UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
CGS AWARD MAINTENANCE FORM (FMIS-10)

PURPOSE:	This form is used to establish and maintain the Contracts and Grants System (CGS) award information.

DATA ITEM	**COMPLETION INSTRUCTIONS**
	Separate FMIS-10 shall be completed for each award being established or maintained. All fields must be completed unless noted otherwise.
CONTROL REFERENCE	Enter reference number from form FMIS-6.
ACTION	Check appropriate box to indicate form action. If new award ID, leave "Existing Award ID" blank. If change to award attributes, enter the "Existing Award ID." If change, only complete changed items.
AWARD INFORMATION	**Shaded items represent information to be completed by ORS.**
SPONSOR CODE	Enter 5-character sponsor code. Refer to A12.399.
AWARD TITLE	Enter award title. Limited to 30 characters.
REPORT FO	Enter code to indicate which FO will receive consolidated reports. Refer to A12.099.
AWARD NUMBER	Optional. Enter award number of contract, grant or other type of award document. Limited to 28 characters.
PROJECT START DATE	Optional. Enter start date of project period.
PROJECT END DATE	Optional. Enter end date of project period. Project start and end dates may include period which has been awarded but not funded by awarding agency.
PROJECT AMOUNT	Optional. Enter total project amount. This amount may include awarded but unfunded amounts.
AWARD TYPE	Enter code representing the type of award. Refer to A12.399.
EXPANDED AUTHORITY	Enter "Y" or "N" to indicate whether award is subject to Federal Demonstration Project or expanded authority provisions.
CAS AWARD	Enter "Y" or "N" to indicate whether award is subject to Cost Accounting Standards Board rules, regulations and standards.
CFDA NO.	Optional. Enter the Catalogue of Federal Domestic Assistance (CFDA) number provided by Federal awarding agency. Limited to 10 characters.
FED PASS THROUGH FUNDS FLAG	Enter "Y" or "N" to indicate whether Federally funded award was received through a non-federal sponsor.
FED PASS THROUGH AGENCY	Required only if Fed Pass Through Funds Flag = "Y". Enter code identifying federal agency that provides pass through funds. Refer to A12.399. If appropriate code cannot be found on table leave blank.
CG RESPONSIBLE	Enter code for ORS person assigned to the account. Refer to A12.399.
SPECIAL CONDITIONS/REMARKS	Optional. Enter memo/description of special conditions. Limited to four (4) rows of 50 characters.
RELATED AWARDS	Optional. Enter award number of related Federal Demonstration Project awards. Project relatedness must be approved by sponsoring agency. Limited to three (3) awards, 28 characters each.
BILLING AND REPORTING INFO	**Shaded items represent information to be completed by ORS. These attributes tie to the award ID.**
BILLING INFORMATION:	Optional. Determined by type of award.
BILLING DEPT CODE	Enter code to identify UH office responsible for invoicing.
INVOICE FORMAT	Enter code indicating format for invoicing.
FREQUENCY	Enter code to indicate frequency of billing.
START DATE	Enter start date for billing.
END DATE	Enter start end for billing.
REPORTING INFORMATION:	Optional. Determined by type of award.
REPORTING DEPT CODE	Enter code indicating UH office responsible for reporting.
INVOICE FORMAT	Enter code indicating format for reporting.
FREQUENCY	Enter code to indicate frequency of reporting.
START DATE	Enter start date for reporting.
END DATE	Enter start end for reporting.
INSTALLMENT SCHEDULE:	Required only for installment type awards.
DATE	Enter installment date.
AMOUNT	Enter installment amount.
DATA CONTROL	**To be completed by individual entering data into FMIS.**
AWARD ID ASSIGNED	Required only for new awards. Enter 5-character award ID assigned.
INITIALS/DATE	Enter data entry person's initials and date.