

## **High Cash Balance Memo**

The Office of Grants and Contracts is in the process of closing your project. During the reconciliation review, it was determined that the cash balance meets one of the following two criteria; 50% or greater of the total project revenue on non-Federal/non-Federal Flow-through OR 5% or greater of the total project revenue on Federal/Federal Flow-through

As a result, we request your assistance to verify that the requirements below have been met before proceeding with this close out.

Date of Request:			
Principal Investigator:			
Project Number & Speed type:			
Award Number:			
For the above project/speed type, the applicable amounts are:			
Total revenue received (amount transferred to Fund 30):			
Total Cash Receipts %:			
Cash Balance:			

- **1.** UCD Fiscal Policy 4-1 requires you to disclose the residual to your Department Chair and to COMIRB. As a result, please provide this information to your Chair on your annual disclosure of financial interest, and on any specific on-going projects affiliated with this sponsor via the completion of a Financial Interest Disclosure form. Also, please disclose to COMIRB if you have any on-going or new protocols related to this sponsor or related products.
- **2.** Because of the National Coverage Decision, the Principal Investigator, UCD, and any doctors, clinics or hospitals involved must ensure that any care outside of the standard of care be paid by a clinical trial instead of Medicare (or other carriers). For further information regarding Medicare Billing, please reference Fiscal Policy 4-1, Section 7, "Hospital/Patient Care Charges".
- **3.** Faculty and staff who dedicate time and effort to the conduct of the clinical trial (i.e., outside the standard of care) should have a proportionate amount of their compensation charged to the clinical trial.
- **4.** All applicable expenses have been charged to the project account.

Once all of the above requirements have been met, please complete the following questions. Please add any additional pages as needed to allow for complete answers that may not fit in space provided.

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$1. Provide \ an \ explanation \ to \ describe \ why \ the \ high \ residual \ balance \ exists. \ How \ did \ budgeted \ expenses \ differ \ from \ what \ was \ charged?$
2. Who prepared the rates/pricing for the contract?
3.If enrollment was less than expected, why? How did enrollment contribute to the residual balance?
4. Please explain how the residual balance will be used moving forward.
Please sign the certification statement below and return to the Office of Grants and Contracts. An electronic signature is acceptable. Upon receipt of this confirmation, we will proceed with the closure of this project.
Note- For Federal and Federal flow-through $\geq$ 5% cash residual Fiscal Policy 4-20, requires OGC to seek additional approval from the Vice Chancellor of Research. If additional explanation is required, this may delay the closeout process.
Please attach any additional back up documentation to support the retaining of the residual balance.
Thank you for your assistance with this requirement. Please feel free to contact your Postaward Accountant if you have any questions.
Certification:
I certify that all above requirements have been met.
Name:
Signature: Date:
Principal Investigator/PI Designee – Signature

Disclaimer-By signing as the PI Designee, you are certifying that the PI has been informed of the High Cash Balance and agrees with the explanation.