

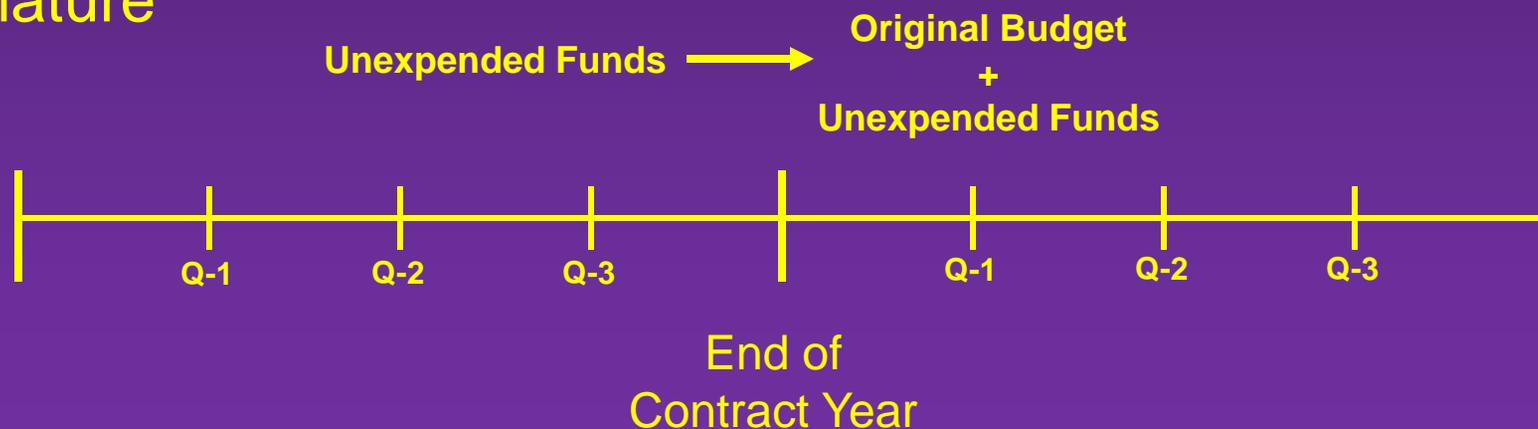
New York State Department of Health Extramural Grants Administration

Contractor Training

Request to Carry Forward Unexpended Funds

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 EGA Program, DOH, & OSC approvals
- 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 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
OTHER THAN PERSONAL SERVICE (OTPS):				
4	SUPPLIES			
	LAB SUPPLIES	\$ -	\$ -	\$ -
	OFFICE SUPPLIES	\$ 500.00	\$ 350.00	\$ 150.00
	SUBTOTAL SUPPLIES	\$ 500.00	\$ 350.00	\$ 150.00
5	EQUIPMENT	\$ -	\$ -	\$ -
6	TRAVEL	\$ 2,000.00	\$ 1,000.00	\$ 1,000.00
7	CONSULTANT COSTS	\$ -	\$ -	\$ -
8	OTHER EXPENSES			\$ -
	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	\$ -	\$ -	\$ -
	SUBTOTAL OTHER EXPENSES	\$ 5,000.00	\$ 4,500.00	\$ 500.00
9	SUBTOTAL OTPS	\$ 7,500.00	\$ 5,850.00	\$ 1,650.00
10	TOTAL PS AND OTPS <i>(lines 3 + 9)</i>	\$ 19,500.00	\$ 14,850.00	\$ 4,650.00
11	TOTAL SUBCONTRACT PS AND OTPS	\$ -	\$ -	\$ -
12	TOTAL DIRECT COSTS <i>(lines 10 + 11)</i>	\$ 19,500.00	\$ 14,850.00	\$ 4,650.00
13	<i>F & A Costs</i>	\$ 3,500.00	\$ 3,000.00	\$ 500.00
14	GRAND TOTAL COSTS <i>(lines 12 + 13)</i>	\$ 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 is completed for current period, EGA staff works with institution on final carry-forward amounts
- Appendix X is sent to institution for signature with new budget and Appendix B-x
- EGA approval letter sent

Frankenstein University

6/1/08 - 5/31/10

Contract # C0123456

Appendix B-2

PI: _____ Jones, Judy

	BUDGET CATEGORY	year one exp	6/1/2009 - 5/31/2010	TOTAL
PERSONAL SERVICES (PS)				
1	SALARY AND STIPENDS			
	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	TOTAL PS AND FRINGE	\$ 93,927.00	\$ 96,745.00	\$ 190,672.00
OTHER THAN PERSONAL SERVICE (OTPS):				
4	SUPPLIES			
	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	OTHER EXPENSES			
	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	SUBTOTAL OTPS	\$ 56,073.00	\$ 53,255.00	\$ 109,328.00
10	TOTAL PS AND OTPS (lines 3 + 9)	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00
11	TOTAL SUBCONTRACT PS AND OTPS	\$ -	\$ -	\$ -
12	TOTAL DIRECT COSTS (lines 10 + 11)	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00
13	F&A COSTS	\$ 28,400.00	\$ 29,000.00	\$ 57,400.00
14	GRAND TOTAL (lines 12 + 13)	\$ 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 Department of Health Extramural Grants Administration

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NEW YORK STATE DEPARTMENT OF HEALTH