**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. |
|  |
| **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/>