

Region One ESC

Awarded Federal or State Grant/Contract Checklist

Account Mask Assigned: ___ -XX - 5 ___ - - - - - - -X -XX

Program Manager: _____ Program Assistant: _____

Phone number: _____ Phone Number: _____

NOGA/Contract ID Number: _____ CFDA Number: _____

Grant/Contract Start Date: _____ Pass-Through Entity: _____

Grant/Contract End Date: _____

Note: Please read and initial acknowledging the understanding of the duties and responsibilities of a Program Manager.

_____ *Program Manager is the ESC representative responsible for administering the Grant/Contract and ensuring compliance with all applicable guidelines.*

_____ *All obligations for all goods and services must occur during the grant/contract period, and must be delivered in sufficient time to provide substantial benefit to the program to be considered necessary to carry out its objectives.*

_____ *Any funds not obligated within the period of availability are said to lapse and must be returned to the awarding agency. Lapsing of funds is usually considered to be an indicator of poor planning and may cause the Center to be identified as high risk.*

Items to be provided and/or specified:

_____ Copy of approved Notice of Grant Award (NOGA) or Contract

Note: Finance must have the latest approved NOGA/Contract on file.

_____ Copy of Grant/Contract Approved Budget Summary

_____ Copy of document indicating allowable budget variation of _____ %
and at what level _____ (i.e. object, category or other)

_____ Copy of Reporting form (if grant/contract requires a specific form)

_____ Copy of document indicating reimbursement requests to be submitted:

Monthly _____ Quarterly _____ Other (Specify) _____

Final Report Due: _____ Revised Final Report Due: _____

_____ Copy of document indicating method of reimbursement:

Direct Deposit: _____ Check: _____

_____ Copy of document indicating other requirement needed from the Finance Department (if any).

Does access to the account mask already exist? _____

If it does not exist, has this been requested? _____

Note: Reports will be sent to Program Manager and Program Assistant specified, if changes have occurred an updated form must be submitted.

Signature of Program Manager _____ Date _____

Signature of Program Manager's Deputy Director _____ Date _____

Signature of Deputy Director for Business Operations and Finance Support _____ Date _____

Note: Route completed checklist to Business Office Accountant.