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 # F YbYk U Grant?	Continuation?
Grant Title:	Grant Code:	Proposal Code:
Agency Name (do not enter prime agency if pass through):		Agency ID: M-
Cost Share (if required):	Principal Investigator ID: M-	Main Org:
Project Start: End:	Budget Start: End:	Status Date (project start date)
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? ☐

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

FTMFUND

Fund Code:	Fund Title:	
Unbilled AR:	Revenue Acct:	Cash Receipt Bank Code: 1I
Default Org:	Default Prog:	Multiple Fund Bal Indicator: Fund Type

FRMFUND

Budget Period Start Date:	Budget Period End Date:
Ensure Cost Codes are filled in from Grant Maintenance form	Billed AR: 12198

FRAEVGA

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

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: