

**NEW GRANT CHECKLIST**

Principal Investigator:	_____				Post Award Specialist:	_____		
University Account #:	_____	Department #:	_____			Post-Award Manager:	_____	
Master PI:	_____	Account #:	_____			Sponsor:	_____	
PERIS Record #:	_____				Agency Award #:	_____		
Project Short Name:	_____				Subcontract:	Yes No		
Grant Type:	New	Continuation - Previous #:		_____			Prime Sponsor:	_____
Funding Type:			NIH RPPR Due Date:	_____			Prime Award #:	_____
Salary Only Account:	Yes	No	MPI Award?	Yes	No	Current Project Pd:	_____	
Advance Account:	Yes	No	Competitive Renewal?	Yes	No	Entire Project Pd:	_____	

Task Description	Responsible Party's Initials	Date Of Completion
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**1. Attach to this Checklist:**

- Grant Budget \_\_\_\_\_
- Notice of Grant Award \_\_\_\_\_
- Account Activation Sheet from Sponsored Projects Accounting \_\_\_\_\_

**2. Assign Peoplesoft number and email A.B.**

\_\_\_\_\_

**3. Are incentives are applied to this account?**

Yes No

**4. Verify all sub accounts have been requested.**

- See details on Budget Allocation

**5. Verify BMR(s) for HCC accounts have been completed.**

**6. Verify outgoing subcontracts/CSAs to be created.**

-If yes, notify Megan to initiate agreement.

Yes No

Subcontractor Name: \_\_\_\_\_

**7. Add to Active Grant List**

**To Be Completed by Grants Staff:**

[Activation Procedure](#) - Procedure for completing this checklist.

**Due Date:**

**8. READ the TERMS OF THE AWARD and SUBMISSION GUIDELINES**

- Make notes to help you when processing paperwork

**9. Notify PI of new account**

[PI notification template](#)

-SubContracts: New Account for Grant Continuation-Notify Megan to Amend SubContract

**10. Complete paperwork to charge personnel to the grant**

<u>University Personnel</u>	Procedure	<a href="#">SPAR template</a>	Yes	No
<u>UPMC Personnel</u>	Procedure	<a href="#">UPMC template</a>	Yes	No
<u>CRS/C</u>	Procedure	<a href="#">UPMC Salary Support Form</a>	Yes	No

**11. Set up account/grant in PBCS**

Individual Grant Plan:

- Project Setup (Update budget period)
- Employee Detail - Consolidated (Encumber personnel)
- Subcode Entry (Encumber non-personnel if necessary)

**12. Add to PI Memo**

- Add Account
- Add Indirect Rate
- Add Personnel to Both Sections of PI Memo
- Add Notes
- Add Carryover & Link to Summary Tab
- Add Subaccount(s) & Link to Summary Tab
- Add Subcontract(s)

**13. Email Financial Manager to notify that form is completed**

**14. Mark as completed on Activation List**

[Activation List](#)

**NEW GRANT CHECKLIST**

Date Created \_\_\_\_\_

Principal Investigator: \_\_\_\_\_  
 University Account #: \_\_\_\_\_ Department #: \_\_\_\_\_  
 Master PI: \_\_\_\_\_ Account #: \_\_\_\_\_  
 PERIS Record #: \_\_\_\_\_  
 Project Short Name: \_\_\_\_\_  
**Grant Type:** **New** **Continuation - Previous #:** \_\_\_\_\_  
 Funding Type: \_\_\_\_\_ NIH RPPR Due Date: \_\_\_\_\_  
 Salary Only Account: **Yes** **No** MPI Award? **Yes** **No**  
 Advance Account: **Yes** **No** Competitive Renewal? **Yes** **No**

Post Award Specialist: \_\_\_\_\_  
 Post-Award Manager: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_  
 Agency Award #: \_\_\_\_\_  
**Subcontract:** **Yes** **No**  
**Prime Sponsor:** \_\_\_\_\_  
**Prime Award #:** \_\_\_\_\_  
 Current Project Pd: \_\_\_\_\_  
 Entire Project Pd: \_\_\_\_\_

**HCC Facility Usage**

Funding Schedule: \_\_\_\_\_  
 F&A Type: \_\_\_\_\_ If Other, F&A rate: \_\_\_\_\_ Base: \_\_\_\_\_  
 Account Number Assignment: \_\_\_\_\_

Human Subjects? \_\_\_\_\_ Clinical Trial Included? \_\_\_\_\_ IRB approved? \_\_\_\_\_ HCC# \_\_\_\_\_  
 Animal Subjects? \_\_\_\_\_ IACUC approved? \_\_\_\_\_  
 Salary Cap? \_\_\_\_\_ Other Cost Sharing? \_\_\_\_\_  
 Method of Payment: \_\_\_\_\_  
 Multi PI Grant: \_\_\_\_\_ If yes, name other PIs: \_\_\_\_\_  
 \* Identify Contact PI  
 Biostats Included: \_\_\_\_\_ Biostats Location? \_\_\_\_\_  
 CRS Included: \_\_\_\_\_  
 If subcontract, pass-through contact information: \_\_\_\_\_  
 If subaccount, master account information: \_\_\_\_\_

**List any restrictions and/or special notes in NOA:**

Automatic Carryover? If no, request should be submitted at end of each budget period.  
 Reporting Requirements? \_\_\_\_\_ Section in Agreement: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Effort on Original Submission \_\_\_\_\_ Effort on Funded Budget \_\_\_\_\_  
 Was Funded Budget effort reduced 25% or more? \_\_\_\_\_  
 If yes, was permission requested and granted by sponsor? \_\_\_\_\_  
 If yes, use effort on funded budget as comparison; If no, use effort on original submission as comparison.