[**DATE**]

[**Sponsor/Contact**]

Re: Carryover Request for Grant [**Grant number**]

Sponsor Name: [**Sponsor**]

PI: Dr. [**PI name**]

Dear [**Sponsor Contact**],

We are writing to formally request your approval for carryover of an unobligated balance of **[$ amount**] total cost for project [($\_\_\_direct cost; $\_\_\_\_F&A costs)] for [**Grant Number**], entitled [“**Grant Title**”] from budget year [#] to budget year [#].

The unobligated balance exists due to [***explain why there is a balance***]. This carryover is essential for the successful completion of the project. Use of the unobligated balance will ensure our ability to fulfill the specific aims of the project… [***provide specifics of how will carryover be utilized, why is it necessary***].

Attached please find a detailed carryover budget, budget justification, checklist (if NIH) and a copy of the Federal Financial Report (if NIH) for your review.

Should you have any questions or concerns regarding this request, please contact Sponsored Project Administration at [spa@uvm.edu](mailto:spa@uvm.edu) or the PI at [email].

We look forward to your reply.

Sincerely, I concur,

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [**PI Name & Contact Information**] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **[SPA Name & Contact Information]** |

Cc:

attachments