Grants Office

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Grant Closeout Checklist

The Coordinator for Grants and Faculty Endowments will work with all department involved to complete this form.

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|---|---------------------------------------|---------------|----------------|----------|--|
| Principal Investigator and Project Information Name Funding Agency | | | Award End Date | | |
| ward Number Centenary Account Numb | | nber | | | |
| Project Title | | | | | |
| Closeout Checklist | | | | | |
| Expenses | .11 | W | N | 21/2 | |
| Review expenditures for allowability. | | □ Yes | □ No | □ N/A | |
| Confirm all effort is appropriate and certified. | | □ Yes | □ No | □ N/A | |
| Identify all outstanding invoices. | | □ Yes | □ No | □ N/A | |
| Confirm all other expenses have posted. | | □ Yes | □ No | □ N/A | |
| Verify that all encumbrances have cleared. | | □ Yes | □ No | □ N/A | |
| Ensure all journal entries completed and processed. | | □ Yes | □ No | □ N/A | |
| Confirm sub-recipients' final invoices paid. | | □ Yes | □ No | □ N/A | |
| Record Changes | | | | | |
| Inform HR of account termination, change EAF. | | □ Yes | □ No | □ N/A | |
| Update budget status to "closed." | | □ Yes | □ No | □ N/A | |
| Log file as closed in Record Retention File. | | □ Yes | □ No | □ N/A | |
| Reporting | | | | | |
| All Technical Reporting Requirements met (PI) | | □ Yes | □ No | □ N/A | |
| | | Date | | | |
| All Financial Reporting Re | equirements met (BO/GO) | □ Yes Date | □ No | □ N/A | |
| | | | | N1 / A | |
| Ensure Cost-sharing commitments met (BO/GO) | | □ Yes Date | □ No | □ N/A | |
| Date Closeout completed | I | | | | |