

TIME EXTENSION REQUEST FORM

Department of Community Affairs - Division of Emergency Management

Date of Request: _____

Applicant: _____

Contact Person: _____ Phone: _____

Disaster Number: FEMA-_____ P.A. ID No.: _____

Project Worksheet (PW or DSR) No. _____ Category: ____

Supplemental PW (DSR) No's.: _____

Project Title: _____

Damaged Facility: _____

Location: _____

Time Extension Requested to: _____ (Date)

Current Status

Percentage of Work Completed: ____ % As of: _____ (Date)

MILESTONES	Projected Date	Actual Date
1. Design Finalized and Approved		
2. Bid Package or Work Order Prepared		
3. Contract Accepted/Notice to Proceed		
4. Scope of Work Started		
5. Scope of Work Finished		
6. Certificate of Completion/project Approval		

JUSTIFICATION FOR TIME EXTENSION (use additional sheets as necessary):