

# Application for Prolongation of Social Service Agency Project

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Agency's Name]

[Agency's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an extension for the [Project Name] that is currently being implemented by [Your Agency/Organization Name]. The project, which commenced on [Start Date], is set to conclude on [Current End Date]. However, due to [briefly explain reason, e.g., unforeseen circumstances, increased demand for services], we believe that an extension is necessary to achieve our project objectives effectively.

We have outlined the progress made so far and our plans for the additional duration. [Mention briefly the key achievements and future goals]. We are confident that with this extension, we can further enhance the impact of our services on the community.

We kindly request an extension until [Proposed New End Date]. We appreciate your consideration of this request and are happy to provide any additional information needed to support our application.

Thank you for your attention to this matter. We look forward to your positive response.

Sincerely,

[Your Name]

[Your Position]

[Your Agency/Organization Name]