



**Department  
of Health**

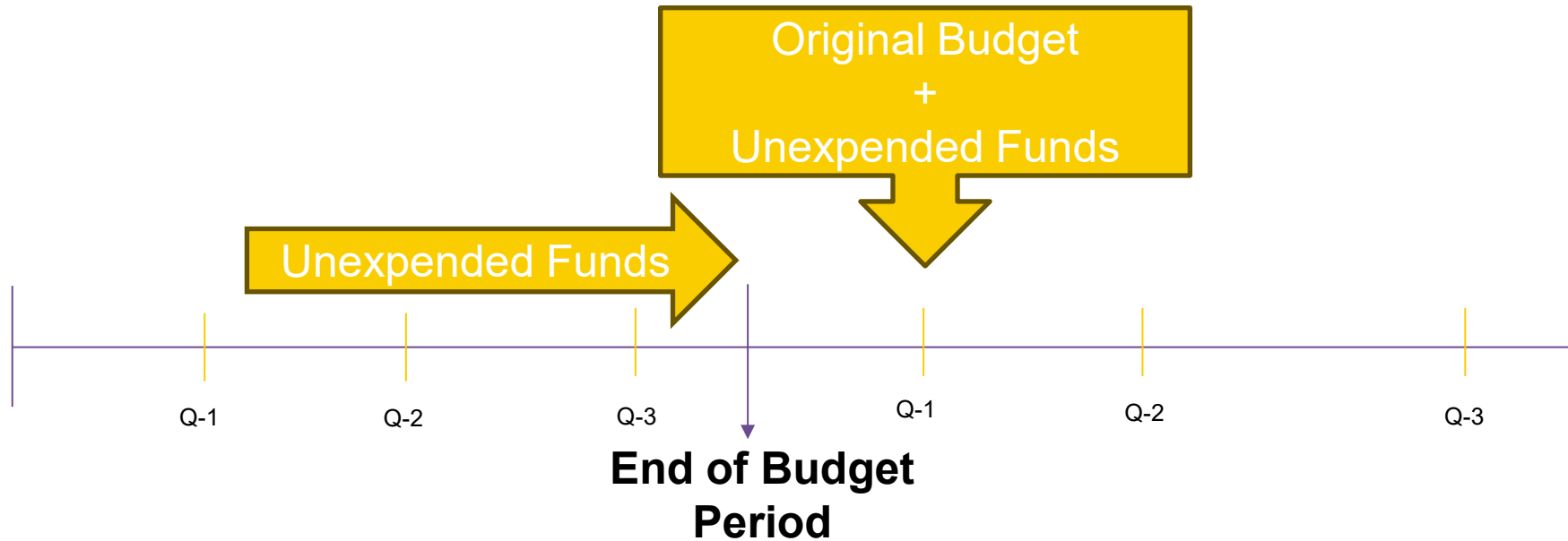
# **Carry Forward Requests**

**Extramural Grants Administration – Wadsworth Center**

# CARRY FORWARD REQUESTS OVERVIEW

- Use to move unexpended funds from one budget period to the next
- Due 45 days after the end of the budget period funds are being moved from
- Form must be submitted in Excel format
- 4<sup>th</sup> Quarter Voucher for contract year is required to approve the request
- Requires EGA, DOH and OSC Approval
- No impact on Progress Report deliverable dates
- Funds MUST be carried forward to same budget line

# CARRY FORWARD REQUESTS OVERVIEW



# CARRY FORWARD REQUEST OVERVIEW

## **Cover Page**

The Cover Page Tab must be filled out in its entirety following the instructions on Slide 5 of this presentation.

## **Worksheet & Justification**

The Worksheet & Justification Tab must be filled out in its entirety following the instructions on Slides 6-8 of this presentation.

## **PS Detail**

The PS Detail Tab must be filled out in its entirety following the instructions on Slide 9 of this presentation.




# Carry Forward Request Form Cover Page

1. Enter Contract Number (CXXXXXXGG or GM)
2. Enter Contractor SFS Payee Name
3. Enter Contract Period enter in MM/DD/YY format
4. Select Funding Source (drop down list)
5. Enter Project Name
6. Enter name of PI
7. Enter name of Grants Official
8. A signature is not required on this form



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**CARRY FORWARD OF UNEXPENDED FUNDS REQUEST FORM**

Request must be submitted within 45 days of the end of the current contract period  
Must be submitted in EXCEL format

1

CONTRACT NUMBER:

2

CONTRACTOR SFS PAYEE NAME:

3

CONTRACT PERIOD:

4

FUNDING SOURCE:

Requests to move unexpended funds from the current contract period to the next contract period requires the approval of DOH, the Attorney General's Office and the Office of the New York State Comptroller. Provide sufficient justification on the CF Worksheet Tab explaining the need to carry forward the unexpended balance and how the funds will be used to achieve the project's approved research aims. If necessary, include additional pages.

5

PROJECT NAME:

6

PRINCIPAL INVESTIGATOR:  
  
Please Print: Name and Title

7

GRANTS OFFICIAL:  
  
Please Print: Name and Title

8

**ASSURANCES:** By submission of this documentation, the Principal Investigator, Grants Official and Organization attest that this information is true, accurate and complete to the best of their knowledge.

**NOTE: SIGNATURES NOT REQUIRED**

# CARRY FORWARD REQUEST WORKSHEET & JUSTIFICATION

## CARRY FORWARD REQUEST - WORKSHEET & JUSTIFICATION

1 HRSB: hrsb@health.ny.gov SCIRB: scrib@health.ny.gov	CONTRACT NUMBER:	0	Justification: Explain why all funds were not expended during the current contract period and the reasons it is necessary to carry forward the unexpected balance. Specifically, how the funds will be used to achieve the approved research aims. Describe steps that will be taken to utilize the additional funds during the new contract period.
	CONTRACTOR SFS PAYEE NAME:	0	
	CONTRACT PERIOD:	0	
	FUDNING SOURCE:	Select From List	

2 CATEGORY OF EXPENSE	3 COLUMN I CURRENT BUDGET	4 COLUMN II ACTUAL EXPENDITURES	5 COLUMN III CARRY FORWARD	Justification
1. PERSONAL SERVICES				1. Header will populate from Cover Page 2. Enter budget line details based on the Names/Titles, etc. from the executed contract. 3. Column I must match most recently approved Attachment B-1 or B-1(A). 4. Estimated Expenditures cannot exceed Column I or "Over Budget" error will appear in Column III 5. See Tab 7 for additional information on entering your Carry Forward justification.
a) SALARY	-	-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract	-	-	-	
Enter Position Title From Contract		-	-	
b) FRINGE				
SUBTOTAL	-	-	-	
2. NON PERSONAL SERVICES				
a) CONTRACTUAL SERVICES	-	-	-	
Enter subcontractor name		-	-	
		-	-	
b) TRAVEL	-	-	-	
Travel		-		
Meeting Registration	-	-	-	
c) EQUIPMENT	-	-	-	
Enter Item Description	-	-	-	

# CARRY FORWARD REQUEST WORKSHEET & JUSTIFICATION

The revised Carry Forward form allows for the justification to be entered on the same page as the requested budget changes. To ensure your request is reviewed timely and to help alleviate additional questions, each budget line with a Carry Forward amount must be justified in detail.

CARRY FORWARD REQUEST - WORKSHEET & JUSTIFICATION

HRSB: hrrsb@health.ny.gov SCIRB: scrib@health.ny.gov	CONTRACT NUMBER:	0	<b>Justification:</b> Explain why all funds were not expended during the current contract period and the reasons it is necessary to carry forward the unexpected balance. Specifically, how the funds will be used to achieve the approved research aims. Describe steps that will be taken to utilize the additional funds during the new contract period.
	CONTRACTOR SFS PAYEE NAME:	0	
	CONTRACT PERIOD:	0	
	FUNDING SOURCE:	Select From List	

CATEGORY OF EXPENSE	COLUMN I CURRENT BUDGET	COLUMN II ACTUAL EXPENDITURES	COLUMN III CARRY FORWARD	Justification
<b>1. PERSONAL SERVICES</b>				
<b>a) SALARY</b>	-	-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract		-	-	
Enter Position Title From Contract	-	-	-	
Enter Position Title From Contract	-	-	-	
<b>b) FRINGE</b>				
<b>SUBTOTAL</b>	-	-	-	
<b>2. NON PERSONAL SERVICES</b>				
<b>a) CONTRACTUAL SERVICES</b>	-	-	-	
Enter subcontractor name		-	-	
		-	-	
<b>b) TRAVEL</b>	-	-	-	
Travel		-	-	
Meeting Registration	-	-	-	
<b>c) EQUIPMENT</b>	-	-	-	
Enter Item Description	-	-	-	

## Detailed Justification Should:

- Explain why funds were not expended during the current budget period
- Provide reasons the unexpended balance should be carried forward
- Describe the steps that will be taken to utilize the funds during the next budget period and reduce the need for future Carry Forwards or No-Cost-Time-Extension

# ALL CARRY FORWARD REQUESTS REQUIRE A JUSTIFICATION!

## Be Specific

- Carry Forward Requests are not guaranteed
- Strength of justification is *critical* to the approval of the request
- Justification must be tied to progress made on contracted research Aims
  - Progress to date on each specific aim
  - Plans for use of funds to accomplish stated aims within full contract term



## CARRY FORWARD REQUEST – PERSONAL SERVICE DETAIL

**CARRY FORWARD REQUEST - PERSONAL SERVICE DETAIL**

<b>1</b> HRSB: hrsb@health.ny.gov SCIRB: scrib@health.ny.gov	CONTRACT NUMBER:				0
	CONTRACTOR SFS PAYEE NAME:				0
	CONTRACT PERIOD:				0
	FUDNING SOURCE:				Select From List

<b>2</b>	POSITION TITLE	ANNUALIZED SALARY PER POSITION	STANDARD WORK WEEK (HOURS)	PERCENT OF EFFORT FUNDED	NUMBER OF MONTHS FUNDED	<b>3</b> SALARY	<b>4</b> BENEFIT RATE	FRINGE
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
The values in the Salary column must match those of the CF Worksheet Column II Expenditures.					<b>Total Salary:</b>	-	<b>Total Fringe:</b>	-

The Salary Column must match the Column II Actual Expenditures in the CF Worksheet Tab.

1. Header will populate form Cover Page
2. Position Title must match that of the Worksheet
3. Salary will automatically calculate based on the information entered in (Annualized Salary, Percent Effort and Number of Months Funded).
4. Enter Benefit Rate (%) – Fringe will automatically calculate

# Carry Forward Request Approval Notification

- Request must be submitted in Excel format via email to the appropriate program email address
- After vouchering is complete for the current period, EGA finalizes the carry forward request
- EGA approval letter is sent with a copy of the new budget for the new budget year



# Any Questions?

**Contact us at:**

[hrrb@health.ny.gov](mailto:hrrb@health.ny.gov)

[scirb@health.ny.gov](mailto:scirb@health.ny.gov)

**or**

**(518) 474-7002**



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