



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Jeremiah W. (Jay) Nixon
 Governor

Gail Vasterling
 Acting Director

**Financial Policy 3.1
 Appendix C**

Date:

Federal Granting Authority
 Grants Management Specialist
 Address

RE: Carryover of Grant Funds to Next Budget Period
 _____ Grant, Grant Number _____

The Missouri Department of Health and Senior Services (DHSS) formally requests approval to roll over unobligated funds from the _____ Grant, grant number _____ into the next grant budget period which begins on _____ and ends on _____.

The DHSS has funds remaining from the original grant period and would like to use the unobligated funds to do the following: (explain how funds will be used to benefit the objectives of the grant and in what manner). A copy of the most recently submitted FSR for the grant identifying the amount of unobligated funds and an updated form 424 and budget justification narrative is attached for your review.

We look forward to your response. Please contact _____ at (573) ____-____ if you require additional information.

Sincerely,

 (Name of DHSS Division Director)
 Division Director

 (Name of Director), Director
 Division of Administration

cc: Budget Services and Analysis
 Bureau of Financial Services, Grants Accounting

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.