**Appendix B: Community Investment Fund Extension Request Form**

 **Date Sent**: **2023**

**Agency:**

**Agency Contact:**

**CIP Contact:**

**Grant (Year and Name):**

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| **Request:** *provide a short description of your contract extension request** Indicate the type of extension requested
	1. Extension to use funds beyond the approved budget period.
	2. Extension to complete progress report
	3. Extension to completing reconciliation report.
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| **Rationale:** * Provide in detail an explanation of why you are requesting an extension. Ensure your description provides an explanation of the circumstances that led to this extension request.
* The length of the extension request
* Any funds to be carried over in the extended grant period
* Any documentation to support your request.
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| **For Office Use Only:** |
| **Approved:**  ☐ Yes ☐ No - Reason not approved:  |

A copy of the **Community Investment Program Extension Request Form** is accessible on the CIP website <https://www.peelregion.ca/community-investments/>