University of Florida Research Foundation, Inc.
PROJECT END NOTICE (C-1)

Project End Date	*Project #*	*Grantor*	*Project Balance*

If this project is **COMPLETE**, please indicate the completion date: _____

I agree with the project balance shown above and have verified that the project revenues and expenses are in compliance with the rules and regulations pertaining to this project and cost accounting standards.

_____ _____
PI signature Date

_____ _____
Chairperson, Dean, Director, or VP Approval Date
(required if Project Balance is $10,000 or more)

Desired Action (please check one):

☐ 1) Return the remaining balance to the Grantor (per project agreement).
(Prepare a UFRF Disbursement Request to the Grantor)

☐ 2) Move the remaining balance into my existing UFRF Miscellaneous Grants "residual" project number R_____.
(If you do not have a "residual" project, you must prepare form UFRF-A2 to establish one.)

☐ 3) Donate the remaining balance to UFRF in support of research operations.

If this project is **NOT COMPLETE**, please describe the status and provide supporting documentation indicating an extended ending date, if applicable (Use additional pages as necessary):

This form and any required documentation must be returned to the UFRF Business Office, Box 115500 within **ten (10) working days**. If you have any questions, please contact our office at 392-5221.

UFRF website and forms: www.rgp.ufl.edu/ufrf/