FUND ESTABLISHMENT/MODIFICATION CHECKLIST

OSP No. _____ **AGREEMENT No.** _____

BUDGET NUMBER: _____ **F&A Rate:** _____ **FUND NUMBER:** _____

PI NAME: _____ **SPONSOR:** _____

PROJECT TITLE: _____

TYPE: ( ) New ( ) Renewal ( ) Continuation ( ) Supplement

( ) Incremental Funding ( ) Administrative Change ( ) NCE ( ) Other

( ) AWARD RECEIVED // ( ) N/A Date: _____

( ) Request Fund number - AURA // ( ) N/A Date: _____
AURA No. _____

( ) Review Incremental Funding - URID // ( ) N/A Date: _____

( ) Create Budget // ( ) N/A Date: _____

( ) Budget Realignement for BARA // ( ) N/A Date: _____

( ) Request Budget - BARA // ( ) N/A Date: _____
BARA No. _____

( ) Create Award File // ( ) N/A Date: _____

( ) Update ICAG (F10) Summary // ( ) N/A Date: _____

( ) Update Award Summary // ( ) N/A Date: _____

( ) Copy BARA to A.A. // ( ) N/A Date: _____

( ) Hard Copy BARA to check // ( ) N/A Date: _____

( ) Forward Award docs. to A.A. // ( ) N/A Date: _____

( ) Update Home Unit (salaries) // ( ) N/A Date: _____

( ) Subcontracts // ( ) N/A Date: _____

( ) Cost Share - Stephanie // ( ) N/A Date: _____

( ) MOU/Retired Faculty Info. // ( ) N/A Date: _____

( ) Univ. IP Agreement // ( ) N/A Date: _____

( ) Acceptance of Agreement Provisions // ( ) N/A Date: _____

( ) EAR/ITAR/Export // ( ) N/A Date: _____

( ) Update Fund List // ( ) N/A Date: _____

( ) Update Proposal Log // ( ) N/A Date: _____

( ) Update SIMS // ( ) N/A Date: _____

( ) Federal Contract over $650,000 // ( ) N/A Date: _____

( ) **ADVANCE** Date: _____

Advanced Fund Number
$$ of Advance BARA: _____
Notify A.A. of Fund #: _____
Notify A.A. of BARA#: _____
Advance Fund List: _____

Tracking Lists
Fixed Price List: _____
Chevron Alliance List: _____
Research/Development: _____

Research T/C: Y // N
Equipment: PSU // SPONSOR //
(ICNA) GOVT // NONE

ARRA Funding: Yes _____ **No** _____

Cost Share
Cost Share Spreadsheet: _____
Update IBIS - UDMI: _____
File Label: _____
Distro. (Sue, Stephanie, A.A., & File): _____

EAR/ITAR/Export:
OSP follow-up: _____
EMS follow-up: _____

Okay or Working

Reporting Requirements // Special Notes: // ( ) N/A