To:

From:

Date:

Subject: UVM Award #:
    UVM Project #:
    Award Title:
    Sponsor:
    Award End Date:

SPA is in the process of closing the above subject fixed price award, following the Residual Balances on Sponsored Projects Procedure. Please review, complete, and return this form to the SPA Financial Analyst shown above, by email, within 5-business days from receipt of this form.

Our records indicate:

<table>
<thead>
<tr>
<th>Award Amount:</th>
<th>$ -</th>
<th>Direct Dollars Unexpended and available for transfer</th>
<th>$ -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Received:</td>
<td>$ -</td>
<td>F&amp;A dollars Unexpended (to be distributed following UVM’s IBB Policy)</td>
<td>$ -</td>
</tr>
<tr>
<td>Less Total Expenses:</td>
<td>$ -</td>
<td>F&amp;A Rate % of Direct Unspent Balance to DC Awarded</td>
<td>%</td>
</tr>
<tr>
<td>Total Unexpended Funds:</td>
<td>$ -</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

1. Direct Dollars Unexpended Explanation (If applicable):
   If the % of Direct Unspent Balance to Direct Cost Award is >20%, you must provide a brief explanation as to why the actual direct cost expenditures were substantially less than budgeted. If % of Direct Unspent Balance to Direct Cost Award is <20%, proceed to Section #2.

2. Chart String Information:
   Insert below the chartstring to be used to Transfer the Direct Dollars Unexpended:

<table>
<thead>
<tr>
<th>Operating Unit</th>
<th>Dept Code</th>
<th>Fund</th>
<th>Source Code</th>
<th>Function</th>
<th>Project</th>
<th>Program</th>
<th>Purpose</th>
<th>Property</th>
</tr>
</thead>
</table>

3. Certification and Approvals:
   As Principal Investigator, by signing below, I am confirming the following:
   1. All work and deliverables have been completed and provided to the sponsor per the award terms.
   2. All costs made in support of this project have been charged accordingly and are in compliance with the sponsor’s award.
   3. I agree to use the residual balance for purposes consistent with the research and scholarship mission of my academic department.

   Principal Investigator (required): Agree/Sign: Date:

   Department Chair or Designee: Agree/Sign: Date:
   If Direct Dollars Unexpended is >$5,000, Department Chair or designee signature is required. No additional signature required if <$5,000.

   Sponsored Project Administration: Agree/Sign: Date:

v 02.04.2020