

LSU Health Sciences Center in New Orleans (LSUHSC-NO)
Sponsored Agreement Closeout Certification

PeopleSoft Project No.: _____

Project Description _____

Project Sponsor _____

Project Balance _____

This is certification of the balance of:

- A completed sponsored agreement.
- A single year of a multi-year agreement.

By signing below, I certify that, to the best of my knowledge that:

- The Sponsored Agreement is Complete in accordance with the policy.
- The sponsor does not have any restrictions on the use of residual balances. (These restrictions could be contained in the contract or award notice or it may be contained in other policy statements issued by the sponsor.)
- All deliverables contained in the Sponsored Agreement have been completed. (If a Sponsored Agreement is terminated prior to completion, documentation must be attached to the certification statement that indicates that all requirements of the sponsor have been met.)
- All financial obligations of the Sponsored Agreement have been met.
- The revenue and expenses of the Sponsored Agreement have been reconciled and all revenue earned has been credited to the applicable PeopleSoft project and all expenses incurred to complete the project have been charged to the applicable PeopleSoft project in accordance with LSU Administration and LSUHSC-NO Policies, the Federal Uniform Guidance, if applicable. (This certification does not apply to fringe benefit costs and indirect costs of the Sponsored Agreement. We hereby authorize Accounting Services to make any fringe benefit and indirect cost adjustments that may be subsequently identified.)
- All costs charged to the Sponsored Agreement are allowable costs under the terms and conditions of the award notice or contract.
- State appropriated funds were not used to fund the direct costs of the Sponsored Agreement.
- All subcontracts have been paid and closed (if applicable).
- Documentation indicating that the Sponsored Agreement is completed is attached. (Clinical Trials only).

Sponsored Agreement Liaison (Principal Investigator)	Date	Business Manager/Project Custodian	Date
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Department Head (if applicable)	Date
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