

**LSU Health Sciences Center – New Orleans (LSUHSC-NO)**

**Grant and Contract Closeout Certification**

PeopleSoft Project Number: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Project Balance: \_\_\_\_\_

I certify, to the best of my knowledge as Principal Investigator/Contractual Monitor on the above named grant/contract, that:

- All services and deliverables contained in the award notice or contract have been completed.
- The grant or contract is a fixed price or fixed fee (fee for service) agreement and is not subject to any adjustment on the basis of the University's actual costs to perform the services required by the agreement.
- The sponsor does not have any restrictions on the use of residual funds.
- All financial obligations of the grant or contract have been met.
- All revenue earned under the terms and conditions of this grant or contract have been billed and collected. The grant or contract is complete.

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date