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| **award/contract #** | | | | | **deptid** | | | | | | | | **fund** | | | | | | **project id** | | | | | |
| **%** | | | | |  | | | | | | | |  | | | | | |  | | | | | Primary  Subproject |
| **PI & DEPARTMENT CONTACT INFORMATION\*** | | | | | | | | | | | | | | | | | | | | | | | | |
| PI: |  | | | | | | | | | | | | | CONTACT: | | |  | | | | | | | |
| DEPT: |  | | | | | | | | | | | | | PHONE: | | |  | | | | | FAX | | |
| PHONE: |  | | | | | | FAX | | | | | | | EMAIL: | | |  | | | | | | | |
| EMAIL: |  | | | | | | | | | | | | | MC: | | |  | | | | | | | |
| ***\**** ***Additional contacts attached.*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **AGENCY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| SPONSOR: | | | | | | | | | | | | | | | SPONSOR ID: | | | | REF AWARD # | | | | | |
| AGENCY CONTACT NAME: | | | | | | | | | | | | | | | | | | | | | | | | |
| EMAIL: | | | | | | | | | | | | PHONE: | | | | | | | | FAX: | | | | |
| **AWARD ACTIONS**: | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Allowable Start Spending Date:***  As shown below; or *if different*, this date: **.** Determined by (initials): | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | | PERIOD | | | | | | | | DESCRIPTION | | | | | | | | | AMOUNT | | | | CUMULATIVE | |
|  | |  | | | | | | | | **Initial Award**   **Advance Award** | | | | | | | | |  | | | |  | |
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| **AWARD INFORMATION**: | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Title: | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agreement Type**:   Grant   Contract  Coop Agrmt  SubGrant  SubContract  IPA  PO  Basic-Task | | | **Purpose**:  RES  Basic  Applied  Develop  INS  OSA | | | **Location:**  On-Campus  Off-Campus  Mag Lab | | | | | **F&A Rate**: **%**  F&A Cap | | | | | | | **CFDA** #  Federal Flow Thru  Program Income project required | | | **Cost Share and/or Effort**  C/S Commited:  Yes  No  C/S Budget required by award or requested by Dept:  Yes  No  Effort Commited:  Yes  No | | | |
|  | | |  | | | **NSF Code** | | | | | **F&A Base**:  N/A  MD  TD  REU  SLFR | | | | | | |  | | |  | | | |
| **Method of Payment per Award Document**:  Cost Reimbursable  Fixed Price  Combo CR/FP | | | | | | | | **For State (non-Fed) FP, FSU is a**  Subrecipient  Vendor  Initials/date: | | | | | | | | Subcontract budgeted for one or more **subrecipients**?  Yes  No | | | | | | | | |
|  | | | | | | | |  | | | | | | | | Subcontract budgeted for one or more **vendors**?  Yes  No | | | | | | | | |
| **OMNI BILLING SETUP**: | | | | | | | | | | | | | | | | | | | | | | | | |
| ***PRICING METHOD and PRODUCT*** *If you select this Pricing Method/Product* | | | | | | | | | ***CONTRACT TYPE*** *you must select one of these corresponding codes:* | | | | | | | | | | | | | | | |
| As Incurred CRB | | | | | | | | | CRB (Cost Reimb)  FIXCOM (FP/CR)  LOC (Letter of Credit)  INTL (Internal)  PREPAID | | | | | | | | | | | | | | | |
| Fixed FXP DLV | | | | | | | | | FIXED PRICE (Fixed Price)  CRF (Cost Reimb with Fixed Billing/Payment Amount) | | | | | | | | | | | | | | | |
| Financial Reports or Invoicing | | | | Monthly  Quarterly  Semi-Annual  Annual  One-Time  Special Invoicing  Cost Share Report  Interim/Periodic with no specific due dates  Interim/Periodic with fixed schedule (dates specified on award pg #: .)  Final Due Date: .  FORFEITURE CLAUSE for Submission of Final Invoice # Days | | | | | | | | | | | | | | | | | | | | |

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| **TERMS/CONDITIONS** |

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| **TERM** | **ALLOWED / APPLIES** | **NOT ALLOWED / RESTRICTED** | **PRIOR APPROVAL REQUIRED** | **PAGE REFERENCE/CONFIRMATION NOTES** |
| **RTC  FD  Exp Auth - Direct Federal** (including Agency-Specific terms) |  |  |  |  |
| **RTC  FD  Exp Auth - Flow-Thru** (with Restrictions) |  |  |  |  |
| Rebudgeting |  |  |  |  |
| Carryover |  |  |  |  |
| Equipment |  |  |  |  |
| Food |  |  |  |  |
| Foreign Travel |  |  |  |  |
| Travel |  |  |  |  |
| Subcontracts |  |  |  |  |
| Purchase American made items |  |  |  |  |
| Fly American carriers |  |  |  |  |
| HHS Salary Cap |  |  |  | **HHS L1  HHS L2** |
| NIH K Award (Career Dev) |  |  |  |  |
| Time Extensions |  |  |  |  |
| Publications |  |  |  |  |
| NIH Public Access Policy |  |  |  |  |
| Unfavorable Terms Memo |  |  |  |  |
| DPAS DO Rated Order |  |  |  |  |
| DPAS DX Rated Order |  |  |  |  |

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| ATTRIBUTES | | | |
| EQUIP\_UR (FSU title w/restrictions)  EQUIP\_GF (Gov’t furnished)  EQUIP\_AA (Sponsor retains title)  EQUIP\_UU (FSU retains title)  EQUIP\_GG (Gov’t retains title)  EQUIP\_SS (See award for title) | | | |
| E-Verify terms applies  SECURE (Proj info is sensitive/secure per terms)  Exempt from NSF 2-mo. salary rule  ARRA Funds | | | Program Income Method:  Additive  Deductive  Add/Deduct  As Cost Sharing |
| ALLOW\_INSTR (Allow instruction on RES)  ALLOW\_INSCS (Allow instruction as c/s on RES)  ALLOW\_RES (Allow research on INS or OSA) | | | |
| **Research Type:**  Basic  Applied  Development | | | |
| **MILESTONES** - ***Enter all anticipated due dates even if all funds are not yet obligated. Dates will be verified with each amendment.*** | | | | |
| Technical Report – Progress [PRGRP] | Annual | ,      ,      ,      , | | |
| Monthly | Report due on the       day of each month project is active. (e.g. 15th, 21st, 31st) | | |
| Quarterly | Report due on last day of each quarter project is active.  See tagged due date(s) on page(s)       of the agreement. | | |
| Interim | See tagged due date(s) on page(s)       of the agreement. | | |
| Technical Report – Final [TECRP] | Final |  | | |
| Deliverables [DELIV] | Periodic | See tagged due date(s) on page(s)       of the agreement. | | |
| Final |  | | |
| NSF Project Outcomes Report [NSFOR] | Final |  | | |
| DD250 [DD250] | SRS QA: This report is required to be submitted with tech reports or deliverables noted above. Use same due dates. | | | |
| ARRA PI Report [RA\_PI] (Enter on direct Federal awards only.) | Quarterly | SRS QA: Enter 3/31, 6/30, 9/30, 12/31 each year project is active, thru end of qtr past expiration date.  (e.g., expiration date 11/15/2013; quarterly report due 12/31/2013.) | | |
| Property Report [PRPRP] | Annual | ,       ,       ,       ,       , | | |
| Final |  | | |
| Inventions Report [INVRP] | Annual | ,       ,       ,       ,       , | | |
| Final |  | | |
| **Effort Commitment [EFCOM]** | Entry | Enter **tomorrow’s** date as the Milestone Due Date. | | |
|  | | | | |
| New Subproject is required for each budget period or task.  New Award/Contract/Project is or may be required each year. | | | | |
| If Advance Award is not checked above and the award begin date is more than **2 weeks** earlier than today’s date, answer the following questions:  1. Was an advance recommended to department?  Yes  No  2. If the answer to #1 is Yes, what date was recommendation made?  3. If the answer to #1 is Yes, explain why the PI/dept refused an advance:  4. If the answer to #1 is No, explain why not: | | | | |
| **Initial Award Setup Approvals**: | | | | |

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| --- | --- | --- | --- |
| SRS ADMIN Initials/Date | Attachments uploaded | SRAS Accountant Initials/Date |  |
| SRS QAInitials/Date | Fund Code verified | SRAS Coordinator Initials/Date |  |
| SRAS Project Setup Initials/Date |  | Completion notice emailed by Initials/Date |  |

Copy and attach last page of Proposal Transmittal Form or Department Request for New Subproject showing additional contacts, if any.