SAMPLE FORMAT ONLY

XYZ University Medical Center

Jane Doe, M.D.

Director, Center for Cancer Research

123 West Main Street

Anywhere, USA

January 1, 2018

Attn:

Assigned Grants Management Specialist

cc: Assigned Program Director

RE: Carryover Request, Year 30 to Year 32

Dear Grants Management Specialist,

This letter is to request carryover in the amount of $250,599.38 ($150,000 direct costs and $100,599.38 F&A) from year 30 of grant 5P30CA123456 – 30. Below is a breakout of the information per project with attached budgets.

**Project 1: Enter Project Title**

**Balance Remaining:** $ Enter total amount (directs $amount, F&A $amount)

**Justification:** (SAMPLE) We experienced a delay gathering critical data and obtaining additional cultures requiring additional time to complete our objectives.

**Use of Carryover funds:** The carryover funds will allow us to continue to proceed with (**enter specifics**) and to fulfill the aims specific to this project (**explain**).

**Project 2: Enter Project Title**

**Balance Remaining:** $ Enter total amount (directs $amount, F&A $amount)

**Justification:** (SAMPLE) We experienced a delay gathering critical data and obtaining additional cultures requiring additional time to complete our objectives.

**Use of Carryover funds:** The carryover funds will allow us to continue to proceed with (**enter specifics**) and to fulfill the aims specific to this project (**explain**).

(Repeat for all applicable projects and/or supplements.)

Provide a summary or corresponding background and explanation on the necessity of the funds, confirmation that the work is within the scope and aims of the funded grant.

Thank you for consideration of this request.

Sincerely,

Jane Doe, M.D.

Director of Sponsored Research/Signing Official

XYZ University