

## UNTFHS Programme Extension / Revision Request

- A programme requesting a no-cost extension (extension of programme end date only) must complete this form at least 3 months prior to the programme end date.
- A programme requesting a budget revision (variances >20% of the approved budget by reporting object class) and/or substantive changes to the programme must also complete this form and receive approval prior to implementing changes. The request must include a) relevant changes highlighted in the original programme document, as well as b) an updated [Workplan and Results Monitoring Template](#), and/or c) a completed [Budget Revision Template](#).
- For more guidance, please refer to Annex 5: Programme and Budget Revisions of the UNTFHS Guidelines (9<sup>th</sup> Revision; 1 May 2016, annexes updated 12 June 2020).
- NOTE: One form to be consolidated for the entire programme and signed by the lead agency.

### Type of request

No-Cost Extension Request

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Reprogramming Request

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### Contact details

Date of request:

Requester's name and job title:

Requester's email:

### Programme details

Programme title:

Programme budget (a): US\$

UNTFHS project number:

Expenditures to date (b): US\$

UNTFHS grant #:

Utilization rate (b/a):

### Extension request details (if required)

Original programme completion date:

Requested completion date:

### Justification/Explanation for a No-Cost Extension or Reprogramming of Activities

*For no-cost extensions, please explain in detail why the activities could not be implemented within the implementation period. For reprogramming, please explain why activities could not be implemented and/or funds could not be spent as planned in the final programme proposal.*

*Please clearly highlight activities already completed, and explain/indicate how a no-cost extension or reprogramming will affect activity implementation for remaining activities.*

*Please explain if/how the activities and targets will change as defined in the original programme proposal with a no-cost extension or reprogramming. For reprogramming, please ensure the revised activities and the impact on budget is clearly indicated.*

Signed statement certifying that all programme partners were consulted:

\_\_\_\_\_  
Signature

**To be completed by HSU**

## UNTFHS Programme Extension / Revision Request

<b>HSU Programme Officer</b>	Date: _____ Signature: _____
<b>HSU Finance Officer</b>	Date: _____ Signature: _____
<b>HSU Chief</b>	Date: _____ Signature: _____