

## End of Budget Period / End of Award Request Form

General Information  Fill this section out completely for all requests. Complete relevant sections only and then attach to a completed								
Modification Request in SAGE.								
Today's Date:		Award Worktag #						
Sponsor Award #		eGC1 #:						
Preparer Name:		Preparer email:						
PI Name:								
Does this award have requests to terminate	YES: □	NO: □						
Early Termination Request  Early termination is shortening the life of a project prior to completion. It does not apply to completed projects.  Chair concurrence (required) may be included as an email submitted with this form or with Chair Signature below.  Signature on behalf of Chair is acceptable if department policy allows. If UW award is in deficit, PI/department must work with GCA to clear the deficit per GIM 2 & UW deficit resolution policy.								
New end date /date								
Have you received sponsor approval for early termination? If "YES", include agreement modification or other sponsor communication with request to OSP				NO: □				
If you do not have sponsor approval, do you need OSP to submit a request to the sponsor? If "YES," Include a concurrence letter with this request. No				NO: □				
concurrence letter r Sponsor system.								
PI Signature:								
PI Printed Name:								
Chair Concurrence:								
Printed Name:								



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Request for Relinquishment / Transfer							
For sponsors with system to request relinquishment/transfer, has this request been submitted to the sponsor? For sponsors without such a system, attach a concurrence letter for OSP to submit to the sponsor along with this request.					YES: □	NO: □	
New end date / date relinquishment effective:							
New Institution / Entity name & DUNS # if applica							
Contact email for authorized administrative officinew Institution (if applicable):							
Remaining Award Balance Estimates  Questions about estimating unobligated balance? Contact GCA Help 206.616.9995, gcahelp@uw.edu							
Remaining Direct Cost Balan							
Remaining Indirect Cost Balance Estimate:							
Total Estimated Award Balance Remaining:							
Will Purchased Equipment remain at the UW?		YES:	NO:	N	I/A:		
If Equipment is transferring, include descriptions & UW Tag #(s):							
<b>Confirmation / Assurance:</b> By submitting this form, the undersigned accepts relinquishment of the funds. Chair concurrence (required) may be included as an email submitted with this form or with Chair Signature below. Signature on behalf of Chair is acceptable if department policy allows.							
PI Signature:							
PI Printed Name:							
Chair Concurrence:							
Printed name:							