Grant Review Certification

_____
(full grant number)

The grants management officer who releases the award will complete the items listed below for each grant award, excluding revisions.

	ACTION
	Y
1. Pay authorization documentation (check all that apply):	
▪ Within Payline?	
▪ PFR in file?	
▪ Funding Plan in file?	
▪ NCAB Approval?	
▪ Type 5?	
2. Award Calculated correctly? (type 2 cap, F&A, funding level)	
3. Documentation authorizing funding (including any supplemental funds) in file (check all that apply)?	
▪ Appropriate terms?	
▪ Appropriate funding documentation?	
4. Human or Animal issues resolved, if applicable	
5. Terms are accurate and include mechanism/program terms, if applicable	
6. Dates are correct and award cycles to the end of the month	
7. CAN number is correct	
8. Fiscal Year is correct	
9. Based upon my review of the available information (including unobligated balances existing in the project), the award is in accordance with all applicable policies and procedures and is at the appropriate dollar level.	

Grants Management Officer:_____

(Date)