| ***Date:*** |  |
| --- | --- |
| ***PI/Co-PIs:***  |  |
| ***Funder/Program:*** |  |
| ***Project Title:***  |  |
| ***Award Date:***  |  |
| ***Award/Subaward Number:***  |  |
| ***Project Period*** |  |
| ***Award Amount*** |  |
| ***iFOAPAL #:***  |  |
| ***Prime Institution (if other than F&M):*** |  |
| ***Subrecipient Institution (if applicable):*** |  |
| ***Attendees:***  |  |

|  | **YES** | **NO** | **N/A** | **NOTES** |
| --- | --- | --- | --- | --- |
| ***Programmatic/Technical Review*** |  |  |  |  |
| 1. Progress review - have all contracted or subaward activities been conducted, and are project goals and objectives being achieved or are on target for completion?
 |  |  |  |  |
| 1. Effort reporting must be documented, for each PI and/or co-PI who received grant salary for the budgeted period.
 |  |  |  |  |
| 1. ***Reminder:*** Interim and/or annual reports must be submitted in a timely manner and according to the terms and conditions of the award. Please email a copy of your interim, annual, and final reports to mdelling@fandm.edu
 |  |  |  |  |
| 1. Other items for discussion?
 |  |  |  |  |
| ***Fiscal Review*** |  |  |  |  |
| 1. Review Cognos report and summary of account activity (attached).
 |  |  |  |  |
| 1. Discuss remaining account balance, if any, and line item spending in relation to grant budget.
 |  |  |  |  |
| 1. Are there any unallowable charges showing in the account (i.e. alcohol purchases with federal funding dollars)?
 |  |  |  |  |
| 1. Are there any charges appearing in the account that shouldn’t be there?
 |  |  |  |  |
| 1. Are any budget categories overspent? If so, identify the category and discuss a corrective action plan in the box provided.
 |  |  |  |  |
| 1. Are any transactions miscoded? If so, list the miscoded transaction(s), the amount to be moved, and where the expense should go.
 |  |  |  |  |
| 1. Is a budget reallocation needed? If so, please provide the details and a rationale for the budget reallocation request. ***Note:*** review the funder’s requirements for re-budgeting to determine if prior approval is needed before rebudgeting.
 |  |  |  |  |
| 1. If your grant includes funds for salary during the upcoming summer or academic year, when do you intend to take it?

***Note:*** you will be asked to document your effort allocation at the next check-in meeting. |  |  |  |  |
| 1. If this is the last year of the grant, will you be requesting a one-year no cost extension? If you will be requesting an extension, please provide a rationale.
 |  |  |  |  |
| 1. If your grant includes a subaward to another institution, are your collaborators submitting annual reports on time?
 |  |  |  |  |
| 1. Do you affirm that the expenses being invoiced to F&M by the subawardee are allowable, allocable to the project, and are in accordance with the budget in the subaward agreement?
 |  |  |  |  |
| 1. If you have full-time staff employed on the grant, please be sure that they take all their vacation days in a given fiscal year.
 |  |  |  |  |
| 1. Each PI and co-PI listed on the project will receive a Financial Disclosure Form through Adobe Sign to complete and sign.
 |  |  |  |  |
| 1. Other items to discuss?
 |  |  |  |  |

| ***Date:*** |  |
| --- | --- |
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| ***Attendees:***  |  |

|  |
| --- |
| I certify the related expenditures for the above-referenced project were managed and expended in accordance with all applicable laws and regulations, the terms and conditions of the funding agency and the subaward agreement (if applicable) and that, to the best of my knowledge, the expenditures were allowable, allocable to the project, and in accordance with the budget. PI’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Effort Reporting Certification (if applicable):I certify that I committed \_\_\_\_\_% total effort, \_\_\_\_\_\_ summer months, to this research project for the reporting period \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_I certify that I committed \_\_\_\_\_% total effort, \_\_\_\_\_\_\_ academic year months to this research project for the reporting period \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_PI’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |