University of Alabama at Birmingham

Certification for Closing Fixed Price Accounts with Residuals

Please follow this form when preparing the project for closeout.

SECTION I: General Information

Principal Investigator:		OSP Assigned Number:	
Grant Account Number (PTA):		IRB Approval Number (if applicable):	

All boxes must be checked to certify completion of each step.

SECTION II: Reconciliation of Revenue

☐ *No Outstanding Payments Due:* All revenue has been received and matches the expected payment amount based upon project deliverables, scope of work, patient enrollment and completion of study. The sponsored project agreement, budget, enrollment logs, case report forms, sponsor invoices, scope of work etc., have been reviewed to ensure all earned sponsor payments have been identified and received.

SECTION III: Reconciliation of Expenses

☐ *Personnel Expenses:* All appropriate personnel related expenses (e.g. principal investigator, researchers, staff, nurse coordinator, study manager, HSF or Children's personnel lease agreements etc.) have been charged to the project according to the sponsored project agreement, clinical trial agreement, budget, activities performed, and UAB policies and procedures. Account statements have been reviewed to ensure salary was appropriately charged for all personnel related expense. Such salary related activities in which there is effort may include, but is not limited to, project activities; writing reports and articles; participating in appropriate seminars; consulting with colleagues and graduate students; attending meetings or conferences; protocol development; site initiation meeting; start-up; patient recruitment; enrollment; informed consent process; regulatory review and sign-off; on-line training; monitoring; follow-up; case report form review; other document review; data analysis; publication and closeout.

☐ *For Clinical Trials Only (Complete in addition to all other sections) - Study Participant Reconciliation:* A reconciliation using the Research Study Schema and Medicare Coverage Analysis of each study participant has been performed on all medical services to ensure all study procedures have been correctly charged.

Total Number of Participants:		Number Completed Study:	
Number of Screen Failures:		Number of Drop Outs:	

If any of the following four items are not applicable, mark **N/A**.

Completed	**N/A**	
☐	☐	Ensure all "study related" services were billed appropriately to the project and not to 3rd party payers (e.g. review the Medicare coverage analysis and billing grid to ensure study related patient care expenses such as procedures, tests, labs and professional fees were billed appropriately for each participant).
☐	☐	Ensure CTBNs for all enrolled participants have been completed via SiteMinder or OnCore.
☐	☐	Ensure no "standard care" services were billed to the project unless approved in the original budget for all patients/subjects.
☐	☐	Ensure no balances are due the Hospital or MSO billing offices.

☐ *All other direct expenses have been properly recorded on the project account:* Expenditures have been reviewed for possible unrelated study expenses. No unrelated project costs were charged to the project. Account statements were reviewed for proper inclusion of direct expenses. Such review accounted for other direct expenses such as travel, consultants, supplies, etc.

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SECTION IV: Documentation

☐ Documentation of the above is available by the department for review. Documentation must be retained by the department for a period of six (6) years from the final financial closeout date by Grants Accounting.

SECTION V: Residual Balance Information – Check only the __applicable__ box. *(To obtain the Residual Balance in Oracle, Go to Oracle GA END User…Under Reports Click on Run…OK to Single Request…Click on the list of values for NAME and enter the report name:* GAUAB Program Residual Balance Percentage Calculation PRCGA142…enter Award number in the pop up box and submit.)

☐ Residual amount of 30% or less (revenue minus expense/revenue), provide dollar and percentage amount of the residual:
$_____   %_____

☐ Residual greater than 30% (revenue minus expense/revenue), provide dollar and percentage amount of the residual. In the space below, explain the reason for the residual. NOTE: Dean or Dean's delegate signature is required for document approval.
$_____   %_____

For a Residual > 30% - Explanation:

SECTION VI: Certification

I certify the study has been completed according to the terms and conditions of the sponsor/funding agency, UAB policies and procedures, and the accounting statements reflect all appropriate revenue and expenses.

School review and approval required for residual balance over 30%:

_____	_____	_____
Principal Investigator Signature	Accountable Finance/Business Officer Signature	Dean Signature
_____	_____	_____
Print Name	Print Name	Print Name
_____	_____	_____
Title	Title	Title
_____	_____	_____
Date	Date	Date

Please identify the GL String to which the balance should be transferred: _____
GL String

Upon completion, scan and email to FAGrantsaccting@mail.ad.uab.edu. For questions please call 934-9330 and ask for the accountant assigned to this project.