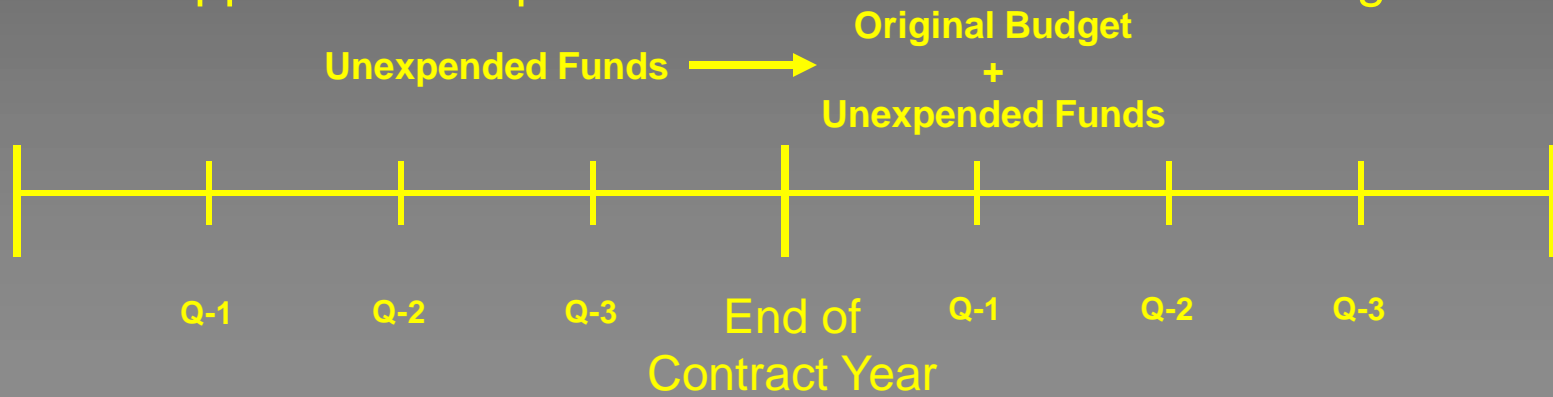


NYS Dept. of Health  
Extramural Grants Administration

Carry Forward of Unexpended  
Funds Request

# Carry Forward Request

- Use to move unexpended funds from one budget period to the next period
- Start process at least 60 days prior to end of contract period
  - Requires Program & DOH approval
  - Final Voucher for contract year required to finalize
  - Progress Report requirements are unchanged
- Funds **MUST** be carried forward to same budget line
- New Appendix-X required-will be sent to institution for signature



# Carry Forward Request Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

## REQUEST TO CARRY FORWARD UNEXPENDED FUNDS INTO THE NEXT CONTRACT YEAR

(Circle One)

Breast Cancer Research

Spinal Cord Injury Research

Stem Cell Research

[hrrsb@wadsworth.org](mailto:hrrsb@wadsworth.org)

[scirb@wadsworth.org](mailto:scirb@wadsworth.org)

[nystemgrants@wadsworth.org](mailto:nystemgrants@wadsworth.org)

Contract Number: \_\_\_\_\_ Current Period End Date: \_\_\_\_\_

Principal Investigator(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Project Title: \_\_\_\_\_

*Explain why all the funds were not expended during the current budget year. State the reasons it is necessary for the unexpended balance to be carried forward and how it is necessary for the achievement of the research aims. Use additional pages if necessary.*

