

**City of New York
Office of Emergency Management**

Time Extension Request Form (Instructions on Reverse)

Today's Date								
Declaration Number								
Agency								
Project Information	PW Number							
	Category of Work	A	B	C	D	E	F	G
	Project Title							
	Percent Complete							
	Projected Completion Date							
Point of Contact for this Request	Name							
	Telephone							
	E-mail							
	Fax							
Extension Request Information	Current Deadline							
	Emergency Work must be completed within six months from the date of declaration and can be extended for an additional 6 months				Permanent Work must be completed within 18 months from the date of declaration and can be extended for an additional 30 months			
	Requested Extension							
	Justification (Use additional sheets if necessary)							
Certification Signature	Agency Authorized Agent							
	OEM Director of Recovery and Mitigation							

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Time Extension Request Form Instructions

Today's Date	Enter the date the day this form is filled out	
Declaration Number	Enter the Declaration Number – This may already be entered	
Agency	Enter the name of the City Agency requesting the extension	
Project Information	PW Number	Enter the Project Worksheet containing the work requiring the extension
	Category of Work	Circle the appropriate Work Category
	Project Title	Enter the title of the PW containing the work requiring the extension.
	Percent Complete	Enter the amount of work complete for the PW on the date you complete this form; if work has not started, enter "0%"
	Projected Completion Date	Enter the date work is projected to be completed for this work, use your best estimate and DO NOT enter "unknown"
Point of Contact for this Request (This person should be familiar with the specifics of the project)	Name	Enter the name of the Point of Contact
	Telephone	Enter the telephone number of the Point of Contact
	E-mail	Enter the e-mail address of the Point of Contact
	Fax	Enter the fax number of the Point of Contact
Extension Request Information	Current Deadline	Enter the current PW deadline
	Requested Extension	Enter the date to which an extension is necessary
	Justification (Use additional sheets if necessary)	Briefly describe the need for the extension
Certification Signature	Agency Authorized Agent	The Agency Authorized Agent must sign, this may be different than the Point of Contact
	OEM Director of Recovery and Mitigation	Leave blank for the Director of Recovery and Mitigation to sign