Residual Balance (RBP) Request Form

This form is utilized allowing Principal Investigators (PIs) to request residual balances consistent with the Fixed Amount Award - Residual Balance Policy. Part A Final Expense Amount: Total Award Amount: Project ID: Departmental Residual Chart String: **Department Program** Class I confirm the following: Option #1: All work has been completed and all project costs have been incurred and charged to the project's chart string. No project costs were charged to a separate UGA project, chart string of a UGA affiliate (UGA Foundation, etc.), or third-party funding source. OR Option #2: All work has been completed and all project costs have been incurred and charged to the project's chart string or a separate UGA project, chart string of a UGA affiliate, or a third-party funding source. An accounting of those costs and justification for charging to a separate source is attached. I choose the following: Option #1: Extend Project for two years from project end date with all budgetary account codes opened OR Option #2: Move remaining funds to departmental residual chart string I confirm the following: All required interim technical reports (if any) have been submitted to the sponsor and uploaded to the Grants Portal as a Modification. A copy of the final technical report has been uploaded to the Grants Portal as a Modification, or no final technical report required. Principal Investigator Signature Principal Investigator Name Date Part B For Residual Balances in excess of 25% of the total award amount Percentage Remaining is determined by dividing the Residual Balance into the Total Award Amount. Please Percentage provide an explanation below of how the statement of work was completed under budget - yielding this residual Remaining: balance. Date Department Head Name Department Head Signature Date Dean/Director Signature Dean/Director Name Part C Residual Balances in excess of 50% of total award amount requires review of the SPA Post Award Director. The SPA Post Award Director review/approval will be obtained AFTER this form is submitted to SPA via a Grants Portal modification.



Date

SPA Post Award Director Signature

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SPA Post Award Director Name

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