



Request to Close Contract or Agreement

Current Date: _____
 Principal Investigator: _____
 Project Number & Speed type: _____
 Award number: _____
 Cash Balance Requested to Transfer _____
 Fund 26 Speed type for Cash Transfer: _____

Note: If this balance is greater than 50% of the total cash receipts (5% of the cash residual if sponsor is Federal or award is Federal Flow-through), please complete the High Cash Balance Memo.

Associated with this request, I certify that:

1. All the appropriate expenses, including all appropriate salary expenses, have been booked to this account and are compliant with Cost Accounting Standards and Medicare Billing regulations.
2. All encumbrances have been cleared.
3. All payments earned have been received from the sponsor
4. No further expenses related to this trial will be incurred at a later date.
5. All Funding Distributions in PeopleSoft HR have been appropriately modified so that no future salary expenses will book to this project account.
6. All automatic charges such as telephone, network connections, etc have been discontinued so that no future expenses will book to this project account.
7. All research deliverables are complete.
8. Cash balance is free from claims, and no amounts are due back or payable to the Sponsor.
9. Fiscal Policy 4-1, Section III, J-3 requires that any care outside the Standard of Care be paid by clinical trial vs. Medicare or other carrier.

 Name of PI or Responsible Administrator Signature of PI or Responsible Administrator Date
 Phone Number _____

Upon completion of the above information, please forward to Grants and Contracts – Postaward (Campus Box F428)

For G&C Use only:

Date Closed _____ JE Number of Cash Transfer _____
 Amount Transferred to the 26-Fund _____ Fund 26 Speedtype _____

Disclaimer: The above cash balance becomes unrestricted in the Auxilliary Fund (26 Fund), and is available for use by the PI, consistent with State and University fiscal policy. The funds are not allowed to be transferred to another University without prior approval from Executive Management.



High Cash Balance Memo

Date: _____

Principal Investigator: _____

Project Number & Speed type: _____

Award Number: _____

Per your request, our office is in the process of closing out the project. During the reconciliation review, it was noticed that the cash balance is 50% or greater of the total project revenue, and/or equal to or greater than \$50,000.

For the above project/speed type, the applicable amounts are:

Total revenue received (amount transferred to Fund 30): _____

Total Cash Receipts %: _____

Cash Balance: _____

As a result, we need to request your assistance to verify that the following requirements have been met before proceeding with this close out:

1. UCD Fiscal Policy 4-1 requires you to disclose the residual to your Department Chair and to COMIRB. As a result, please provide this information to your Chair on your annual disclosure of financial interest, and on any specific on-going projects affiliated with this sponsor via the completion of a Financial Interest Disclosure form. Also, please disclose to COMIRB if you have any on-going or new protocols related to this sponsor or related products.
2. Because of the National Coverage Decision, the Principal Investigator, UCD, and any doctors, clinics or hospitals involved must ensure that any care outside of the standard of care be paid by a clinical trial instead of Medicare (or other carriers). For further information regarding Medicare Billing, please reference Fiscal Policy 4-1, Section 7, "Hospital/Patient Care Charges".
3. Faculty and staff who dedicate time and effort to the conduct of the clinical trial (i.e., outside the standard of care) should have a proportionate amount of their compensation charged to the clinical trial.
4. All applicable expenses have been charged to the project account.

Please provide a quantified explanation of the high cash residual balance:

Once all of these requirements have been met, please sign the certification statement below and return to the Office of Grants and Contracts. An electronic signature is acceptable. Upon receipt of this confirmation, we will proceed with the closure of this project.

Thank you for your assistance with this requirement. Please feel free to contact your Postaward Accountant, if you have any questions.

Certification:

I certify that all above requirements have been met.

_____ Date: _____

Principal Investigator – Signature