



# Post-Award Orientation (Checklist)

Mrs. Gwendolyn F. Mitchell Ulmer, CRA  
Grants Administrator II  
Office of Sponsored Programs (OSP)

28th ANNUAL NSPAA TECHNICAL ASSISTANCE  
WORKSHOP  
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Today's Presentation will provide...

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***An overview of the orientation process SCSU uses with PIs when an award has been received to initiate the grant project.***



# Post Award Conference (PAC) purpose:

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- To ensure proper management of the project throughout the Grant Life cycle in conjunction with University, State, Federal/Funder policies, regulations and procedures.
- To educate and acclimate the PI to requisite policies and procedures necessary to ensure proper management of the Award throughout the Grant Life Cycle.



# Why PAC

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Participation in the PAC is....

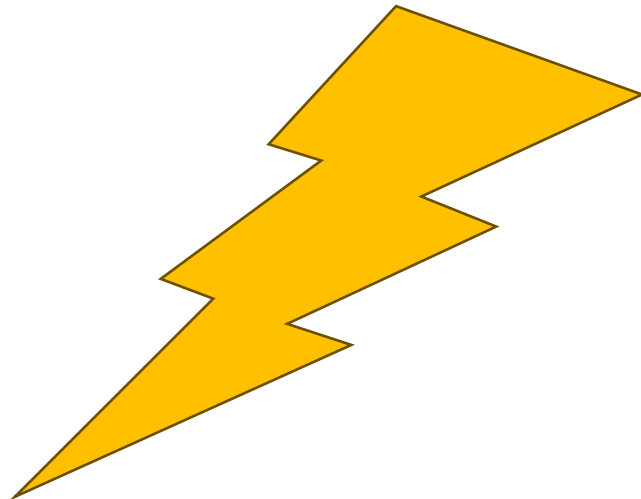
**Mandatory**

in order for the grant to be established in the university system a PAC must be completed before any grant activities can be initiated.





What if I don't participate.  
I got this university  
\$2million, you're telling me  
I can't start my grant until I  
do what?



# Post Award Conference Data Sheet (pg. 1)



## This data sheet includes:

1. Principal Investigator's name (PI)
2. Organizational code/Department
3. College
4. Phone/E-mail
5. Type of grant/Funding
6. Category/Project Type
7. Award Type
8. Long Project Title
9. Short Title (include index/fund #)
10. Originating Funding Agency
11. Pass Through Agency
12. Budget Period
13. Budget Award Period
14. Project Period
15. Total Award
16. Prime Number/Subaward
17. Release Time
18. Indirect Cost/Facilities & Administration Rate

**POST AWARD CONFERENCE DATA SHEET\***

The purpose of the Post Award is to review the terms and conditions of the award. Any questions, concerns and/or corrections regarding the data sheet will be addressed in the Post Award Conference.

1. PRINCIPAL INVESTIGATOR/RESPONSIBLE PERSON: \_\_\_\_\_ Banner ID: \_\_\_\_\_

2. ORGANIZATION CODE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

3. COLLEGE: \_\_\_\_\_

4. PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

5. TYPE OF GRANT/FUNDING:  Grant  Sub-grant Agreement  Cooperative Agreement  
 State Funds  Contract  Subcontract Agreement CFDA # \_\_\_\_\_

6. CATEGORY/PROJECT TYPE:  Instruction  Public Service  Academic Support  Student Services  
 Institutional Support  Operations/Maintenance  Scholarship  Auxiliary  
 Research: Basic \_\_\_\_\_ Applied \_\_\_\_\_ Experimental \_\_\_\_\_

7. AWARD TYPE:  New Award  Continuation Yr. \_\_\_\_ of \_\_\_\_  Renewal \_\_\_\_\_

8. LONG PROJECT TITLE: \_\_\_\_\_

9. SHORT TITLE O&P (FOIA/AVL): \_\_\_\_\_ BANNER INDEX /ORG # \_\_\_\_\_  
Account Access requested by OCSA to UCIT\* FUND # \_\_\_\_\_

10. ORIGINATING FUNDING AGENCY: \_\_\_\_\_  
 Banner ID \_\_\_\_\_  Federal  State  Private  Other

11. PASS THROUGH AGENCY (If Applicable): \_\_\_\_\_  
 Banner ID \_\_\_\_\_  Federal  State  Private  Other  
\* Requested Procurement to update vendor information.

