

REQUEST TO USE CARRYOVER FUNDS

AGENCY AND GRANT NUMBER	PS PROJECT ID.	P.I. NAME
AMOUNT OF CARRYOVER FUNDS: (AMOUNT VERIFIED BY ORS)		

NOTE: Grantee organizations are authorized, with appropriate justification and budgeting, to carry over unobligated funds remaining at the end of a “budget period,” with the exceptions of: (1) if it is also the end of the “project period,” or (2) if funds were restricted on the Notice of Grant Award. The agency must be notified of the amount to be carried over at the time the Financial Status Report is completed. The Financial Status Report is due within 90 days of the expiration date. Please verify the amount of carryover funds available with ORS before completing this form. Be sure to include indirect costs in your budget.

JUSTIFICATION FOR USE OF FUNDS:

BUDGET FOR CARRYOVER FUNDS:

TOTAL DIRECT COSTS _____

INDIRECT COSTS _____

TOTAL PROJECT COSTS _____

PRINCIPAL INVESTIGATOR	DATE
DEAN OR DIRECTOR	DATE
ORS FINANCIAL	DATE
AUTHORIZING OFFICIAL	DATE