

FRAGRNT -- GRANT SETUP/REVISION FORM

New Grant Revision New Org
 Grant Code: Proposal Code:

D1 Level Org: D1 _____

Short Title _____
(up to 35 characters in length, Long title will default from Proposal)

Agency Code:		Agency Name:	
Primary UA ID:		Name:	
Project Start Date:		Project End Date:	
Status Code: A		Status Date: (date of set-up)	
FUNDING:	Current (Fiscal Yr.)	Cumulative (To Date)	Maximum (Total Award)
Amounts			
Grant Type:	Category Federal Nonfederal Passthru	Equip Code:	
CFDA:	Sponsor ID #		

Grant Agency Information

Address Type: **G4** Address Sequence Number: **1**

Grant Location

Location code: _____ On/Off Campus

F&A Cost Codes / Cost Share Codes:

Indicate Org No. for Indirect Cost Distribution (complete for all BRFs for this project):

S&W TDC MTDC 2MTDC EVOS

Rate Code: _____ Percentage: _____ Waiver:

Charge Code: **7811** Distribution Code: _____

Personnel Information - Co-PI's:

Co-PI Code	UA ID	Name
002		
Dept Fiscal: 006		
G&C Tech: 007	A TECH _____	
Sr. Assoc: 010		
Other Fiscal: 014		
Bill/Rpt Signer	30038578	Weatherby

(011) (012) (013)

Address Type: **G4** Address Seq: **1** Phone Type: **G4** Phone Seq: **9** Bill Type: _____

Department Prepared by: _____ Phone: _____ Date: _____

Grant Billing Information

PMS Code:	Undistributed C/R Acct.:	SAVE MAX
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Defined Field Codes

Research/Devel <input type="checkbox"/>	Other - OSA <input type="checkbox"/>	Other - Training <input type="checkbox"/>
Fixed Price <input type="checkbox"/>	Major Program <input type="checkbox"/>	Financial Aid <input type="checkbox"/>
Program Income <input type="checkbox"/>	Expanded Auth/OPAS <input type="checkbox"/>	Assumption of Liability <input type="checkbox"/>
M/CS Required <input type="checkbox"/>	F&A waived for M/CS <input type="checkbox"/>	M/CS from 3 rd party <input type="checkbox"/>
Multi Fund <input type="checkbox"/>	Multi Campus <input type="checkbox"/>	Multi Activity <input type="checkbox"/>
CESU Awards <input type="checkbox"/>	Subcontract Auth <input type="checkbox"/>	

Pass Through Agency Distribution Info - Options Menu

Agency Code	Agency Pass Thru Contract No.	Percentage

Match/Cost Share Information:

Matching Cost Share Total Required M/CS : \$ _____
 ORG: _____ Fund: _____ Amount \$ _____
 ORG: _____ Fund: _____ Amount \$ _____

Match - Link Info (FGC2FIN):

Grant Code: _____ Match Fund Code: _____

Add'l M/CS Information: (inkind, waived IDC, source, date, etc)

FRAEVGA

Event Code: ___ Bill ___ RPT ___ RPT2	Date To (End):
Frequency:	Payment Method Type: C/R
Period To:	
Bill Format: _____	Default Resp User ID:
Rpt Format: _____	

Add'l Info to facilitate Grant setup:

FRAPROP UPDATE Yes - Awarded No - Assumption of Liability

FRAGRNT/FRAEVGA INPUT DATE: _____

gcs Reviewed By: _____ Date: _____ Revised 2008