

THE OFFICE OF SPONSORED PROGRAMS ROLES & RESPONSIBILITIES MATRIX

Sponsored Programs Roles & Responsibilities Matrix		Principal Investigator	College Depart. Admin	Sponsored Programs	Research Accounting
Pre-Award and Proposal Preparation					
Funding identification	P	S	S		
Review of sponsor guidelines/RFP	CP	CP	CP		
Provide expert guidance on funding opportunities		S	P		
Proposal development	P	S	S		
Identify special needs (i.e. space, equipment, cost share, course release costs)	CP	CP			
Budget & justification development	CP	CP	S		
Contract & Grant final review	CP	S	CP		
University sign-off/submission approval			P		
Provide institutional review and interpretation of TU policy for compliance and correctness per agency guidelines & applicable law		S	P	S	
Negotiate and accepting terms and conditions of award			P		
Collects PI's & Dean's signatures	S	P			
Copies & collating of proposals/Uploading of electronic documents	CP	CP			
Initial Receipt of award notice	CP		CP		
Budget revisions, conflict of interest, other compliance issues	S	S	P		
Set up Grant/Fund number (FOAPAL), enter budget and notify PI and College.	S	S	CP	CP	
Regulatory Compliance, including IRB, IACUC, Radiation Safety, Occupational/Environmental Health, Conflict of Interest, Responsible Conduct of Research, Export Controls and other regulatory requirements specific to the project	P	S			
Subrecipient Monitoring (TU Prime)					
Complete Financial Impact Statement (FIS)		P			
Execute sub-awards (SPA obtains institutional signatures)			P		
Amend statement of work or budget/Contest deliverable	CP	S	CP		
Subrecipient work monitoring	CP	CP	S		
Subrecipient financial monitoring			S	P	
Subrecipient Payables Invoice Approval	P	S			
Post-Award and Billing					
Verify budget is accurate	CP	CP		S	
Monitoring account balances/spending	CP	CP		S	
Forecasting/projections	CP	CP			
Non-allowable cost analysis	S	S		P	
Liaison with sponsor - Program	P		S		
Liaison with sponsor - Administrative	S	S	CP	CP	
No Cost Extension request/Revised budgets	CP	S	CP		
Approving expenditures > \$5,000	CP	CP		S	
Cost Transfers/Journal entries	CP	CP		S	
Issue and certify effort reports	CP	CP		CP	
Reconcile accounts		CP		CP	
Develop/negotiate F&A rate				P	
Develop/negotiate Fringe Benefit rates				P	
Processing salaries		P		S	
Identify program income		S		P	
Approving summer salaries	CP	CP	S	S	
Monitor and resolve deficits	S	CP		CP	
Reporting final invention statement	CP		CP		
Invoicing of Sponsors (not industry clinical trial)		S		P	
Invoicing of Industry Sponsored Clinical Trials		P		S	
Budget entries and Adjustments		CP	S	CP	
Follow-up on Accounts Receivable Balances	S	S		P	
Posting and reviewing of Payments to Awards		S		P	
Financial reporting to sponsor				P	
Sending technical report to sponsor	P		S		
Cancel PO on grants		P		S	
Closeout	CP	CP		CP	
Responsible for compliance	CP	CP	CP	CP	
Transferring Awards to Temple					
PI requests from former institution to transfer grant funding	P	S			
Former institution files transfer request with sponsoring agency	S	S			
Relinquishing statement is received.	P	S	S		
PI and department submit transfer proposal to sponsoring agency.	CP	S	CP		
Agency issues notice of award.	S	S	P	S	
Relinquishment of Awards					
PI requests from Chair and Dean to relinquish awards.	CP	CP			
Complete and review relinquishment statement.		S	P	S	
Determine equipment that will be transferred with PI.	CP	CP			
Terminate sub-contracts, if any.		S	P		
Complete final invoicing.				P	
P - Primary S - Secondary CP - Co Primary					
Note: This matrix has been developed through the collaboration of Sponsored Programs Administration, Research Accounting Services, Associate Deans for Research and business managers from the various schools and colleges that participated on the Research Accounting Services Roles and Responsibilities Focus Group.					

Last Update: March 19, 2013

JUST-IN-TIME (JIT) Documentation Checklist

JIT refers specifically to the NIH request for additional information from the grantee institution prior to issuing the award. Department of Defense and other federal sponsors have a similar process. Foundations generally request institutional certification of current and animal protocols.

All documents should be sent the SPA for review and submission to sponsor. NIH JIT materials should be uploaded to the JIT module in the NIH eRA Commons <https://commons.era.nih.gov/>.

- ☐ Other Support documents listing PI and Key Personnel project commitments and project effort. Include the Scientific/Financial/Commitment Overlap Statement. (If none, so indicate.)
- ☐ Human and Animal Protocol approval dates
- ☐ Human Subject Education Certification
- ☐ Revised or Detail Budget and Budget Justification (if requested)
- ☐ EHS Training (based on project scope)
- ☐ Other documents as specified by the sponsor's grant specialist or program officer



NOTICE OF GRANT AWARD Memo

Date:

To:

From:

Re: Sponsoring Agency Notification of Award

Congratulations, the Office of Sponsored Programs has received a Notice of Award from _____ on behalf of PI _____ for the _____ project.

The following documents are necessary for the Office of Sponsored Programs to set up the grant in Research Accounting:

FIS

eSPAF

A revised Statement of Work

IRB

Revised budget with account codes

EHS

Subaward materials (if any)

IACUC

Cost Share Form

COI – for all involved on the grant

Please note all required information must be in place before the FOAPAL can be requested.

