Carry Forward Requests

Provided by Extramural Grants Administration
Carry Forward Requests

- Use to move unexpended funds from one budget period to the next
- Due 45 days after the end of the contract year
- 4th Quarter voucher for contract year required to approve request
- Requires EGA and DOH approval
- Progress Report requirements are unchanged
- Funds MUST be carried forward to same budget line
All Fiscal Requests Require a Justification!

Be Specific

• Strength of justification is critical to approval of the request
• Justification must be tied to progress made on contract aims
  ➢ Progress to date on each specific aim
  ➢ Plans for use of funds to accomplish stated aims
# Carry Forward Request Form Cover Page

**Items 1-8 are required!**

1. Enter Contract Number (C0XXXXX)
2. Circle appropriate program
3. Enter end date of budget period
4. Enter name of PI
5. Enter name of Organization
6. Enter Project Title
7. PI signature and date
8. Contract/Grants Official signature and date
9. For DOH-EGA USE ONLY! If this section is filled in, your request will be returned.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contract Number (C0XXXXX)</td>
</tr>
<tr>
<td>2</td>
<td>Circle appropriate program</td>
</tr>
<tr>
<td>3</td>
<td>Enter end date of budget period</td>
</tr>
<tr>
<td>4</td>
<td>Enter name of PI</td>
</tr>
<tr>
<td>5</td>
<td>Enter name of Organization</td>
</tr>
<tr>
<td>6</td>
<td>Enter Project Title</td>
</tr>
<tr>
<td>7</td>
<td>PI signature and date</td>
</tr>
<tr>
<td>8</td>
<td>Contract/Grants Official signature and date</td>
</tr>
<tr>
<td>9</td>
<td>For DOH-EGA USE ONLY! If this section is filled in, your request will be returned.</td>
</tr>
</tbody>
</table>
Carry Forward Request Form Worksheet

Completing the Worksheet
1. Organization and Contract # will populate from Cover Page
2. Enter Full Contract Term
3. Enter end date of current budget period
4. Column I must reflect most recently approved Attachment B-1(A)
5. Estimated Expenditures cannot exceed Budget Period (Column I) or “Over Budget” error will appear
Carry Forward Request Form Justification

CARRY FORWARD REQUEST FORM JUSTIFICATION

ORGANIZATION: 

CONTRACT # 

CONTRACT TERM: MM/DD/YY - MM/DD/YY

BUDGET PERIOD ENDING: MM/DD/YY

Requests are due no more than 45 days after the end of the contract year

Justification: 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. Specifically, why it is necessary to achieve the approved research aims. Describe steps that will be taken to utilize the additional funds during the new annual budget year and reduce the need to request additional Carry Forwards or a No Cost Extension. Use additional pages if necessary.

2 Detailed Justification Should:

• Explain why funds were not expended during current year
• Provide reasons the unexpended balance should be carried forward
  • Why necessary to achieve the approved research aims
• Describe steps that will be taken to utilize additional funds during new budget year to reduce the need for future Carry Forwards or No-Cost Extension
Carry Forward Request Approval Notification

- Request is to be sent as PDF via email to the appropriate program email address

- After vouchering is completed for current period, EGA finalizes carry forward request

- EGA approval letter sent with copy of new budget for new budget year
NYS Department of Health Extramural Grants Administration

Specific Questions?

Contact us at:

HRSB@health.ny.gov

NYSYSTEM@health.ny.gov

SCIRB@health.ny.gov

or

(518) 474-7002