**Fixed-Price Agreement Closeout Checklist**

**For School of Medicine**

(Award Range PXXXX - UXXXX)

***(Only fill out this form if residual balance is $50K or 25% or more of the funded amount, whichever less)***

***This checklist is in addition to the regular closeout checklist***

|  |  |  |  |
| --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR** |  | | |
| **AWARD MANAGER** |  | | |
| **OSR CLOSEOUT ACCOUNTANT** |  | | |
| SPONSOR |  | AWARD END DATE |  |
| ORACLE AWARD |  | TOTAL FUNDED AMOUNT |  |
| SPO # |  | TOTAL PAYMENT RECEIVED |  |

#### ***OSR Research Accountant completes Section 1***

#### **SECTION 1**

#### **BUDGET VS. EXPENSE ANALYSIS (Section 1A): *OSR Accountant completes and sends to department administrator***

#### **Please fill out the Budget vs. Actual Expense information and provide justification for the variance.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Budget ($)** | **Actual Expense ($)** | **Variance ($)** | **Variance (%)** |
| **Salaries and Benefits:** |  |  |  |  |
| **PI Salary:** |  |  |  |  |
| **Travels:** |  |  |  |  |
| **Equipment:** |  |  |  |  |
| **Tuition:** |  |  |  |  |
| **Others:** |  |  |  |  |
| **Total:** |  |  |  |  |

**CONTRACT TERMS**

Reviewed terms of contract and verified any remaining earned balance is **not** required to be returned to the sponsor.

BI 235 report shows receipts = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### ***Department Administrator completes Section 2***

#### **SECTION 2**

#### **CONFIRMATION OF FUNDS, EXPENSES & COMMITMENTS**

Funds received match the expected payment amount based on the sponsor’s agreement, or enrollment & patient completion

Review salary expenses for the PI. Verify the appropriate salary amount was charged

Commitments have been cleared

Expenses are complete and appropriately charged

### **IS THIS AN EARLY TERMINATION** YES / NO

If YES, then

The new end date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A revised award notice has been issued by contract officer

### **REMAINING BALANCE**

Refund balance in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the sponsor

Transfer balance minus appropriate indirect costs to an unrestricted award, Non-Sponsored PTA \_\_\_\_\_\_\_\_\_\_\_\_\_ (Please verify the non-sponsored PTA does not carry infrastructure charge if the sponsored PTA carries full F&A rate)

Total Remaining Balance \_\_\_\_\_\_\_\_\_\_\_\_ - F&A @ \_\_\_% \_\_\_\_\_\_\_\_\_\_\_\_ =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Direct Balance to be transferred

(\*department can send request for a designated revenue award to Gwenevere Mitchell, Fund Accounting at gmitchel@stanford.edu)

#### **Departmental justification if remaining balance is $50,000 or 25% or more of the funded amount, whichever is less:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Department Administrator Completed/Approved**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/School Compliance Officer Reviewed/Approved** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_