12. a. BUDGET PERIOD: From: \_\_\_\_\_ to: \_\_\_\_\_ 13. BUDGET PERIOD AWARD: \$ \_\_\_\_\_  
b. Time Remaining month \_\_\_\_ If less than 12 months has no cost extension been requested or anticipated action?

14. PROJECT PERIOD: From: \_\_\_\_\_ to: \_\_\_\_\_ 15. TOTAL AWARD: \$ \_\_\_\_\_

16. PRIME NUMBER: \_\_\_\_\_ SUBAWARD #: \_\_\_\_\_ 17. RELEASE TIME: \_\_\_\_\_

18. INDIRECT COST/FACILITIES & ADMINISTRATION RATE (IDC/F&A): YES  NO  RATE %: \_\_\_\_\_  
NRG  Less Than < \$200,000.00 NRG  Greater Than > \$200,000.00

19.  Total Direct  Modified Total Direct  Total Federal Funded Amount  Grant Specified

20. IDC CALCULATION % \_\_\_\_\_ x \$ \_\_\_\_\_  
Approved Rate Base IDC

Exclusions: \_\_\_\_\_

21. MATCHING? NO  YES  Program Income YES  NO

22. SCHOLARSHIPS YES  NO  DETAIL CODE: (if applicable) \_\_\_\_\_

23. DOES THIS AWARD HAVE SUBRECIPIENTS? YES  NO

The award document and the approved budget supersede any discrepancies found on this form.

19. Total Direct
  - Modified Total Direct
  - Total Federal Funded Amount
  - Grant Specified
20. IDC Calculation (exclusions)
21. Matching/Program Income
22. Scholarships/Detail Code
23. Does This Award Have Subrecipients



# Post Award Conference Data Sheet (pg. 2)



## I. Programmatic

1. Technical Report Due Dates (Bi-Monthly, Monthly, Quarterly, Annually, Final Report)
2. Extension Requirements
3. Carry Over of Unobligated Funds
4. Purchase of Equipment
5. Personnel/Release Time
6. Travel Authorization & Recapulation
7. Cash Advance & Recapulation
8. Foreign Travel
9. Purchase Requisitions
10. Request for Consultant Services
11. Subrecipients

Banner Account Index/Org \_\_\_\_\_ Fund \_\_\_\_\_

**I. PROGRAMMATIC (Sponsored Programs)**

1. **TECHNICAL REPORT DUE DATES**  
 Bi-Monthly  Monthly  Quarterly  Annually  Final Report  
 Comments: \_\_\_\_\_

2. **EXTENSION(S) REQUIREMENTS**  
 Comments: \_\_\_\_\_

3. **CARRY OVER OF UNOBLIGATED FUNDS**  
 Comments: Carryover is automatic \_\_\_\_\_

4. **PURCHASE OF EQUIPMENT**  
 Comments: N/A- Equipment is tangible personal property (including information technology systems) having a useful life of more than one year and a per-acquisition cost of 5k dollars or more. \_\_\_\_\_

5. **PERSONNEL (P-14, P-13, Summer Employment, Dual Employment, Additional Compensation)**  
 RELEASE TIME (RT)? YES  NO

NAME OF INDIVIDUAL (Indicate TBN if not known)	POSITION TITLE	SALARY	FRINGE BENEFITS	CTG*			INKIND
				RT/AY	SUM	AC	
							-
							-
							-
							-
							-
							-
							-
							-
							-

Release Time (RT), Academic Year (AY), Summer (SUM), additional Compensation (AC) Note: see attached Letter for In-Kind Release