\_\_\_\_\_  
Signature of PI Named Above Date

\_\_\_\_\_  
Signature of Contracts & Grants Official Name/Title Date

\_\_\_\_\_  
Approval Signature of Extramural Funding Administrator Date

Contract Number: _____		Period Ending: _____		
Use this form no later than 45 days prior to the end of the project period to request a carry-forward into the next project year.				
	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. CARRY FORWARD
<b>PERSONAL SERVICES (PS):</b>				
1	<b>SALARY AND STIPENDS</b>			
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
	SUBTOTAL PS	\$ -	\$ -	\$ -
2	FRINGE BENEFITS	\$ -	\$ -	\$ -
3	<b>TOTAL PS AND FRINGE</b>	\$ -	\$ -	\$ -
<b>OTHER THAN PERSONAL SERVICE (OTPS):</b>				
4	<b>SUPPLIES</b>			
	LAB SUPPLIES	\$ -	\$ -	\$ -
	OFFICE SUPPLIES	\$ -	\$ -	\$ -
	SUBTOTAL SUPPLIES	\$ -	\$ -	\$ -
5	EQUIPMENT	\$ -	\$ -	\$ -
6	TRAVEL	\$ -	\$ -	\$ -
7	CONSULTANT COSTS	\$ -	\$ -	\$ -
8	<b>OTHER EXPENSES</b>			
	TRAINEE HEALTH INSURANCE	\$ -	\$ -	\$ -
	HUMAN SUBJECTS	\$ -	\$ -	\$ -
	ANIMALS & CARE	\$ -	\$ -	\$ -
	CORE FACILITIES	\$ -	\$ -	\$ -
	PUBLICATIONS	\$ -	\$ -	\$ -
	COMMUNICATIONS	\$ -	\$ -	\$ -
	MEETING REGISTRATION	\$ -	\$ -	\$ -
	TUITION AND FEES	\$ -	\$ -	\$ -
	MISC OTHER EXPENSES	\$ -	\$ -	\$ -
	SUBTOTAL OTHER EXPENSES	\$ -	\$ -	\$ -
9	SUBTOTAL OTPS	\$ -	\$ -	\$ -
10	<b>TOTAL PS AND OTPS (lines 3 + 9)</b>	\$ -	\$ -	\$ -
11	<b>TOTAL SUBCONTRACT PS AND OTPS</b>	\$ -	\$ -	\$ -
12	<b>TOTAL DIRECT COSTS (lines 10 + 11)</b>	\$ -	\$ -	\$ -
13	F & A Costs	\$ -	\$ -	\$ -
14	<b>GRAND TOTAL COSTS (lines 12 + 13)</b>	\$ -	\$ -	\$ -



# Carry Forward Request Example

Contract Number: _____		Period Ending: _____		
Use this form no later than 45 days prior to the end of the project period to request a carry-forward into the next project year.				
	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. CARRY FORWARD

<b>OTHER THAN PERSONAL SERVICE (OTPS):</b>				
<b>4</b>	<b>SUPPLIES</b>			
	LAB SUPPLIES	\$ -	\$ -	\$ -
	OFFICE SUPPLIES	\$ 500.00	\$ 350.00	\$ 150.00
	<b>SUBTOTAL SUPPLIES</b>	\$ 500.00	\$ 350.00	\$ 150.00
<b>5</b>	<b>EQUIPMENT</b>	\$ -	\$ -	\$ -
<b>6</b>	<b>TRAVEL</b>	\$ 2,000.00	\$ 1,000.00	\$ 1,000.00
<b>7</b>	<b>CONSULTANT COSTS</b>	\$ -	\$ -	\$ -
<b>8</b>	<b>OTHER EXPENSES</b>			\$ -
	TRAINEE HEALTH INSURANCE	\$ -	\$ -	\$ -
	HUMAN SUBJECTS	\$ -	\$ -	\$ -
	ANIMALS & CARE	\$ 5,000.00	\$ 4,500.00	\$ 500.00
	CORE FACILITIES	\$ -		\$ -
	PUBLICATIONS	\$ -	\$ -	\$ -
	COMMUNICATIONS	\$ -	\$ -	\$ -
	MEETING REGISTRATION	\$ -	\$ -	\$ -
	TUITION AND FEES	\$ -	\$ -	\$ -
	MISC OTHER EXPENSES	\$ -	\$ -	\$ -
	<b>SUBTOTAL OTHER EXPENSES</b>	\$ 5,000.00	\$ 4,500.00	\$ 500.00
<b>9</b>	<b>SUBTOTAL OTPS</b>	\$ 7,500.00	\$ 5,850.00	\$ 1,650.00
<b>10</b>	<b>TOTAL PS AND OTPS (lines 3 + 9)</b>	\$ 19,500.00	\$ 14,850.00	\$ 4,650.00
<b>11</b>	<b>TOTAL SUBCONTRACT PS AND OTPS</b>	\$ -	\$ -	\$ -
<b>12</b>	<b>TOTAL DIRECT COSTS (lines 10 + 11)</b>	\$ 19,500.00	\$ 14,850.00	\$ 4,650.00
<b>13</b>	<b>F &amp; A Costs</b>	\$ 3,500.00	\$ 3,000.00	\$ 500.00
<b>14</b>	<b>GRAND TOTAL COSTS (lines 12 + 13)</b>	\$ 23,000.00	\$ 17,850.00	\$ 5,150.00

