This document describes the procedures that must be used when recipients would like to request to carryover unobligated funds at the end of a budget period into the next budget period. Unless the terms and conditions of the Notice of Award (NoA) give expanded authority, prior approval must be requested.

Financial assistance recipients may request to carryover unobligated funds to cover allowable costs from any budget period *except* the final budget period of the project. Carryover funds should be used to support one-time activities and must be expended in the year in which they are awarded. Please note that obligated but un-liquidated funds are not considered carryover.

## CDC Notification

Carryover should be requested at least 120 days prior to the end of the budget period by sending a request on official letterhead that includes:

* Date
* Recipient name and NoA number
* Point of contact – name, phone number, and email address
* Two signatures – Authorized Business Official and Project Director

## Required Documentation

The following documentation must be included with the carryover request:

* Federal Financial Report (FFR) SF 425.
* Budget table that clearly shows current funding levels for each budget category (personnel, fringe, travel, etc.) and carryover funds requested for each category
* Itemized budget and justification outlining the activities that will be completed using carryover funds. Budgets should be in whole dollar amounts (see [additional guidance for completing a detailed budget](https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf))
* Current Indirect Cost Rate Agreement if requesting indirect costs

## Carryover Request Template

Click here to enter a date.

Centers for Disease Control and Prevention

Office of Grants Services

ATTN: Click here to enter text.

2920 Brandywine Road

Atlanta, GA 30341

Re: Click here to enter text.

Request to Carryover Unobligated Funds

Dear Grant Management Specialist:

This letter is to request approval to carryover unobligated funds in the amount of Click here to enter text. from Budget Year Click here to enter text. to Budget Year Click here to enter text. under the Notice of Award listed above. Funds are requested to

Click here to enter text.

Click here to enter text.

Click here to enter text.

Below is a table outlining the proposed change.

| CATEGORY | ORIGINAL AWARD | PROPOSED CARRYOVER | REVISED AWARD |
| --- | --- | --- | --- |
| Personnel | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Fringe Benefits | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Travel | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Equipment | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Supplies | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Contractual | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Direct Costs | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Indirect Costs | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Click here to enter text.

***(Note: If applicable, insert the six (6) contractual elements in your detailed budget and provide a brief reason for the establishment of a new contract. Also, provide some highlights indicating how the change will benefit the program funded under the cooperative agreement. If a contract is being replaced, please provide information relating to the existing contract.)***

If you have any questions regarding this request, please feel free to contact Click here to enter text.

Sincerely,

Project Director /Principal Investigator

/s/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Business Official

/s/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_