



# GRANT SETUP AND BUDGET REQUEST FORM

## Office of Grants & Contracts

All questions contained in this questionnaire are needed to ensure proper setup

MAIN		
Supplement/Amendment?	New #FYbYk U Grant?	Continuation?
Grant Title:	Grant Code:	Proposal Code:
Agency Name <i>(do not enter prime agency if pass through):</i>		Agency ID: M-
Cost Share <i>(if required):</i>	Principal Investigator ID: M-	Main Org:
Project Start:                      End:	Budget Start:                      End:	Status Date <i>(project start date)</i>
Funding (Current):	Cumulative (To Date):	Maximum (Total Award):
Grant Type:	Category:	Sub Category:
CFDA No:	Sponsor ID:	Requires Effort Certification?

GRANT AGENCY	
Agency Name:	Contact Name:
Address Type:	Address Sequence No:

LOCATION	
Location Code:	Research Code:

COST CODE F&A	
Indirect Cost Basis:	Indirect Cost Rate Code:

PERSONNEL		
ID: M-	Indicator: 001-Principal Investigator	Organization:
Title:		Responsible Billing/Report Format:
ID: M-	Indicator: 002- Co-Principal Investigator	Organization:
Title:		Responsible Billing/Report Format:
ID: M-	Indicator: 003-Grant Administrator	Organization:
Title:		Responsible Billing/Report Format:
ID: M-	Indicator: 004- Financial Officer	Organization:
Title:		Responsible Billing/Report Format:
ID: M-	Indicator: Other	Organization:

BILLING				
PMS Code:	Billing Address Type:	Billing Address Sequence No:	Paid in Advance?	<input type="checkbox"/>

PASS THROUGH AGENCY		
(if Category on Main tab is "T" Federal Flow Thru)		
Prime Agency Code: M-	Percentage:	Prime Award Sponsor ID:

**FTMFUND**

<b>Fund Code:</b>	<b>Fund Title:</b>	
<b>Unbilled AR:</b>	<b>Revenue Acct:</b>	<b>Cash Receipt Bank Code: 11</b>
<b>Default Org:</b>	<b>Default Prog:</b>	<b>Multiple Fund Bal Indicator: Fund Type</b>

**FRMFUND**

<b>Budget Period Start Date:</b>	<b>Budget Period End Date:</b>
<i>Ensure Cost Codes are filled in from Grant Maintenance form</i>	<b>Billed AR: 12198</b>

**FRAEVGA**

<b>Event Code Bill:</b>	<b>Event Code Financial Report:</b>	<b>Event Code Non-Financial Report:</b>
<b>Frequency Bill:</b>	<b>Frequency Financial Report:</b>	<b>Frequency Non-Financial Report:</b>
<b>Date frm/to Bill:</b>	<b>Date frm/to Fin. Report:</b>	<b>Date frm/to Non-Fin. Report:</b>
<b>Payment Method Type Bill:</b>		<b>Bill Format:</b>
<b>Bill Responsible Person:</b>	<b>Fin. Report Resp. Person:</b>	<b>Non-Fin. Report Resp. Person:</b>
<b>Is this funding renewable?</b>	<b>Yes</b>	<b>No</b>

# BUDGET CODE DISTRIBUTION(s) AND FUNDING LEVEL(s)

by ORGANIZATION(s)

Budget Year:

BUDGET CODE	ORG NAME	GRANT	FUND	ORG NUMBER	PROGRAM	AMOUNT

**GRAND TOTAL:**