



### **Carryforward Request Letter Template**

A request for Carryforward, in the form of an official request letter, should be submitted to NIH by the Office of Research Administration (ORA) as soon as the Final Financial Report (FFR) has been **submitted** (sequential years) or **accepted** (non-sequential years) by Harvard's Office for Sponsored Programs. The letter should be co-signed by the Principal Investigator (PI) and an authorized Signing Official of HMS (if the PI is unavailable it may be signed by the Signing Official only) and must be submitted to NIH by ORA (not the PI or department). Note that a Grants Management Specialist will not be able to consider/approve a Carryforward request until the FFR has been accepted by NIH, but submitting the Carryforward request earlier can help to expedite the review.

The letter should be approximately 1-2 pages long and must include the following information:

- Project periods between which the funds are requested to be carried forward, i.e. from project period 01/01/2019-12/31/2019 ("Year 1") to period 01/01/2020-12/31/2020 ("Year 2").
  - Detailed justification for the request: Explain what happened to cause the remaining funds to be unspent, how you plan to utilize the funds moving forward, how you will adjust the project timeline to ensure on-time completion, and any impact on the science (specific aims, personnel, approved IRB/IACUC protocol, purchase of equipment, etc. – note any variance from the original documentation submitted, including the Research Performance Progress Report).
  - Breakdown of current unobligated balance by budget category.
  - Current budget spreadsheet detailing how you intend to utilize the Carryforward funds in the subsequent project period, if approved.
    - *Complete and attach PHS 398 Form Page 4 and Checklist with these amounts.*
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Date

Grants Management Specialist – First Name, Last Name, Honorific  
Grants Management Specialist Contact Information

RE: Carryforward Request / FAIN

Dear Grants Management Specialist,

Harvard Medical School on behalf of Principal Investigator, Dr. [Name], would like to request to carry forward funds in the amount of \$\_\_\_\_\_ from project period MM/DD/YYYY-MM/DD/YYYY (Year \_\_) to project period MM/DD/YYYY-MM/DD/YYYY (Year \_\_), for grant #Federal Award Identifier Number entitled, “Project Title.”

The unused funds are as follows:

Salary - \$\_\_\_\_\_

Benefits - \$\_\_\_\_\_

Material, Supplies, and Other - \$\_\_\_\_\_

Total Direct Costs - \$\_\_\_\_\_

Indirect Costs - \$\_\_\_\_\_

**TOTAL COSTS - \$\_\_\_\_\_**

The reason for the unobligated balance is [detailed justification for the Carryforward].

Your time and consideration on this matter are greatly appreciated.

Thank you.

Sincerely,

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PI First Name, Last Name, Honorific  
Title  
Contact Information

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Authorized Org. Representative Name  
Title  
Office of Research Administration  
1635 Tremont Street  
Boston, MA 02120  
(617) 432-XXXX  
XXXXXX@hms.harvard.edu

cc: Program Officer