

Federal Awards Terms & Conditions Checklist

A systematic review tool for documenting critical elements of federal grant awards

Section 1: Award Identification

| Field | Information |
|--|-------------|
| Federal Award Identification Number (FAIN) | |
| CFDA/Assistance Listing Number | |
| Award Date | |
| Period of Performance Start | |
| Period of Performance End | |
| Total Award Amount | \$ |
| Federal Share | \$ |
| Required Match Amount | \$ |
| Awarding Agency | |
| Program Office/Contact | |
| Unique Entity ID (UEI) | |

Section 2: Special Conditions Review

| Condition | Applies? | Status | Notes |
|---|--|-----------------------------------|-------|
| Environmental Review (NEPA) Required | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Complete | |
| Davis-Bacon Prevailing Wages Apply | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Complete | |
| Buy America/BABA Requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Complete | |
| Procurement Standards (2 CFR 200.318-327) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Complete | |
| Section 106 Historic Preservation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Complete | |
| Relocation Assistance (URA) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Complete | |
| High-Risk Designation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Complete | |
| Pre-Award Costs Authorized | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Complete | |

Section 3: Reporting Requirements

| Report Type | Frequency | Due Date | Submitted |
|---------------------------------|-----------|----------|--------------------------|
| SF-425 Federal Financial Report | | | <input type="checkbox"/> |
| Progress/Performance Report | | | <input type="checkbox"/> |
| Davis-Bacon Certified Payrolls | | | <input type="checkbox"/> |
| Single Audit (if >\$750K) | | | <input type="checkbox"/> |
| Closeout Report | | | <input type="checkbox"/> |

Section 4: Budget & Cost Principles

| Item | Details |
|------------------------------------|--|
| Approved Budget Categories | |
| Indirect Cost Rate (if applicable) | <input type="checkbox"/> De minimis 15% <input type="checkbox"/> Negotiated: ____% |
| Budget Revision Requirements | <input type="checkbox"/> 10% rule applies <input type="checkbox"/> Prior approval needed |
| Cost Sharing/Match Documentation | <input type="checkbox"/> Cash <input type="checkbox"/> In-kind <input type="checkbox"/> Both |
| Record Retention Period | _____ years from closeout |

Section 5: Key Contacts

| Role | Name | Phone/Email |
|------------------------------|------|-------------|
| Federal Program Officer | | |
| Federal Grants Specialist | | |
| State Program Contact | | |
| Local Project Manager | | |
| Finance/Grants Administrator | | |

Review Summary

Action Items Identified:

1. _____
2. _____
3. _____

Review Completed By: _____ Date: _____

Supervisor Approval: _____ Date: _____

