AWARD CHECKLIST
PI/BO Award Meeting

Post Award Management

Assigned BO or RSA: _____ Appointment Date/Time: _____

Principal Investigator/BO: _____ Contact: _____ Location: _____

AWARD INFORMATION

Project Title:			
Cayuse Project No.:		**Cayuse Award No.:**	
Sponsor ID:		**Award ID:**	
Prime ID (if applicable):		**Prime Award ID** (If applicable):	
Award Funding:	$	**Has awarded funds changed from the proposed funds?**	YES ◯ NO ◯ Amount: $
Award Term:		**Period of Performance:**	

Award Mechanism: Grant ◯ | Contract ◯ | Subaward ◯ | Clinical Trial ◯ | Cooperative Agreement ◯

Expanded Authority? YES ◯ NO ◯ **Automatic Carryforward?** YES ◯ NO ◯

If expanded authority is NOT authorized by the sponsor, then sponsor prior approval is REQUIRED to rebudget.

AWARD SETUP

Grant Accountant:		**Contact Email/Phone:**	
Index:	**Fund:**	**Organization:**	**Program:**
Cost Share Index	**Index:**		
(if applicable):	**Fund:**	**Organization:**	**Program:**	**Activity:**

If account is NOT setup at time of meeting, contact assigned Grant Accountant for status.

PERSONNEL (Sponsor prior approval is REQUIRED to reduce effort for key personnel below 25% of proposed effort)

NAME	ROLE	UNIT	EFFORT /PM	REDUCTION if applicable	Sponsor Approved?

Student Hires (GA/GB & SW):	ROLE	UNIT	PM	Funding	Status?

New Hires Required? YES ◯ NO ◯	ROLE	UNIT	PM	Funding	Status?

If additional names, add to blank document and attach.

SUBAWARDS/SUBCONTRACTS *(if applicable)*					
Sub-Recipient	PI	Effort /PM	Award Amount	Subaward/ Contract FE?	PO #

CONSULTANT SERVICE *(if applicable)*						
CONSULTANT	Amount	Progress/Invoice Monitoring Term?	Scope of Work Received?	W-9 & Copy of ID Received?	Agreement FE?	PO #

COMPLIANCE REQUIREMENTS *(Always refer to UM Policy, the Award Terms & Conditions, Sponsor & OMB to ensure compliance.)*					
Compliance Type	DUE	UM Policy	Acknowledgements: PI/BO/RSA		
FCOI Disclosure	Annually	RE7003			
CITI COI Training	Every 4 yrs.	GE2021			
IRB/IACUC Approval, *if applicable*	JIT for Project	RE7007			
CITI IRB Training, *if applicable*	Every 3 yrs.	RE7007			
FFATA, *if applicable*	At award notice				
Certification of Effort	Quarterly	BF4010			
Faculty Summer Compensation	Annually	HR5012			
Time & Effort Monitoring	BW / MN	HR5029			
Consultant Service Monitoring, *if applicable*	MN/QTR/SEM/YR	BF4007 / BF4008			
Subaward/Subcontract Monitoring, *if applicable*	Monthly	RE7005			
Unallowable Cost Transfers	WK/MN	BF4015 / BF4014			
Cost Sharing, *if applicable*	MN	BF4018			
International Travel, *if applicable*	10 days prior to travel	BF4001			
Moving Allowance Agreement, *if applicable*	Once Planned	HR5013			
Use of Technology, *if applicable*	JIT for Project or YR1	IT6000			
Data Access, *if applicable*	JIT for Project or YR1	IT6000			
Equipment, *if applicable*	YR1 or Duration of project	BF4025			

Also refer to BF4014 "Charges to Sponsored Agreements."

REPORTING REQUIREMENTS					
Report Type	NoA Ref.	DUE	DATE	Acknowledgements: PI/BO/RSA	
Annual Report		30 days bf proj end			
Progress Report		Check w/sponsor			