



**UNIVERSITY OF MARYLAND
EASTERN SHORE
OFFICE OF RESEARCH**

APPENDIX B

Grant Project Closeout Checklist

Please respond within 10 days of the date of this notice.

<input type="checkbox"/> Date	Principal Investigator Name	Award End Date
_____	_____	_____
Funding Agency	Award Number	KFS Account Number
_____	_____	_____

Expenses

- All expenditures charged to this project are allowable Yes No N/A
- Committed effort requirements have been met and are certified Yes No N/A
- All related pcard transactions and expenses have been approved and posted to this award. Yes No N/A
- All PO's and supplier contracts have been closed (encumbrances released & invoices paid) Yes No N/A
- All journal entries have been completed and processed Yes No N/A
- Sub-recipient's final invoice has been paid (Must be marked final) Yes No N/A
- Have expenses exceeded the award amount? Yes No N/A
- If expenses have exceeded the award amount, has this been documented and corrected? Yes No N/A

Reporting

- All required reports have been submitted to the sponsor with copies to the Office of Research Yes No N/A
- All matching commitments have been met. Yes No N/A

By my signature below:

- I hereby certify that the above information is true and accurate in all respects.**
- I certify the salary charged and payroll accounting adjustments processed to this award reasonably reflect the work performed during the award period.
- Based on my review of the financial data, I believe that the expenditures are accurate.

	NAME	SIGNATURE	DATE
Principal Investigator			
Department Chair			

*The Department Chair signature is only required if the account has a deficit.

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