**Please submit this form if you wish to carry funds forward past the Expiry Date as specified in your Research Project Grant Agreement.**

**This form, if it is required, is to be submitted with your Financial Statement, due by 31 January 2019.**

|  |  |  |
| --- | --- | --- |
| **Administering Institution:** |  | |
| **Grant ID:** |  | |
| **Chief Investigator A:** |  | |
| **Title of Research Project:** |  | |
| **Amount to be carried forward (approx. $):** | | $ |
| **Expected completion date for the project (cannot be later than 12 months after the Expiry Date as specified in your Research Project Grant Agreement).** | |  |

**A letter justifying the reasons for requesting carry forward of funds must be attached when returning this form and should be submitted on your departmental letterhead.**

**Signature of Chief Investigator A:**

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

**Request confirmed by Research Administration Officer:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |