

FIXED PRICE AGREEMENT CLOSE-OUT PROCEDURES

Before a Fixed Price Agreement is accepted at MSU, all involved parties (Funding agency, CGA, MSU Department and PI) confirm that the project has been properly budgeted with adequate cost justification as prescribed by circular A-21 and FAR 15.504-3(b). The MSU department must retain such costing information and other related documentation for audit purposes for the required retention period. It is understood that the performing MSU department assumes the full financial risks for costs that exceed the fixed-price award. While the MSU transmittal form should clearly identify the project as a Fixed Price Agreement, for projects greater than \$25,000 a separate memo signed by the Department Chair accepting the financial risk should be obtained.

When the Fixed Price Agreement terms and conditions have been satisfactorily completed, certification of such must be completed for proper close-out. This certification notifies CGA that any residual funds are no longer restricted based on the original agreement and the MSU department will immediately credit the account for any deficit balances.

Fixed Price Agreement Close-Out Certification

FROM: _____ (PI or authorized representative)
TO: _____ (CGA authorized account representative)
DATE: _____

CGA Account Number: _____
Grant Award ID: _____
Principal Investigator: _____

The final project deliverables were delivered to the sponsor on _____ (date).

1) Have you completed all of your obligations according to the terms of the agreement with the sponsor?

Yes

No; Please forward to CGA a letter written to the sponsoring agency explaining all the relevant facts regarding the delay in the deliverables along with a revised estimated completion date for co-signature by CGA.

****Please note that if deliverables are not met as required in the agreement this is a breach of contract which can result in refunding part or all of the funds received for the project.**

"I certify that all charges to the above referenced account have cleared leaving a cash balance of \$_____. Of this amount \$_____ will be transferred to the account listed below and \$_____ will be expensed to allowable facilities and administrative costs per the agreement."

(Note: when the cash balance is more than the greater of \$5,000 or 20% of the total revenue received ("significant balance"), please provide an explanation below. This explanation should be directed toward the Department Chair related to the identification of an acceptable unrestricted account to receive the funds transfer.)

Significant balance explanation (if applicable):

"I, Principal Investigator, certify that to my knowledge, the statements above are accurate."

Principal Investigator

Date

**PI signature is not required here if the Submit button below is used.*

Reviewed:

Department Chair

Date

(Department Chair - CHECK ONE)

Please transfer the remaining net overhead-adjusted funds to the department gift account number _____ (or other unrestricted account).

I do not have a department gift account; please create an account and transfer the remaining net overhead-adjusted funds.

Please complete the information above and return via pdf by clicking on the button below. If a Department Chair signature is needed and electronic signatures are not used by your department please print this form to complete then return via pdf to reports@cga.msu.edu.