

**FORM 2**  
University of California  
UNIVERSITYWIDE AIDS RESEARCH PROGRAM

**REQUEST TO TRANSFER FUNDS BETWEEN BUDGET CATEGORIES**

AWARD NO. \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_

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

Institution \_\_\_\_\_ Department \_\_\_\_\_

Title of Project \_\_\_\_\_ Award Period: \_\_\_\_\_

Enter only the amounts to be transferred in the categories involved. The totals must be the same in the two columns (see Section \_\_\_\_\_ in the *UARP Guide to Policies and Procedures* for regulations concerning changes in approved expenditures, including transfer of funds between budget categories and changes in the nature of expenditures).

| <b>Category</b>          | <b>Reduced by</b> | <b>Increased by</b> |
|--------------------------|-------------------|---------------------|
| Personnel                | \$ _____          | \$ _____            |
| Consultant & Contractual | \$ _____          | \$ _____            |
| Supplies & Expenses      | \$ _____          | \$ _____            |
| Equipment                | \$ _____          | \$ _____            |
| Travel                   | \$ _____          | \$ _____            |
| DIRECT COSTS             | \$ _____          | \$ _____            |
| INDIRECT COSTS           | \$ _____          | \$ _____            |
| TOTAL COSTS              | \$ _____          | \$ _____            |

Enumerate the proposed changes in expenditures and explain how they will facilitate achievement of the project's aims. (Use additional pages if necessary.)

If the change deletes an approved expenditure, explain how the original purpose for which the funds were allocated will now be met. (Use additional pages if necessary.)

\_\_\_\_\_  
Signature of Principal Investigator Date

\_\_\_\_\_  
Signature of Contracts and Grants Officer Date

\_\_\_\_\_  
Typed Name and Title of Contracts and Grants Officer Date

\_\_\_\_\_  
Approved by: Signature of UARP Official Date

**FORM 3**  
 University of California  
 UNIVERSITYWIDE AIDS RESEARCH PROGRAM

**REQUEST TO CARRY FORWARD UNEXPENDED FUNDS**

AWARD NO. \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_

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

Institution \_\_\_\_\_ Department \_\_\_\_\_

Title of Project \_\_\_\_\_ Award Period \_\_\_\_\_

Termination Date \_\_\_\_\_

*See Section 6.6 in the UARP Guide to Policies and Procedures for regulations concerning carry-forward requests. Requests must be submitted by June 1 and must be accompanied by the annual progress report (see Section \_\_\_\_\_). Requests to change approved expenditures must be submitted separately.*

| <b>Category</b>          | <b>Current Budget *</b> | <b>Estimated Expenditures</b> | <b>Estimated Carry Forward</b> |
|--------------------------|-------------------------|-------------------------------|--------------------------------|
| Personnel                | \$ _____                | \$ _____                      | \$ _____                       |
| Consultant & Contractual | \$ _____                | \$ _____                      | \$ _____                       |
| Supplies & Expenses      | \$ _____                | \$ _____                      | \$ _____                       |
| Equipment                | \$ _____                | \$ _____                      | \$ _____                       |
| Travel                   | \$ _____                | \$ _____                      | \$ _____                       |
| DIRECT COSTS             | \$ _____                | \$ _____                      | \$ _____                       |
| INDIRECT COSTS           | \$ _____                | \$ _____                      | \$ _____                       |
| TOTAL COSTS              | \$ _____                | \$ _____                      | \$ _____                       |

\* *Current budget includes annual award, any previous carry forward, and changes to approved expenditures.*

Why were all the funds not expended during the current budget year? (Use additional pages if necessary.)

Why is it necessary for the achievement of the research aims that the unexpended balance be carried forward? (Use additional pages if necessary.)

\_\_\_\_\_  
 Signature of Principal Investigator Date

\_\_\_\_\_  
 Signature of Contracts and Grants Officer Date

\_\_\_\_\_  
 Typed Name and Title of Contracts and Grants Officer Date

\_\_\_\_\_  
 Approved by: Signature of UARP Official Date

**FORM 4**  
University of California  
UNIVERSITYWIDE AIDS RESEARCH PROGRAM

**REQUEST FOR NO-COST TIME EXTENSION**

AWARD NO. \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_

Principal Investigator \_\_\_\_\_ Institution/Department \_\_\_\_\_

Title of Project \_\_\_\_\_ Award Period: \_\_\_\_\_

Original Termination Date: \_\_\_\_\_ New Termination Date \_\_\_\_\_

*(maximum of 1 year from original termination date).*

*See Section 6.6 in the UARP Guide to Policies and Procedures for regulations concerning no-cost time extension requests. Requests must be submitted by June 1 and must be accompanied by the annual progress report (see Section 7). Requests to change approved expenditures must be submitted separately.*

| Category                 | Current Budget * | Estimated Expenditures | Estimated Carry Forward |
|--------------------------|------------------|------------------------|-------------------------|
| Personnel                | \$ _____         | \$ _____               | \$ _____                |
| Consultant & Contractual | \$ _____         | \$ _____               | \$ _____                |
| Supplies & Expenses      | \$ _____         | \$ _____               | \$ _____                |
| Equipment                | \$ _____         | \$ _____               | \$ _____                |
| Travel                   | \$ _____         | \$ _____               | \$ _____                |
| DIRECT COSTS             | \$ _____         | \$ _____               | \$ _____                |
| INDIRECT COSTS           | \$ _____         | \$ _____               | \$ _____                |
| TOTAL COSTS              | \$ _____         | \$ _____               | \$ _____                |

\* *Current budget includes annual award, any previous carry forward, and changes to approved expenditures.*

Why were all the funds not expended during the current budget year? (Use additional pages if necessary.)

Why is it necessary for the achievement of the research aims that the termination date of the award be extended? (Use additional pages if necessary.)

\_\_\_\_\_  
Signature of Principal Investigator Date

\_\_\_\_\_  
Signature of Contracts and Grants Officer Date

\_\_\_\_\_  
Typed Name and Title of Contracts and Grants Officer Date

\_\_\_\_\_  
Approved by: Signature of UARP Official Date