

UNIVERSITY OF HAWAII CGS AWARD MAINTENANCE FORM

(Shaded items represent information to be completed by ORS. See reverse side for instructions)

ACTION:

New Change Delete

Existing Award ID: _____

AWARD INFORMATION (Screen 603)

Sponsor Code: _____

Award Title: _____

Report FO: 00 _____

Award Number: _____

Project Start Date: ___ / ___ / ___ Project End Date: ___ / ___ / ___ Project Amount: _____

Award Type: ___ Expanded Authority: ___ (Y/N) CAS Award: ___ (Y/N) CFDA No.: _____

Federal Pass Through Funds Flag: ___ (Y/N) Federal Pass Through Agency: _____ **CG Responsible :** _____

Special Conditions/Remarks

Related Awards: _____

BILLING AND REPORTING INFORMATION (Screen 604)

Billing Information: **Billing Department:** _____ **Invoice Format** _____ **Frequency:** _____

Start Date: ___ / ___ / ___ **End Date:** ___ / ___ / ___

Reporting Information: **Reporting Department:** _____ **Report Format:** _____ **Frequency:** _____

Start Date: ___ / ___ / ___ **End Date:** ___ / ___ / ___

Installment Schedule: Date Amount Date Amount

1	___ / ___ / ___	_____	7	___ / ___ / ___	_____
2	___ / ___ / ___	_____	8	___ / ___ / ___	_____
3	___ / ___ / ___	_____	9	___ / ___ / ___	_____
4	___ / ___ / ___	_____	10	___ / ___ / ___	_____
5	___ / ___ / ___	_____	11	___ / ___ / ___	_____
6	___ / ___ / ___	_____	12	___ / ___ / ___	_____

DATA CONTROL USE ONLY

Award ID Assigned: _____ Initials: _____ Date: _____