



KEAN

AWARD CHECKLIST

PI/PD Award Meeting

PI/PD:

Appointment Date/Time:

Assigned ORSP Representative:

Contact:

AWARD INFORMATION						
Project Title:						
Cayuse Project No.:		Cayuse Award No.:				
Sponsor:		Award ID:				
Subaward:		Lead Institution (If applicable):				
Total Award Funding:	\$	Has awarded funds changed from the proposed funds?	YES <input type="radio"/>	NO <input type="radio"/>	Amount: \$	
Total Approved Budget :	\$	Period of Performance:				
(List EA) Multi-year total budgets:						
Award Mechanism:	Grant <input type="radio"/>	Contract <input type="radio"/>	Subaward <input type="radio"/>	Clinical Trial <input type="radio"/>	Cooperative Agreement <input type="radio"/>	
Expanded Authority? (e.g. OSHE grants)	YES <input type="radio"/>	NO <input type="radio"/>		Automatic Carryforward?	YES <input type="radio"/>	NO <input type="radio"/>

AWARD SETUP			
Grant Accountant Contact:			
Cost Center Access Contact:			
Account Information:	Fund:		
	Cost Center:		
In-Kind (if applicable):	Fund:	Cost Center:	Organization:
Cost Share (if applicable):	Fund:	Cost Center:	Department:

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

PERSONNEL (University policy states key personnel must not exceed 2 months salary of proposed effort.)

Senior Personnel	ROLE	Dep.	EFFORT%	Comments	
Student Hires (GA/UG & SW):	ROLE	Dep.	EFFORT%	Rate Per Hour	Status?
New Hires Required? YES <input type="radio"/> NO <input type="radio"/>	ROLE	Dep.	EFFORT%	Rate/Salary	Status?

**If additional names, add to blank document and attach.*

SUBAWARDS/SUBCONTRACTS (if applicable)					
Sub-Recipient Name	PI	Effort %	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?	PSA?	Status

COMPLIANCE REQUIREMENTS (Always refer to KU Policy, the Award Terms & Conditions, Sponsor & OMB to ensure compliance.)		
Compliance Type	DUE	Comments
CITI COI Training	Every 4 yrs.	
IRB/IACUC Approval, if applicable	JIT for Project	
CITI IRB Training, if applicable	Every 3 yrs.	
Certification of Effort	Quarterly	
Faculty Summer Overload	Annually	
Time & Effort Monitoring	Quarterly	
Consultant Service Monitoring, if applicable	MN/QTR/SEM/YR	
Subaward/Subcontract Monitoring, if applicable	Monthly	
Unallowable Cost Transfers	WK/MN	
Cost Sharing, if applicable	MN	
Travel, if applicable	5 wks prior to travel	
Equipment, if applicable	OCIS approval	

REPORTING REQUIREMENTS		
Report Type	DUE	ORSP DATE

Please sign to confirm that you have read, understood, and agree to the responsibilities of the PI/PD as outlined above.

PI/PD signature: _____

PI/PD Print name: _____ Date: _____