

Office of Small Business Development Centers Carryover Award Instructions

SBDC Lead Center must provide the following:

1. A written notice of intent to carryover funds on or before the budget period ends for your Cooperative Agreement award.

Note: Submit a notice **by email** to your SBA Officials (Project Officer, Grants Officer's Technical Representative "GOTR" and Grants Management Specialist) of your intent to carryover funds. The amount and purpose for the carryover are not required with this request. However, if you would like to receive a SBA letter of intent to fund your carryover request, please include:

- An estimated amount
- intended use of the funds

2. Carryover request package (an original) is due to the SBA Project Officer no later than 90 days after the end of the budget period. Submit a copy by email to your GOTR and Grants Management Specialist.
 - Fiscal Year recipient package is due December 30
 - Calendar Year recipient package is due March 30.
 - The carryover package is described in numbers 3 through 11 below.
3. **Standard Form 425 (Federal Financial Report)** is used to show final expenditures at the close of the budget/project period. The final FFR must include the following attachments:
 - Program Income - SBA Form 2113
 - Schedule of Indirect Cost Worksheet

- Spreadsheet to support cost reflected on the SF-425 (include the amount of Cash, In-kind and indirect Match)

4. **Standard Form 424** – Application for Financial Assistance, including block 11, “Descriptive Title of Applicant’s [Carryover] Project.” The date and signature of authorized representative is mandatory.

Note: SBA will accept a temporary unsigned version, until a signed SF424 is obtained. However, we are unable to release the Notice of Award amendment without first receiving the signed SF 424.

5. **Standard Form 424A** – Budget Information for Non-Construction Programs, Federal share and Non-federal share Cash Match, In-Kind and Waived Indirect (if applicable). The format below shows match from an *increase* of funds pledged by the SBDC in the current budget year.

Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.				\$41,950	\$43,500	\$85,450
2.						\$0
3.						\$0
4.						\$0
5. Totals		\$0	\$0	\$41,950	\$43,500	\$85,450
Section B - Budget Categories						
6. Object Class Categories (Carryover Project)	Grant Program, Function or Activity				Total (5)	
	(1) SBA	(2) CASH	(3) IN-KIND	(4) INDIRECT		
a. Personnel	\$0	\$5,000			\$5,000	
b. Fringe Benefits	\$0	\$1,000			\$1,000	
c. Travel	\$450				\$450	
d. Equipment	\$0				\$0	
e. Supplies	\$1,500	\$10,000			\$11,500	
f. Contractual	\$0	\$0			\$0	
g. Consultants	\$25,000	\$0			\$25,000	
h. Other	\$15,000	\$0	\$25,000		\$40,000	
i. Total Direct Charges (sum of 6a-6h)	\$41,950	\$16,000	\$25,000		\$82,950	
j. Indirect Charges				\$2,500	\$2,500	
k. Totals (sum of 6i-6j)	\$41,950	\$16,000	\$25,000	\$2,500	\$85,450	
7. Program Income					\$0	

Previous Edition Usable

Submittal Form SF-424

SF-424A (Rev. 4-92)
Prescribed by OMB Circular A-102

- **Section A**, Budget Summary: show Federal share on lines 1(e) and 5(e), and Non-Federal share on lines 1(f) and 5(f); and
 - **Section B**, Budget Categories (line item budget): In column 1: **SBA**, column 2: **Cash**, column 3: **In-kind** (*direct cost*) and column 4: **Line 6j, Indirect charges** (*non-federal share*).
6. **Budget Justification** with detailed cost estimates for travel, mileage rate, supplies, airfare, etc. for center(s) with funds. Sample budget not included with this carryover instruction. A personnel listing is required to support direct labor. The recipient must ensure that costs are not charged twice (when the same cost item is in the budget for the carryover and current year Agreement).

For example, employee salary charged to both awards should not overlap; the SBDC must maintain record of time and effort for employees with multiple cost objectives. A clear distinction of the carryover cost item must be described in the budget justification; otherwise the cost will not be accepted.

7. **A narrative indicating why the funds were not expended** during the period in which they were awarded.

NOTE: Funds should be expended in the year awarded; the SBDC should first reflect on a revised budget to realign the funds so they can be used in the current project period. Alternatively, carryover requests will be considered on a case-by-case basis.

