Destruction date: ______________

Department of Medicine
Grants File Checklist - "G" Awards
FEDERAL SPONSOR

PI: ______________

Federal Sponsor: □ NIH
□ DOD
□ Other ______________

PTAO: ________101.____407____

Current Budget Period Start Date __/__/ End Date __/__/ Project Period Start Date __/__/ End Date __/__/ or □ same as Current Budget Period Start/End

Notes if recycled/accelerated budget: ______________

Instrument type and serial number:
□ R01 □ U □ P
□ K _________ □ F _________ (See additional items related to F awards below)
□ T _________ □ Other ______________
□ Cooperative agreement □ Federal Clinical Trial ______________

Status:
□ New □ Revised □ Supplement □ Non-Competing Continuation □ Final Year of Competitive segment
□ Competitive Renewal (List Prior PTAO _________) □ Other ______________

Cost Sharing? □ None □ Over the NIH Cap Only □ Sponsor Mandated □ Other ______________

Federal Terms and Conditions
SNAP: □ Yes □ NO
FDP: □ Yes □ NO
Automatic Carryover: □ Yes □ NO
Program Income □ Additional Costs □ Other: ______________
Other terms and conditions: ______________

Person: ____________________ Level of Effort: ____________________

____ PTAO is Master with subs
List Sub PTAO(s) ___________

PTAO is a sub
List Master PTAO: ___________

_________________________
Department of Medicine
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☐ Modular Budget ☐ Detailed Budget
Budget in sponsor and/or OSP NOA compared to proposal budget: ☐ Budget Lines/Categories ☐ Budget amounts
Budget in sponsor and/or NOA compared to Oracle installment(s): ☐ Budget Lines/Categories ☐ Budget amounts
☐ Project Budget Period verified ☐ Award Budget Period verified ☐ F&A rate in Oracle verified against NOA
☐ LD Scheduled

For F Awards, email fellow: ☐ activation notice required ☐ payback agreement required ☐ termination notice required if currently on institutional NRSA (T32)

-If this is a training grant ☐ copies of NOA sent to Janice Munson ☐ copies of statement of appointment to OSP Training Grants accountant

NOA copied to other departments as appropriate ☐ Sandy Saxe (Hedrick, Linden, McNamara, Tucker)
Department of Medicine
Grants File Checklist- “G” Awards
FOUNDATION SPONSOR

PI: __________________________
PTAO: _______________ 407
PTAO: _______________ 407 (if multiple years set up simultaneously)
PTAO: _______________ 407

Sponsor: __________________________

Current Budget Period Start Date / /  End Date / / Project Period Start Date / /  End Date / /
or □ same as Current Budget Period Start/End

Status:
□ New  □ Subsequent year funding (List Prior PTAO(s) ______________)  □ Other ______________
Cost Sharing? □ None  □ Sponsor Mandated □ Other ______________

Terms and Conditions:
□ Maximum Salary/Personnel costs? ______________  □ Rebudgeting terms? ______________
□ No cost extensions? ______________

Other terms and conditions: __________________________________________
________________________________________
________________________________________

Budget in sponsor and/or OSP NOA compared to proposal budget: □ Budget Lines/Categories □ Budget amounts
Budget in sponsor and/or NOA compared to Oracle installment(s): □ Budget Lines/Categories □ Budget amounts
□ Project Budget Period verified □ Award Budget Period verified □ F&A rate in Oracle verified against NOA
□ LD Scheduled

NOA copied to other departments as appropriate  □ Sandy Saxe (Hedrick, Linden, McNamara, Tucker)