville, MD 20857

Dear Mr. Steele,

This letter is a request a No Cost Extension for an unobligated balance of **[Estimated Unobligated Balance]** from the following grant and budget period:

SHIP COVID-19 Testing and Mitigation Program

Grant No. [Grant Number]

Project Period: 7/1/2021 – 12/31/2022

Budget Period: 7/1/2021 – 12/31/2022

We are requesting a no cost extension for [Time Period (1 to 12 months)].

This unobligated balance resulted due to [insert justification]. The program will use the unobligated balance to complete previously approved activities supporting the SHIP Testing and Mitigation Program, continuing work with small rural hospitals—those with fewer than 50 beds— and Critical Access Hospitals to increase COVID-19 testing efforts, expand access to testing in rural communities, and expand the range of COVID-19 mitigation activities to meet community needs. Please see the attached work plan for detailed information about hospital funding.

We appreciate the opportunity to use these unobligated funds to complete the SHIP COVID-19 Testing and Mitigation program activities.

Thank you for considering this request.

Program Director: [Insert PD’s Name and Email]

[PD’s Title]

Authorizing Official: [Insert AO Name and Email]

[AO’s Title]

[AO Signature] Date: [Insert Date]