

# University of Louisiana at Monroe

## Grant and Contract Closeout Form

Grant ID: \_\_\_\_\_ Fund Number: \_\_\_\_\_  
 End Date: \_\_\_\_\_

Unexpended budget as of \_\_\_\_\_ is \$ \_\_\_\_\_. Note: There may be unposted expenses

Each box on the following list must be checked in the column (“Completed and attached,” “Attached,” “Yes,” “No” or “Not Applicable (N/A)”) that applies to your specific fund number and grant ID listed above. Each box checked “N/A” or “No” must be accompanied by a written explanation.

All indicated documentation must be attached, and the closeout form must be then signed by principal investigator, department administrator, Department Head, Dean of College, and OSPR representative.

1. All required programmatic reports have been submitted to agency.  
 Yes       No – Attach explanation       N/A – Attach explanation
2. All programmatic reports have been submitted to OSPR.  
 Yes       No – Attach explanation       N/A – Attach explanation
3. Original documentation supporting all outstanding obligations and adjustments incurred during the budget period for the fund, but which have not yet been posted in Banner and are allocable to project. (e.g. invoices, expense transfers, travel settlements, expense reimbursements, etc.).  
 Yes       No – Attach explanation       N/A – Attach explanation
4. Identification / approval of a cost recovery fund number to which potential cost overruns and/or unallowable charges may be transferred upon closeout.  
 Fund \_\_\_\_\_ Org \_\_\_\_\_
5. Have cost share forms with supporting documentation been forwarded to the Assistant Controller for Restricted Accounts?  
 Yes       No – Attach explanation       N/A – Attach explanation
6. If unexpended budget is to be carried-forward, has written sponsor approval been received?  
 Copy of written approval is attached       No – N/A – Attach explanation
7. Have you communicated / coordinated outstanding invoices with Controller's Office and College Business Manager, regarding subcontractor / sub-awardee final invoices in accordance to the deadlines established by the funding agency.  
 Yes       No – Attach explanation       N/A – Attach explanation
8. Have new and/or termination Payroll Action Forms (whichever applicable) been completed and sent to Controller's Office for all part-time and/or full-time employees paid by this fund? For employees whose employment will continue, have new forms with the new fund number been submitted? For employees who will no longer continue, have termination forms been submitted?  
 Yes       No – Attach explanation       N/A – Attach explanation
9. If project will continue and fully executed award has not been received, has Advance Funding request been submitted to OSPR?  
 Yes – I hereby authorize transfer to cover should the award not be executed.  
     **Fund** \_\_\_\_\_ **Org** \_\_\_\_\_ **Prog** \_\_\_\_\_ **Initial of the budget authority:** \_\_\_\_\_  
 No – Attach explanation       N/A – Attach explanation

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Department/College Administrator	Date	Principal Investigator	Date
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Department Head	Date	Dean of College	Date
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OSPR Representative	Date	<b>Completed and Filed on date signed by OSPR</b>	
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