# Departmental Fixed Price Closeout Checklist

(Optional)

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| --- | --- | --- | --- |
| AGENCY: | PI: | | CON# |
| AWARD TITLE: | | PROJECT ID: | |
| AWARD END DATE: | DEPARTMENT CHART STRING: | | |
| DIRECT COSTS TO BE TRANSFERED: | F&A BALANCE: | AWARD BALANCE TOTAL: | |

The Principal Investigator and Department will review the funds remaining in the project account and will ascertain that all funds expended for the project are properly reflected. Listed below are action items to keep in mind when closing out fixed price awards:

Before using this form refer to the Financial System Closeout Checklist for Sponsored Projects

http://finsys.umn.edu/sponsored-financial-reporting/sfr\_CloseoutChecklistSponsoredProjects.pdf

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| --- | --- | --- | --- |
| YES | NO | NA | ITEM |
|  |  |  | 1. All applicable PI salary was properly and fully charged to the award (1% minimum PI Effort requirement applies) |
|  |  |  | 1. All other applicable project-related expenses (salaries, travel, supplies, etc.) have been posted to the project account or cost-sharing account and not to any other fund source. All encumbrances must be closed. |
|  |  |  | 1. All interim and final deliverables have been submitted and accepted by the sponsor. *Keep documentation of each deliverable (including date sent and recipient) and the evidence of sponsor approval in your files.* |
|  |  |  | 1. For clinical trials only: Patient enrollment is closed, visits and follow-ups paid for by the study have been completed, Check Request Forms (CRFs) submitted and approved, the database locked, and no other patients will be entered in the study. The number of patients enrolled in the study was \_\_\_\_\_\_. |
|  |  |  | 1. If the project involved one or more subawards, all subrecipient deliverables have been submitted and accepted by the UMN PI, the final invoice(s) received, and the subaward(s) closed. |
|  |  |  | 1. Any committed cost sharing has been fulfilled. If the actual cost sharing deviated from what or how much was proposed a description and justification for the changes should be retained. |
|  |  |  | 1. There was a significant (more than 25%) variance between any of the budget categories listed in the approved budget (after any sponsor-approved adjustments) and the actual expenses. *If “Yes”, retain a justification as to why this balance or variance occurred.* |
|  |  |  | 1. There was a significant (more than 25%) unexpended balance or overdraft at the end of the project. If not as a result of #7, provide and retain a justification as to why the large variance occurred both from a financial and a programmatic perspective. |
|  |  |  | 1. Did the statement of work change significantly over time so that sponsor approval was required? *(If yes, document evidence of the sponsor’s approval of this change.)* |
|  |  |  | 1. Was this project subject to an F&A waiver*? (If yes, the waived amount will be recovered before any residual balances are distributed)* |

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| I, Principal Investigator, hereby certify that the above information is accurate, that I will retain or have retained documentation as described above, and that all costs have been properly charged to this award. | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal Investigator Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  Department Head/Chair Signature |  | |

***Provide attachments to elaborate on any answers to the questions above***