

Einstein sample request letter- Carryover

Today's Date

Name of the Grant Management Specialist (GMS)

National Institutes of Health

Address

Address

Email address of GMS

Re. Carryover Request for:

Grant #: _____

Title: _____

PI: _____

Dear GMS,

1. Amount- I am writing to request prior approval for carryover in the amount of \$\$ from Year -XX (the most recent FFR) to Year-XX.

(NOTE: if you aren't requesting the full unobligated balance, include a justification why and a statement that you may request this amount in the future.)

2. Reason 1- The funds requested for carryover were not expended in the year they were awarded due to XYZ.

(Provide detailed budgetary and scientific reasons why the funds were not spent within the last budget period)

3. Reason 2- These funds are needed in the current year so that we can accomplish XYZ.

(Provide detailed budgetary and scientific reasons why the funds are needed as carryover within the current budget period in order to achieve the approved research aims.)

4. Reason 3- It will not be possible to accomplish this by re-budgeting current funds because XYZ.

(Provide reasons why the carryover request cannot be accomplished by re-budgeting the current funds.)

5. Steps- If this request is approved, we will do XYZ in order to ensure that the carryover funds will be used in the current period and to reduce the need for additional carryover requests.

(Describe what steps will be taken to use the funds during the new annual budget year and reduce the need to request additional carry-over funds or a no-cost extension.)

This request will not result in a change in scope of the project or affect the specific aims of the project.

We appreciate your consideration of this request as well as your continued support on this grant.

Should you have any programmatic questions, please contact the Principal Investigator/Program Director _____ at XXX-XXX-XXXX or email XXX@einsteinmed.edu.

If you have any financial questions, please contact the financial officer, Suzanne Locke, at 718-430-2688.

Please email your approval to suzanne.locke@einsteinmed.edu or mail to Albert Einstein College of Medicine, 1300 Morris Park Ave., Belfer/1108E, Bronx, NY 10461.

Sincerely,

XXXXX
Principal Investigator/Program Director

Suzanne Locke
Director – Research Finance

Cc: PO Name

Be sure to include the following attachments:

- o Budget and justification in [PHS 2590 Detailed Budget Page Form Page 2](#) reflecting the requested direct costs. (If sponsor specifies, you may use PHS398 or SF424)
- o Provide an F&A breakdown in the form of the [PHS 2590 Form Page 6 checklist](#).
- o If requested, attach Einstein's federally negotiated rate agreement.
- o If requested, attach the FFR.