8. **A brief narrative on the intended use of the funds.** The carryover funds may be used for a project or activity (an unmet objective or an innovative approach) described in the milestones and/or program narrative from the same year of the carryover funds. If funds are used for one cost item unrelated to a specific program activity, for example equipment, travel or personnel the recipient must:

- explain why the cost item is necessary and reasonable;
- give a clear distinction of how the cost do not overlap current year funds (see number 6 above, Budget Justification); and
- briefly describe how the item is within the scope of the SBDC program.

9. **Match Requirement:** The recipient organization must provide total Matching Funds equal to the total amount of SBA carryover funding.

- At least 50% of the matching funds must be cash match.
- The remaining 50% may be provided through any allowable combination of additional cash, in-kind contributions, and indirect costs
- The match requirement for carryover funds can be met by:
 - *an increase of funds pledged by the SBDC in the current budget year, or*
 - *overmatch from the same year of the carryover funds or a combination of both.*

10. **Evidence of Match:** Evidence of overmatch from the same year of the carryover funds is shown on the final SF 425, line 10k, "Remaining Recipient's Share to be Required" (Overmatch). See FFR below.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted U S Small Business Administration Office of Small Business Development	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) SBAHQ-13-B-0095	Page 1	of
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Enter from SBA Form 1222, Notice of Award, Block 2

3. Recipient Organization (Name and complete address including Zip code) University of SBA 1900 Pennsylvania Avenue NW Washington, DC	
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4a. DUNS Number 123456789	4b. EIN 123456789	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type Final	7. Basis of Accounting Cash
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8. Project/Grant Period From: (Month, Day, Year) 1/1/2013	To: (Month, Day, Year) 12/31/2013	9. Reporting Period End Date (Month, Day, Year) 12/31/2013
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment)	
a. Cash Receipts	\$583,050.00
b. Cash Disbursements	\$583,050.00
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Line 10g "Total Federal Share" and Line 10i "Recipient share required" are the same.

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$625,000.00
e. Federal share of expenditures	\$583,050.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$583,050.00
h. Unobligated balance of Federal funds (line d minus g)	\$41,950.00

Recipient Share:	
i. Total recipient share required	\$583,050.00
j. Recipient share of expenditures	\$1,250,000.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	Attach SBA Form 2113, Program Income
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	e. Amount Charged	f. Federal Share
g. Totals:						

SBA will calculate: Line 10i minus 10j is (\$200,000) SBDC overmatched. The recipient may show zero or show a negative amount (the excess expenditures).

STATEMENT OF SUPPORT COST REFLECTED ON THE SF-425

I certify that the information provided is true, complete, and accurate to the best of my knowledge. I am aware that providing false information may result in criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

a. Typed or printed name of certifying official	c. Telephone (Area code, number and extension) fill-in
b. Signature of Authorized Certifying Official	d. Email address fill-in
	e. Date Report Submitted (Month, Day, Year) 3/15/2014

Below shows overmatched funds on the SF 424A:

Carryover SF 424A: Use this format with prior year funds

Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section A - Budget Summary						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.				\$41,950	\$43,500	\$85,450
2.						\$0
3.						\$0
4.						\$0
5. Totals		\$0	\$0	\$41,950	\$43,500	\$85,450*

Section B - Budget Categories						
6. Object Class Categories (Carryover Project)	Grant Program, Function or Activity					Total (5)
	(1) SBA	(2) CASH	(3) IN-KIND	(4) INDIRECT		
a. Personnel		\$0				\$0
b. Fringe Benefits		\$0				\$0
c. Travel	\$450	\$0				\$450
d. Equipment	\$0	\$0				\$0
e. Supplies	\$1,500	\$0				\$1,500
f. Contractual	\$0	\$0				\$0
g. Consultants	\$25,000	\$0				\$25,000
h. Other	\$15,000	\$0	\$0			\$15,000
i. Total Direct Charges (sum of 6a-6h)	\$41,950	\$0	\$0	\$0		\$41,950
j. Indirect Charges					\$0	\$0
k. Totals (sum of 6i-6j)	\$41,950	\$0	\$0	\$0	\$0	\$41,950
7. Program Income						\$0

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SF-424A (Rev. 4-92)
Prescribed by OMB Circular A-102

Section C - Non-Federal Resources				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals
8.				\$0
9.				\$0
10.				\$0
11.				\$0
12. Total (sum of lines 8 - 11)		\$0	\$0	\$0

