South Carolina Opioid Recovery Fund (SCORF)

No Cost Extension (NCE) Request Form

This completed form must be emailed to your SCORF program administrator **90 days prior to project end date**.

Introduction: The SC Opioid Recovery Fund Board is prepared to offer NCEs to SCORF applicants that can adequately demonstrate that any remaining SCORF funds expended during this additional period will only be used to finish incomplete projects. This form is how the Board will make that determination.

Submission Instructions: The authorized representatives of SCORF funds must complete this form and email a PDF copy to their assigned **program administrator 90 days prior to the project end date**. Early submission is strongly encouraged in order to avoid any interruption in services. SCORF awarded applicants without approved NCEs will enter the 90-day SCORF fund closeout process.

Section 1: Applicant Information: Please provide your authorized institutional representative in the box below.

GPS/DSF Name:	**Authorizing Official Name:**
SCIES Vendor #	**Job Title:**
Street address:	**Email:**
County/State and Zip Code:	**Phone:**

Section 2: NCE Request:

☐ **NCE for Project Completion.** If granted, Applicants will be provided a 6-month extension to complete projects and disbursements. The Board may consider additional extensions as necessary.

Section 3: SCORF Approval Number Identification: Please provide the Award Approval numbers of the SCORF applications in which you are requesting an NCE.

1) _____ 2) _____

3) _____ 4) _____

Section 4: NCE Explanation and Plan:

For applicants requesting an NCE for SCORF funds: Please provide the following:

(1) A brief description of your reason for requesting the NCE

(2) A budget narrative and timeline describing plans to spend the remaining balance of your SCORF funds

(3) Explain how the grant activities and proposed expenditures described in (2) connect to the approved abatement strategies.

(4) Explain the barrier(s) that prevented expending the SCORF funds during the initial grant performance period;

If more space is needed to provide adequate responses to these questions, please include your response as a separate attached PDF file labeled "Section 4—NCE Explanation and Plan".

(2) A timeline for when you intend to distribute the remaining funds;

(3) Provide a budget for remaining funds;

Section 5: Acknowledgment of SCORF program requirements

☐ By checking this box, I acknowledge that any approved NCE period may be subject to restrictions, heightened program monitoring, or other enforcement actions if applicant has not:

- Submitted all SCORF reports
- Complied and responded timely to requests and questions from our SCORF program administrator and/or other authorized representatives of the Board

Section 6: Applicant Authorized Representative Certification

I, the undersigned authorized representative of the GPS/DSF requests that the SC Opioid Recovery Fund Board extend the performance period as indicated in Section 2 of this form to complete SCORF award activities. I acknowledge that I am a current authorized representative of the application.

GPS/DSF Name: _____

Authorized Representative (typed name): _____

Authorized Representative Signature: _____

Authorized Representative Title: _____

Date: _____

FOR INTERNAL USE ONLY	
☐ APPROVED ☐ DENIED DATE: _____ SCORF Program Administrator INITIALS: _____	JUSTIFICATION: