

DATE OF REQUEST: _____

**Request for Exception to OSC Funds Reservation Policy
For Programs with Multiple Grant Awards**

AGENCY NAME: _____

BUSINESS UNIT / DEPARTMENT ID #: _____

PROGRAM NAME: _____

CONTACT PERSON NAME: _____ PHONE: _____ EMAIL: _____

NY Contract #	Grantee Name	Contract Period	Total Contract Amount	Expected Liability Through 3/31	Funds Reserved	Unavailable to be Reserved		
						SFY-____ FFY-____ Other -	SFY-____ FFY-____ Other -	Total

BASIS FOR REQUEST:

Signature of Preparer: _____