

Award Management Checklist

Title: _____

Org Unit: _____ Sponsor: _____

PI's Name: _____ Award ID: _____

Department: _____ Project Period: _____

OSPA Contact: _____ Account #: _____

SPA Contact: _____ Total Award: _____

Award Type: _____ Initial Project Period: _____

Dept. Financial Contact: _____ Initial Award Amount: _____

Grants Hub Contact: _____

Unusual Terms & Conditions: _____

Equipment : YES NO if "YES", vests with: _____

Cost Share: YES NO if "YES", cost share overview completed: YES NO

COMPLIANCE

Human Subjects: YES NO Date IRB Approved: _____ Approval #: _____

Vertebrate Animals: YES NO Date IACUC Approved: _____ Approval #: _____

IBC: YES NO rDNA Biohazardous Materials Radioactive Materials Approval #: _____

MTA Needed: YES NO Anticipated Patent: YES NO

Agency Conflict of Interest Complete: YES NO RCA Training Required: YES NO

Export Controls: YES NO Action Needed: _____

Compliance Notes: _____

Continued . . .



REPORTING

Technical/Progress Reports Due Dates: _____ Notes: _____

Final Report Due Date: _____ Notes: _____

ISU Co-PI: _____ Dept: _____ Account: _____

ISU Co-PI: _____ Dept: _____ Account: _____

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ISU Co-PI: _____ Dept: _____ Account: _____

ISU Co-PI: _____ Dept: _____ Account: _____

ISU Co-PI: _____ Dept: _____ Account: _____

ISU Co-PI: _____ Dept: _____ Account: _____

Subrecipient: _____ \$: _____ Institution: _____ PI: _____

Subrecipient: _____ \$: _____ Institution: _____ PI: _____

Subrecipient: _____ \$: _____ Institution: _____ PI: _____

Subrecipient: _____ \$: _____ Institution: _____ PI: _____

Subrecipient: _____ \$: _____ Institution: _____ PI: _____

Subrecipient: _____ \$: _____ Institution: _____ PI: _____

NOTES & FOLLOW UP

