

GRANT SETUP / REVISION FORM

New Grant Revision New Org

Grant No: Proposal No.:

D Level Org: D _____

Main

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: (start date of project)	
FUNDING:	Current (Fiscal Yr.)	Cumulative (To Date)	Maximum (Total Award)
Amounts			
Total Recipient Share:			
Grant Type:		Category:	Equip Code:
CFDA#:	Sponsor ID #		

Grant Agency Information

Address Type: G ___ Address Sequence No: ___

Location

Location code: _____ Campus _____

Cost Code F&A

S&W
 TDC
 MTDC
 2MTDC
 EVOS

Rate Code: _____ Percentage: _____ IDC Waiver? _____

Charge Code: 7811 Distribution Code: _____

Personnel Information

Co-PI Code: 002	UA ID	Name
Dept Fiscal: 006	UA ID	Name
G&C Tech: 007	UA ID	ATECH _____
Sr. Assoc: 010	UA ID	Name
Other Fiscal: 014	UA ID	Name
Bill/Rpt Signer	UA ID	31111428 Name: Heather Paulsen

(011) (012) (013) Report Type: _____

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

Department Prepared by: _____ Phone: _____ Date: _____

Billing Information

PMS Code: _____ Undistributed C/R Acct: _____ Billing End Date: _____

User Defined Data *Same as FRAEVGA End Date*

<input type="checkbox"/> Research/Devel	<input type="checkbox"/> Other - OSA	<input type="checkbox"/> Other - Training	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> ARRA Funded ²	<input type="checkbox"/> Assumption IN	<input type="checkbox"/> Assumption Out	<input type="checkbox"/> CESU Awards
<input type="checkbox"/> E-Verify Req'd ³	<input type="checkbox"/> Fixed Price	<input type="checkbox"/> Major Program ¹	<input type="checkbox"/> Match Required ⁴
<input type="checkbox"/> IDC Match ⁴	<input type="checkbox"/> Match 3 rd Party ⁴	<input type="checkbox"/> Multi Activity	<input type="checkbox"/> Multi Campus
<input type="checkbox"/> Multi Fund	<input type="checkbox"/> OPAS Prior Appr	<input type="checkbox"/> Program Income ⁵	<input type="checkbox"/> Subcontract Auth

1 – Fully signed CAS exemption form required; 2 – Special fund and revenue codes required;
 3 – Required w/ ARRA; 4 – Include Match BRFs; 5 -- Include Program Income BRFs

Passthrough Information

Prime Agency Code & Name: _____

Passthrough %: _____ Prime Award No.: _____

Match/Cost Share Information:

M/CS % _____ M/CS ratio ____ : ____ Total Required: \$ _____

⁴ (Include Match Worksheet for Sources)

FGC2FIN – Match Link Info: Link these Funds to this Grant:

Add'l M/CS Information:

FRAEVGA – Billing & Report Events

Event Code: <input type="checkbox"/> BILL <input type="checkbox"/> RPT <input type="checkbox"/> RPT2	Date To: _____	Last Bill Event
Bill Frequency: _____	Report Frequency	Period To: _____
Bill Format: _____	Default Resp User ID: _____	
Rpt Format: _____	Rpt2 _____	

Add'l Info to facilitate Grant setup:

UPDATE FRAPROP? Yes - awarded No – Assumption of Liability

GCS Reviewed By: _____ Date: _____ Revised 08/08/13