Actual amounts available may vary depending on further vouchering

Amounts must be carried forward to same budget line

# Approval Notification

- After vouchering completed for current period, EGA staff works with institution on final carryforward amounts
- Appendix X sent to institution for signature with new budget, Appendix B-2
- EGA approval letter sent

Frankenstein University  
6/1/08 - 5/31/10  
Appendix B-2

Contract # C0123456

PI: \_\_\_\_\_ Jones, Judy

	BUDGET CATEGORY	year one exp	6/1/2009 - 5/31/2010	TOTAL
<b>PERSONAL SERVICES (PS)</b>				
1	<b>SALARY AND STIPENDS</b>			
	PI	\$ 20,794.00	\$ 21,418.00	\$ 42,212.00
	Co-PI	\$ 7,847.00	\$ 8,082.00	\$ 15,929.00
	Graduate Assistants	\$ 51,810.00	\$ 53,364.00	\$ 105,174.00
	SUBTOTAL PS	\$ 80,451.00	\$ 82,864.00	\$ 163,315.00
2	FRINGE BENEFITS	\$ 13,476.00	\$ 13,881.00	\$ 27,357.00
3	<b>TOTAL PS AND FRINGE</b>	\$ 93,927.00	\$ 96,745.00	\$ 190,672.00
<b>OTHER THAN PERSONAL SERVICE (OTPS):</b>				
4	<b>SUPPLIES</b>			
	LAB SUPPLIES	\$ 39,623.00	\$ 39,755.00	\$ 79,378.00
	OFFICE SUPPLIES	\$ -	\$ -	\$ -
	SUBTOTAL SUPPLIES	\$ 39,623.00	\$ 39,755.00	\$ 79,378.00
5	EQUIPMENT	\$ 8,000.00	\$ 5,000.00	\$ 13,000.00
6	TRAVEL	\$ 5,000.00	\$ 5,000.00	\$ 10,000.00
7	CONSULTANT COSTS	\$ -	\$ -	\$ -
8	<b>OTHER EXPENSES</b>			
	TRAINEE HEALTH INSURANCE	\$ -	\$ -	\$ -
	HUMAN SUBJECTS	\$ -	\$ -	\$ -
	ANIMALS & CARE	\$ 1,450.00	\$ 1,500.00	\$ 2,950.00
	CORE FACILITIES	\$ -	\$ -	\$ -
	PUBLICATIONS	\$ 800.00	\$ 800.00	\$ 1,600.00
	COMMUNICATIONS	\$ -	\$ -	\$ -
	MEETING REGISTRATION	\$ 1,200.00	\$ 1,200.00	\$ 2,400.00
	TUITION AND FEES	\$ -	\$ -	\$ -
	MISC OTHER EXPENSES	\$ -	\$ -	\$ -
	SUBTOTAL OTHER	\$ 3,450.00	\$ 3,500.00	\$ 6,950.00
9	<b>SUBTOTAL OTPS</b>	\$ 56,073.00	\$ 53,255.00	\$ 109,328.00
10	<b>TOTAL PS AND OTPS (lines 3 + 9)</b>	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00
11	<b>TOTAL SUBCONTRACT PS AND OTPS</b>	\$ -	\$ -	\$ -
12	<b>TOTAL DIRECT COSTS (lines 10 + 11)</b>	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00
13	<b>F&amp;A COSTS</b>	\$ 28,400.00	\$ 29,000.00	\$ 57,400.00
14	<b>GRAND TOTAL (lines 12 + 13)</b>	\$ 178,400.00	\$ 179,000.00	\$ 357,400.00

must be approved by the STATE prior to the commitment and use of funds. All final budget modification requests must be

not to exceed one year.

# NYS Dept. of Health Extramural Grants Administration

Office Phone (518) 474-7002

Office Fax (518) 486-2191

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[nystemgrants@wadsworth.org](mailto:nystemgrants@wadsworth.org)