Leave blank →

Section D - Forecasted Cash Needs					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th quarter
13. Federal	\$0				
14. Non-Federal					
15. Total (sum of lines 13 and 14)					\$0

Enter the amount each quarter funds will be spent

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project				
(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.				
17.				
18.				
19.				
20. Total (sum of lines 16-19)	\$0	\$0	\$0	\$0

Leave blank →

Section F - Other Budget Information	
21. Direct Charges	22. Indirect Charges

23. Remarks
Explain match here in Remarks, line 23
 SBDC will use a portion of 2014 match 43,500 to support carryover.

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SF-424A (Rev. 4-92)
Prescribed by OMB Circular A-102

Overmatched funds on the SF 424 (Estimated Funding):

OMB Number: 4040-0004 Expiration Date: 01/31/2009	
Version 02	
Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: Fill-in	*b. Program/Project:
17. Proposed Project:	
*a. Start Date: 01/01/2013	*b. End Date: 12/31/2013
18. Estimated Funding (\$):	
*a. Federal	41,950
*b. Applicant	
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	41,950
<p>NOTE: SBDC will use a portion of CY 2013 overmatched: \$41,950 to support carryover funds.</p>	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)</p> <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: _____ *First Name: <u>STATE DIRECTORS DO NOT SIGN WITHOUT A LETTER</u> FROM THE HEAD OF THE INSTITUTION DESIGNATING THE AUTHORITY Middle Name: _____ *Last Name: _____ Suffix: _____	
*Title: Fill-in	
*Telephone Number: Fill-in	Fax Number: Fill-in
* Email: Fill-in	
*Signature of Authorized Representative: Fill-in	*Date Signed: Fill-in

Indicate overmatched amount and year of funds on the SF 424.

- **Overmatch** amount must be included in the carryover Application (SF 424) and the Budget Information for Non-Construction (SF 424A) as indicated in the illustrations above and the Budget Justification (a sample budget justification not included in this carryover instruction).
- Indicate the year of the matching funds and the amount on the budget forms.

11. Evidence of Match: A **Cash Match Certification** form that shows the excess amount of match must be submitted with the carryover package as evidence of match from an *increase* of funds pledged by the SBDC in the current budget year.

- The cash match certification form must indicate an amount sufficient to match Federal funding for the current year and carryover.

**SMALL BUSINESS DEVELOPMENT CENTER PROGRAM
CERTIFICATION OF CASH MATCH & PROGRAM INCOME**

Funding Cycle: 01/01/2014 - 12/31/2014

Name (Lead Center) FILL-IN	Loc. Code I.D. No.	Telephone No. FILL-IN
Street Address FILL-IN	City FILL-IN State FILL-IN	County FILL-IN Zip Code FILL-IN

CASH MATCH

As the duly authorized Officer/Representative of the State sponsored Small Business Development Center described above, I hereby certify that the SBDC program budget for the funding cycle indicated above contains actual cash dollars in the amount of \$ 500,000.00 from sources other than the Federal Government. I further certify that the SBDC budget is under the direct control of the SBDC State Director.

PROGRAM INCOME

CURRENT BALANCE \$ FILL-IN

(FY Balance as of 3/31/20 FILL-IN)
(CY Balance as of 6/30/20 FILL-IN)

SIGNED _____
 Authorize

TITLE FILL-IN

DATE _____

Remarks: Current Year match: \$456,500
 Carryover match: \$43,500

The cash match certification form must indicate an amount sufficient to match Federal funding for the current year and carryover. Show

- Match from current year funds must be included in the carryover budget SF 424, SF 424A and Budget Justification by cost category. A sample budget justification not included with this carryover instruction.

Current year funds on the SF 424A:

Budget Information - Non Construction Programs

No. 0348-0044

Section A - Budget Summary						
Grant Program Function or Activity (a)	Catalog of Domestic Assistance Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.				\$41,950	\$43,500	\$85,450
2.						\$0
3.						\$0
4.						\$0
5. Totals			\$0	\$41,950	\$43,500	\$85,450

Section B - Budget Categories						
6. Object Class Categories (Carryover Project) (1)	Program, Function or Activity (3)	IN-KIND (4)		INDIRECT (4)	Total (5)	
a. Personnel		\$0			\$0	
b. Fringe Benefits		\$0			\$0	
c. Travel		\$450			\$450	
d. Equipment		\$0			\$0	
e. Supplies		\$1,500			\$1,500	
f. Contractual		\$0			\$0	
g. Consultants		\$25,000			\$25,000	
h. Other		\$15,000			\$15,000	
i. Total Direct Charges (sum of 6a-6h)		\$41,950			\$41,950	
j. Indirect Charges				\$3,000	\$3,000	
k. Totals (sum of 6i-6j)		\$0		\$3,000	\$44,950	
7. Program Income					\$0	

Use this format with both year funds (current and prior year)

Show current and prior year match in column f.