Comments: \_\_\_\_\_

6. **TRAVEL AUTHORIZATION & RECAPULATION**  
 Comments: \_\_\_\_\_

7. **CASH ADVANCE AND RECAPULATION**  
 Comments: \_\_\_\_\_

8. **FOREIGN TRAVEL**  
 Comments: \_\_\_\_\_

9. **PURCHASE REQUISITIONS**  
 Comments: \_\_\_\_\_

10. **REQUEST FOR CONSULTANT SERVICES**  
 Comments: \_\_\_\_\_

11. **SUBRECIPIENTS** YES  NO  If YES, complete the following:

Institution/Agency	Amount
N/A	\$





# Post Award Conference Data Sheet pg. 3



## II. Fiscal

- 12. Budget Distribution
- 13. Budget Amendments
- 14. Financial Report Due Dates  
(Bi- Mthly, Mthly, Quarterly, Semi-Annually and Final Report)
- 15. Time and Effort Report
  - A. Monthly Billing
  - B. Salary Reallocations
  - C. Journal Entries
  - D. Scholarship Requisition
  - E. Payroll Documents
  - F. Match-Cost Share
  - G. Frequently Asked Questions

Banner Account Index/Org \_\_\_\_\_ Fund \_\_\_\_\_

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**II. FISCAL (Grants and Contracts)**

12. BUDGET DISTRIBUTION\*  
Comments: \_\_\_\_\_

13. BUDGET AMENDMENTS  
Comments: \_\_\_\_\_

14. FINANCIAL REPORT DUE DATES  
 Bi-Monthly \_\_\_\_\_  Monthly \_\_\_\_\_  Quarterly \_\_\_\_\_  Semi-Annually \_\_\_\_\_  Final Report \_\_\_\_\_

15. TIME AND EFFORT REPORT (NHRECRT):  
 A. MONTHLY BILLING  
Comments: \_\_\_\_\_  
 B. SALARY REALLOCATIONS  
Comments: \_\_\_\_\_  
 C. JOURNAL ENTRIES  
Comments: \_\_\_\_\_  
 D. SCHOLARSHIP REQUISITION  
Comments: \_\_\_\_\_  
 E. PAYROLL DOCUMENTS  
Comments: \_\_\_\_\_  
 F. MATCH-COST SHARE Phone #  
Comments: \_\_\_\_\_  
 G. FREQUENTLY ASKED QUESTIONS:  
Grant Accountant: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

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**III. COMPLIANCE (Compliance Officer)**

16. AFTER THE FACT CERTIFICATION OF LABOR\* (Time and Effort)  
Comments: \_\_\_\_\_

17. BUDGET FORECAST\*  
Comments: \_\_\_\_\_

18. CONFLICT OF INTEREST\*  
Comments: \_\_\_\_\_

19. DECLARATION OF POSSESSION\*  
Comments: \_\_\_\_\_

20. HUMAN SUBJECTS  
Comments: N/A

\*FORMS THAT MUST BE RETURNED to OSP in 5 days.

**NOTES:**

**SIGNATURES:** Note: By signing this document, I am acknowledging that I fully understand and accept my responsibilities in accordance with the sponsoring agency's special terms and conditions of this award.

## III. Compliance (Compliance Officer)

- 16. After The Fact Certification of Labor
- 17. Budget Forecast
- 18. Conflict of Interest
- 19. Declaration of Possession
- 20. Human Subjects





# Post Award Conference Data Sheet pg. 4



## Approval/Signature page

PI/Responsible Person

OSP Personnel

Grants & Contracts (G&C)

Personnel

Compliance Officer

Other Attendees (*include name and position*)

Banner Account Index/Org \_\_\_\_\_ Fund \_\_\_\_\_

PI/RESPONSIBLE PERSON \_\_\_\_\_ DATE: \_\_\_\_\_

OSP PERSONNEL \_\_\_\_\_ DATE: \_\_\_\_\_

G & C PERSONNEL \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLIANCE OFFICER \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ATTENDEES (*include name and position*):

\_\_\_\_\_

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# Questions

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**For more information contact:  
Gwendolyn F. Mitchell Ulmer, CRA  
[Gmitche3@scsu.edu](mailto:Gmitche3@scsu.edu)**





Thank You!!

