SUU SOUTHERN UTAH UNIVERSITY
LEARNING LIVES FOREVER

GRANT CLOSEOUT CHECKLIST

Banner Number: _____

OSP Responsibility: (Check the appropriate box)

Request for Proposal/Application	☐	Yes	☐	No		Initials	_____
Proposal w/Authorized Signature	☐	Yes	☐	No		Initials	_____
Agreement w/author Signature	☐	Yes	☐	No		Initials	_____
Routing Form	☐	Yes	☐	No		Initials	_____
Indirect Waiver	☐	Yes	☐	No	☐ NA	Initials	_____
IRB Approval # _____	☐	Yes	☐	No	☐ NA	Initials	_____
IRB Update Annually	☐	Yes	☐	No	☐ NA	Initials	_____
Effort Reports	☐	Yes	☐	No	☐ NA	Initials	_____
Program Income	☐	Yes	☐	No	☐ NA	Initials	_____
Subcontractor Agreement(s)	☐	Yes	☐	No	☐ NA	Initials	_____
A-133 Documentation	☐	Yes	☐	No	☐ NA	Initials	_____
MBS/WBE	☐	Yes	☐	No	☐ NA	Initials	_____
No Cost Extension	☐	Yes	☐	No	☐ NA	Initials	_____
Ledger Review:							
Expenses in Project Period	☐	Yes	☐	No	☐ NA	Initials	_____
Expenses Allowable	☐	Yes	☐	No	☐ NA	Initials	_____
Equipment Purchases Allowable	☐	Yes	☐	No	☐ NA	Initials	_____

Comments: _____

Accounting Responsibility: (Check the appropriate box)

Cost Share Reconciliation	☐	Yes	☐	No		Initials	_____
Equipment Inventoried	☐	Yes	☐	No		Initials	_____
Funds Returned to Sponsor	☐	Yes	☐	No		Initials	_____
Revenue Received	☐	Yes	☐	No		Initials	_____
Encumbrances Removed	☐	Yes	☐	No	☐ NA	Initials	_____
Overdrafts Cleared	☐	Yes	☐	No	☐ NA	Initials	_____
Residual Funds	☐	Yes	☐	No	☐ NA	Initials	_____
If Yes, Transferred to Non-sponsored Account Number _____						Initials	_____
Balance verified with Project Manager	☐	Yes	☐	No	☐ NA	Initials	_____

Comments: _____

PI Responsibility: (Check the appropriate box)

All reports have been completed	☐	Yes	☐	No		Initials	_____

Example: Interim, Invention, Equipment, Patent and/or Technical, Final Reports

Comments: _____

By signing this form, I acknowledge that this account is closed and no additional charges will be incurred, *e.g. Payroll, Procurement, Telecomm, Bookstore, Mail Center, Print shop, etc.* This file and all supporting documentation, including data/data notebooks, will be kept for **8 years from the grant end date**.

_____	_____	_____	_____
Sponsored Programs	Date	Principal Investigator	Date

_____	_____	_____
Accounting Representative	Date Closed in Accounting	Financial Closeout Document Attached