



Department of Public Safety  
 Division of Homeland Security and Emergency Management  
 Public Assistance Program

TIME EXTENSION REQUEST

<b>Applicant:</b>				<b>Project Application #:</b>		<b>DR:</b>	
<b>We are requesting a Time Extension for the completion of work as identified below based on the extenuating circumstances or unusual project requirements which are beyond our control. Those circumstances are listed in the Justification statement for each Project Worksheet.</b>							
PW:	Category of Work:	Project Start Date:	% of Work Completed:	Estimated Completion Date:	Justification (Attach additional documentation, as needed):		
Applicants Representative:		Applicant's Alternate Representative:		Signature of Representative completing the Time Extension Request:			Date:

For Official State Use:

Date Received by State:	State Public Assistance Officer, or Designee:	Date of Approval:	Comments: