

**Franklin & Marshall
Mid-year Check-in**

Date:

Attendees:

PI(s)/PD(s)/co-PI(s):

Sponsor/Program:

Award Date:

Project Period:

Award Amt:

Award/Subaward #:

Account #:

Project Title:

Prime Institution (if other than F&M):

Subrecipient Institution (if applicable):

Programmatic/Technical Review:

1. Are project goals and objectives being achieved or are on target for completion and have all contracted or subaward activities been conducted? Yes No If **NO**, please explain:

2. Did the PI and/or co-PI(s) receive grant salary this past summer or academic year? Yes No
If **YES**, the effort reporting certification section on **pg. 4 must be completed and signed.**
3. Review the reporting deadlines with the PI and discuss submitting interim and/or annual reports in a timely manner in accordance with the terms and conditions of the award. If this is a non-federal grant, please be sure to send a copy of the report to mdelling@fandm.edu whenever submitting an interim, annual, or final report to the funder.
4. Each PI and co-PI listed on the project must complete and sign the attached ***Significant Financial Disclosure form.***
5. Is this the PI's final year of the grant? Yes No
If **YES**, does the PI intend to request a one-year time extension? Yes No
If **YES**, a justification/rationale for the one-year extension request is required and should be sent to mdelling@fandm.edu ***at least 2 months prior to the performance period end date.***
6. Other items for discussion? Yes No
If **YES**, please explain:

Date:

Attendees:

PI(s)/PD(s)/co-PI(s):

Sponsor/Program:

Award Date:

Project Period:

Award Amt:

Award/Subaward #:

Account #:

Fiscal Review:

7. Attached is a copy of the Cognos report and a summary of the account activity
Items for discussion (if applicable):

8. If applicable, discuss the remaining account balance and line item spending in relation to the grant budget with the PI. If applicable, items for discussion:

9. Are there any **unallowable** charges showing in the account such as alcohol purchases with federal funding dollars or other charges not allowed by the sponsoring agency? Yes No
If **YES**, identify the unallowable charge(s), the amount(s) to be moved, and where the charge should go:

10. Are there any charges appearing in the account that shouldn't be there? Yes No
If **YES**, identify which charge needs to be moved and where the charge should go:

11. Are any transactions miscoded? Yes No
If **YES**, list the miscoded transaction(s), the amount to be moved, and where the expense should go:

12. Is a budget reallocation needed? Yes No
If **YES**, please provide the details and a rationale for the budget reallocation request:

Date:

Attendees:

PI(s)/PD(s)/co-PI(s):

Sponsor/Program:

Award Date:

Project Period:

Award Amt:

Award/Subaward #:

Account #:

13. If this is a federal award, does the PI plan on making a single purchase of \$3,000 or more for services, supplies, and/or equipment from one vendor? Yes No N/A

If **YES**, the PI must fill out the [vendor selection form](#).

14. Does the PI have **full-time staff** employed on the grant? Yes No

If **YES**, please inform the PI that the staff must take all their vacation days in a given fiscal year.

15. Does the PI's grant include a subaward to another institution? Yes No

If **YES**:

a. Are the PI's collaborators submitting annual reports on time? Yes No

b. Does the PI affirm that the expenses being invoiced to F&M by the subrecipient are allowable, allocable to the project, and are in accordance with the budget in the subaward agreement? Yes No

16. Other items to discuss? Yes No If **YES**, please explain:

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

Date

Please note: We've revised our effort reporting system and will be sending out effort reporting documentation later in the year.

FRANKLIN & MARSHALL COLLEGE
SIGNIFICANT FINANCIAL INTEREST DISCLOSURE FORM

Before completing please read the [Financial Conflict of Interest Policy](#). **This disclosure must be updated whenever applying for funding or at least annually, and whenever new reportable significant financial interests are acquired.**

Definitions

Significant Financial Interest: refers to anything of monetary value, including but not limited to: Remuneration for services exceeding \$5,000 in the twelve months prior to the disclosure (e.g., speaking or consulting fees, paid authorship); Equity interest exceeding \$5,000 in the twelve months prior to disclosure (e.g., stock, stock options, other ownership instruments); Gains from intellectual property rights (e.g., patents, copyrights, royalties); Travel reimbursed by other than a government agency, college or university, or academic medical institution. Significant Financial Interest does **not** include: remuneration from Franklin & Marshall College; Income from investment instruments (e.g., retirement account, mutual funds) in which the Investigator does not control investment decisions; Income from speaking or teaching engagements sponsored by any government agency, college or university, or academic medical institution; income from service on a review panel or advisory committee affiliated with any government agency, college or university, or academic medical institution.

Investigator: refers to all personnel, regardless of title or position, responsible for the design, conduct, or reporting of research under the terms of a federal grant or contract, or the subaward to a federal grant or contract. All Investigators are required to disclose any of their own Significant Financial Interests **or those of their spouses, partners, or dependent children.**

Please complete the information, sign and date below. After you have electronic signed the form, it will go to the Associate Dean of the Faculty who will review and sign it if no additional information is needed. A fully signed copy will then be emailed to you.

PI(s)/PD(s)/co-PI(s):	Submit Date (if pending):
Sponsor/Program:	Award Date (if applicable):
Project Title:	
<i>I DO NOT have any significant financial interest to disclose at this time.</i>	
<i>I DO have significant financial interest to disclose at this time and the total amount I've received from all sources below was:</i>	
TYPE OF ORGANIZATION:	
<input type="checkbox"/> pharmaceutical firm <input type="checkbox"/> biotech firm <input type="checkbox"/> engineering firm <input type="checkbox"/> software firm <input type="checkbox"/> other	
NATURE OF REMUNERATION	
<input type="checkbox"/> salary <input type="checkbox"/> royalties <input type="checkbox"/> consulting <input type="checkbox"/> licensing <input type="checkbox"/> honoraria <input type="checkbox"/> reimbursed travel expenses <input type="checkbox"/> other	
TYPES OF HOLDING	
<input type="checkbox"/> stocks/stock options <input type="checkbox"/> patents/copyrights <input type="checkbox"/> other <input type="checkbox"/> estimated value \$	
EQUITY INTEREST	
Enterprise or Entity:	Description:
REIMBURSED OR SPONSORED TRAVEL EXPENSES within the last 12 months	
Purpose of the trip: Sponsor:	Destination: airfare other transportation (limousine, taxi, etc.) meals hotel /other accommodation other
Type of payment: gift income Value \$ (If the organization above provided the reimbursement "in kind," please estimate)	
SIGNATURES	
Investigator's Signature:	Date:
Associate Dean of the Faculty Signature	Date: