



# 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

Project ID: \_\_\_\_\_ Total Award Amount: \_\_\_\_\_ Final Expense Amount: \_\_\_\_\_

### I confirm the following:

Option #1: All work has been completed and all project costs have been incurred and charged to the project's chartstring. No project costs were charged to a separate UGA project, chartstring 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 chartstring or a separate UGA project, chartstring 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.

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 Name

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

## Part B

### For Residual Balances in excess of 25% of the total award amount

Percentage  
Remaining:

Percentage Remaining is determined by dividing the Residual Balance into the Total Award Amount. Please provide an explanation below of how the statement of work was completed under budget – yielding this residual balance.

\_\_\_\_\_  
Department Head Name

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director Name

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date

## 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.

\_\_\_\_\_  
SPA Post Award Director Name

\_\_\_\_\_  
SPA Post Award Director Signature

\_\_\_\_\_  
Date

Reset Form

Print Form



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