Show current year match in columns 2-4

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant	*b. Program/Project:	
Attach an additional list of Programs		
Use this format with both current year match and overmatch from prior year .		
17. Proposed Project:		
*a. Start Date:	*b. End Date:	
18. Estimated Funding (\$):		
*a. Federal	\$44,950.00	
*b. Applicant	\$3,000.00	
*c. State	\$0.00	
*d. Local	\$0.00	
*e. Other	\$0.00	
*f. Program Income	\$0.00	
*g. TOTAL	\$44,950.00	
Note: The balance remaining \$41,000 will come from prior Year 2013 overmatch to support		
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input type="checkbox"/> **I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	*First Name:	
Middle Name:		
*Last Name:		
Suffix:		
*Title:		
*Telephone Number:	Fax Number:	
*Email:		
*Signature of Authorized Representative:	Date Signed:	

REMINDERS

CARRYOVER REQUESTS

1. Carryover requests must be submitted no later than 90 days after the close of the budget period. Federal unobligated balances not authorized for carry over will be de-obligated.
2. The SBA Project Officer's recommendation for approval of the carryover request should be sent by email to the following SBA Officials (Program Manager and Grants Management Specialist) and SBDC Lead Center Director.
3. The recipient must be in compliance with the award terms and conditions, which includes but is not limited to timely financial and program reporting, responses to financial exams, and actions taken to resolve accreditation issues (if any).
4. The AA/OSBDC may decide to fund a carryover request not in conformance (as referenced in item above) on a case-by-case review of extenuating circumstances.
5. The SBA financial assistance account and the recipient's final SF 425 unobligated balance must reconcile so that SBA can verify the carryover balance. Obligated

program funds must be liquidated before a carryover request is considered for review.

6. A SBA letter of intent to carryover funds may be issued upon request of the recipient. This letter is notice to the recipient that a specific amount of Federal funds may be used during the new budget period, pending approval of the final carryover budget.
7. The recipient must receive a Notice of Award Modification and a Carryover Approved Budget for the subsequent budget/project period for reimbursement of carryover funds.

REPORTING REQUIREMENTS

1. The final Standard Form 425, Federal Financial Report (FFR), block 12: "Remarks" must show the exact carryover amount required for the next year.
2. The carryover award terms and conditions are the same as the current year funding, including the budget and project period.
3. If non-federal funds are claimed from overmatch in the prior period, no additional accounting work is required at the ledger-level; however, a revised final SF-425 must be submitted to reallocate those claimed overmatch expenditures to the carryover FFR. The FFR must be submitted to the OSBDC no later than 90 days after the close of the budget period.
4. A specific account number will be assigned to the carryover funds. Please ensure the account number is on all correspondence, financial forms and reports in reference to the carryover funds.
5. You may refer to the Carryover Approved Budget page for additional instructions on financial reporting. *Sample Instructions: "...the carryover funds, federal and match, need to be reported on their own separate SF 425 and accounting must be distinct from the current year's allotment of funds. We suggest including a narrative on the SF 425 to explain the action being taken."*

PAYMENTS

1. All allowable costs claimed under the carryover award must be expended or have an obligation before the budget year ends. Requests for reimbursement of cost incurred outside of the budget period are not reimbursable and will be disallowed.
2. The request for reimbursement (SF 270) must indicate the *non-Federal share*. The recipient must indicate **overmatched** funds on the pay request form, a footnote is acceptable. Alternatively, **overmatch** may be displayed on line 11f, Non-federal share of amount on line e.
3. The final SF 270 must indicate non-federal match equal to (or greater than) the Federal expenditures. At least 50% of the Matching Funds must be Cash Match. The remaining 50% may be provided through any allowable combination of additional cash, in-kind contributions, or indirect costs.
4. The correct account number must be on your SF 270 or your request will be denied. A specific account number will be assigned to the carryover funds. Please ensure the account number is on all correspondence, financial forms and reports in reference to the carryover funds.