

Carryforward Parameters:

- Carryforward Project Allocation form is to be completed when Sponsor approval is required to carryforward funds from one period to another period.
- Email form to appropriate Contract/Grant Officer, found at colorado.edu/ocg/directory. The Contract/Grant Officer will determine if additional information is required. Funds will not be moved until Contract/Grant Officer recieves approval from Sponsor. Note, if removing funds/de-obligating funds from an active sub, the Sub Officer will deobligate prior to further action.
- Direct questions regarding the use of this form to your assigned OCG Contract/Grant Officer (<u>https://www.colorado.edu/ocg/directory</u>)

Carryforward Restricted Project Allocation Process

Departmental Administrators/Fiscal Managers should work with the Principal Investigator(s) to prepare the Carryforward Restricted Project Allocation form.

- Section I: Award Information: Identify the relevant award identifiers and personnel.
- Section II: Project Detail: Complete the project reallocation details.

Notes:

- 1. For Carryforward From section, the total should include both direct and indirect.
- 2. For Carryforward To section, the direct and indirect should be broken out, if applicable. Please take into consideration F&A rates and F&A exempt codes when breaking out costs.
- 3. If detailed budget entry is required by sponsor for the approved carryforward, please work with your Grant/Contract Officer on the appropriate budget format required by the Sponsor.

Section I: Award Information

Award Number:	Principal Investigator:
Proposal Number:	Fiscal Manager:
Sponsor:	Date Requested:

Department Notes:



Carryforward Restricted Project Allocation Form

Section II: Project Detail

Carryforward From				Carryforward To				
Description	Project #	Total (use negative sign)		Description	Project#	Direct	Indirect (if applies)	Total
					-			
	I							
Total Reduction:			Total Increase:					

By signing below:

Carryforward total must equal zero

• The PI certifies this transaction does not change the approved Scope of Work.

• The Department Fiscal Manager has verified the above information is accurate to the best of their knowledge.

Principal Investigator

Signature:

Fiscal Manager Signature:

Date:

Date: