

**COLORADO SCHOOL OF MINES
CLOSEOUT MEMORANDUM**



SUBJECT: Closeout of CSM – FRS Grant No. Banner No.

DEPARTMENT: _____

SECTION 1: CONTRACTUAL STATUS

Please check and/or provide the following information:

YES NO N/A

A. An extension has been requested of the Sponsor through date of: _____
If yes, stop here and return this form to ORA. If no, please continue.

B. I have submitted all deliverables as specified in the contractual agreement.
If yes, and if applicable, please attach a copy of the transmittal letter and the cover page of the Final Report. If no, please indicate the expected submittal date for the deliverables:

COMMENTS: _____

C. Were there any inventions, patents, royalties, or subcontracts associated with this project? If yes, please explain (if more space is required, please use the back of this form).

COMMENTS: _____

D.1. Was equipment purchased on the contract? If yes and the sponsor retains title to the equipment, please check the following that are applicable:

The condition of the equipment is:

- a. Functional & being utilized
- "
- b. Functional & not being utilized
- "
- c. Non-functional

YES NO N/A

D.2. Some or all of the equipment was returned to the sponsor on the following date: _____ If yes, please identify the pieces returned (if more space is required, please use the back of this form).

COMMENTS: _____

D.3. The equipment is being used on another Federal project. If yes, please identify the CSM Grant-FRS # : Banner #:

D.4. I wish to request the title to the equipment be transferred to CSM.
COMMENTS: _____

SECTION 2: FINANCIAL STATUS

The PI authorizes the following actions to be taken to close out this project:

YES NO N/A

A. My account is overdrawn. Please transfer the lump sum deficit to Discretionary Account Number: _____ If you do not have a discretionary account, please indicate this and one will be opened for you.
COMMENTS: _____

B. My contract has money remaining. If it is Cost Reimbursable, *Closeout Short of Budget* If it is Fixed, transfer the remaining balance to Research Development Fund Number: _____
COMMENTS: _____

C. Please delete my outstanding encumbrance(s). If no, please transfer them to Account Number: _____
COMMENTS: _____

D. There is in-kind/donated Cost Sharing associated with this project, and I have sent a Cost Share report to my Sponsor. If yes, please provide a copy of the document documented Cost Share report. If no, please work with ORA to submit with closing documents.
COMMENTS: _____

Signature of P. I.: _____

Date: _____