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**Grants Office**

Phone: 318 869-5747

Email: cafedd@centenary.edu

**Grant Closeout  
Checklist**

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The Director of Grants and Faculty Endowments will work with all department involved to complete this form.

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**Principal Investigator and Project Information****Name****Funding Agency****Award End Date****Award Number****Centenary Account Number****Project Title**

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**Closeout Checklist**

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**Expenses**

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Review expenditures for allowability.               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Confirm all effort is appropriate and certified.    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Identify all outstanding invoices.                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Confirm all other expenses have posted.             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Verify that all encumbrances have cleared.          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Ensure all journal entries completed and processed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Confirm sub-recipients' final invoices paid.        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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**Record Changes**

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Inform HR of account termination, change EAF. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Update budget status to "closed."             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Log file as closed in Record Retention File.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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**Reporting**

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| All Technical Reporting Requirements met (PI)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Date _____                                       |                              |                             |                              |
| All Financial Reporting Requirements met (BO/GO) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Date _____                                       |                              |                             |                              |
| Ensure Cost-sharing commitments met (BO/GO)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Date _____                                       |                              |                             |                              |
| Date Closeout completed _____                    |                              |                             |                              |