## Prior Approval Carryover: Cover Letter Template

*Please review these instructions before using the template for prior approval carryover requests.*

*To fill out the template, please use the text boxes to add information specific to your request.*

*Additionally, fill out the summary budget table for each cost category. Fill out the summary table as indicated below.*

* *Original Budget (column 2): Refer to the most recent notice of award for the amount for each row of the cost categories. List that amount.*
* *Proposed Carryover (column 3): List the carryover amount for each applicable cost category. If changes are not requested in a category, insert $0.00.*
* *New Revised Budget Total (column 4): List the new total amount for each cost category.*

*If you have any questions about this template, please contact the Grants Management Specialist for your award.*

*Delete this page before submitting your request.*

*Click to enter a date.*

Centers for Disease Control and Prevention

Office of Grant Services

**Re:** *Enter Award Number: (e.g. NU50CK000XXX)*

**NOFO Number and Title:** *Enter NOFO Number and Title*

Dear Grant Management Specialist:

This letter is to request approval to carryover unobligated funds in the amount of *Click here and enter dollar amount* from Budget Year *Enter Budget Year* to Budget Year *Enter Budget Year* under the Notice of Award listed above. Included in this request is the most recent Federal Financial Report, which reconciles to the unobligated amount listed above. Funds from the previous year were unobligated because *Click here and enter reason for unobligated amount.*

Funds are requested to *Click here and add the reason for the request; a statement confirming the action remains within the scope of the Notice of Funding Opportunity; and if funding will be used to support the ongoing activities of the grant/cooperative agreement. Provide a projected timeline to support the use of funds in the current budget period.*

Below is a table outlining the proposed change.

|  |  |  |  |
| --- | --- | --- | --- |
| **COST CATEGORY** | **ORIGINAL BUDGET** | **PROPOSED CARRYOVER** | **NEW REVISED BUDGET TOTAL** |
| **Personnel** | **$**0 | **$**0 | **$**0 |
| **Fringe Benefits** | **$**0 | **$**0 | **$**0 |
| **Travel** | **$**0 | **$**0 | **$**0 |
| **Equipment** | **$**0 | **$**0 | **$**0 |
| **Supplies** | **$**0 | **$**0 | **$**0 |
| **Contractual** | **$**0 | **$**0 | **$**0 |
| **Other** | **$**0 | **$**0 | **$**0 |
| **Total Direct Costs** | **$**0 | **$**0 | **$**0 |
| **Indirect Costs** | **$**0 | **$**0 | **$**0 |
| **Total Costs** | **$**0 | **$**0 | **$**0 |

*Click here and add budget narrative outlining the proposed changes, following the CDC Budget Preparation Guidance (*[*https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf*](https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf)*).*

If you have any questions regarding this request, please feel free to contact *Click here and enter the contact name, number, and email.*

Sincerely,

*Click here and enter name of authorized organizational representative*

Authorized Organizational Representative