FOAPAL REQUEST Documentation Checklist**ADVANCE FOAPAL**

- ☐ Advance FOAPAL Request Form: http://www.temple.edu/research/researchadmin/sp_forms.html
Advance FOAPAL Request Form: Pdf |
- ☐ eSPAF
- ☐ Award Letter (*or e-mail/memo indicating award is forthcoming*) or a Partially-Executed Subaward/Contract
- ☐ Statement of Work/Project Summary
- ☐ Detailed Budget (*with account codes*) and Budget Justification

FOAPAL

- ☐ Award Document
- ☐ Revised Detailed Budget (*with account codes*) and Budget Justification
- ☐ Statement of Work/Project Summary
- ☐ eSPAF
- ☐ IRB
- ☐ IACUC
- ☐ EHS
- ☐ COI (*for ALL personnel involved in the project*)

ADVANCE FOAPAL REQUEST FORM

To: MAIN CAMPUS HSC CAMPUS

☐ Eleanor Cicinsky ☐ Chrissie Blewett ☐ Quadirah Green
☐ Sherri Gibbs ☐ Carrie Farmer
☐ Angie Calicat ☐ Michelle Kiett

Advance Accounts allows Principal Investigators to initiate spending on their projects before the University receives an actual award. If the award does not materialize, the department will be responsible for all costs incurred on the advance account. It is important that funds not be spent before the period in which the sponsor expects to honor costs.

Project Title: _____

Principal Investigator: _____ Sponsor: _____

School/College/Department: _____

Total Funding Expected: _____ Expected Project Period: _____ to _____

Justification for Advance FOAPAL:

Sponsor Cost	Year 1	Year 2	Year 3	Year 4	Year 5	% Effort	Cost Share
Direct Costs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
MTDC	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
F&A Costs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Total Costs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		

***NOT TO EXCEED 25% OF 1ST YEAR**

The Departmental Chair/Dean certifies that he/she is aware of the funding risks involved with establishing an advance FOAPAL. The Department/College accepts responsibility for any costs not reimbursed on this project. If, for any reason, the award does not materialize, and expenditures which were incurred on the advance FOAPAL will be transferred to the following departmental non-grant fund: _____ - _____ - _____

PI/PD _____ Date _____

Department Chair/Dean _____ Date _____

Department Administrator _____ Date _____

Office of Sponsored Programs _____ Date _____

All Subrecipients must complete this form when submitting a proposal to TEMPLE UNIVERSITY. It provides a checklist of documents and certifications required by sponsors and it must be endorsed by the Subrecipient's Authorized Official.

A. PRIME PROPOSAL INFORMATION

1. SPONSOR:		
2. RFA/RFP/PAR NO:	TEMPLE PI NAME:	eRA#:
3. TITLE OF PROPOSAL:		
4. PROPOSED PERIOD OF PERFORMANCE: FROM: TO:		

B. SUBRECIPIENT INFORMATION

1. SUBRECIPIENT'S LEGAL NAME: ADDRESS: DUNS #: EIN #:	2. SUBRECIPIENT PI : ADDRESS: PHONE: FAX: EMAIL:
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C. PROPOSAL DOCUMENTS

The following documents are included in our subaward proposal submission and covered by the certification below (check as applicable)

<input type="checkbox"/> STATEMENT OF WORK (Required)
<input type="checkbox"/> BUDGET AND BUDGET JUSTIFICATION (Required) TOTAL AMOUNT REQUESTED:
<input type="checkbox"/> Letter of Intent
<input type="checkbox"/> Biosketches and Other Support
<input type="checkbox"/> Other:
<input type="checkbox"/> Other:

D. SPECIAL REVIEW & CERTIFICATIONS

1. Facilities & Administration Rates included in this proposal have been calculated based on:

- ☐ Our federally-negotiated F&A Rates for this type of work, or a reduced F&A rate that we hereby agree to accept.
 (If this box is checked, a copy of your F&A rate agreement or a URL link to the agreement must be furnished to Temple before a subaward will be issued)
 URL link:
- ☐ Other rates (please specify the basis): ☐ Not applicable (no indirect cost request for the subrecipient).

3. Cost Sharing:

- ☐ Yes ☐ No Amount: \$ (Cost sharing amounts and justification must be included in the subrecipient's budget)

4. Human Subjects:

- ☐ Yes ☐ No
 Determination of Exemption or IRB Approval Date: Expiration Date: IRB number: ☐ Pending
 (Note: Surveys, interviews, observations, or use of secondary data may be human subject's research. Contact your local IRB office for guidance.)
 If "Yes" and approval is pending, please note that a subaward will not be issued until we have a copy of the most recent protocol approval letter.
 If "Yes" and NIH funding is involved: ☐ Yes ☐ No Have all key personnel involved completed human subjects training?
 Note: All key personnel engaged in human subjects research must take NIH human subjects training or other human subject's research training (http://grants.nih.gov/grants/policy/hs_educ_faq.htm) as required by NIH.
 Does your organization/institution have a Federalwide Assurance (FWA) Number?
☐ Yes -Please provide FWA # ☐ No - Please note that a FWA Number is required before a subaward can be issued

5. Animal Subjects:

- ☐ Yes ☐ No Approval Date: Expiration Date: IACUC Number: ☐ Pending
 If "Yes" and approval is pending, please note that a subaward will not be issued until we have a copy of the most recent protocol approval letter.
 Does your organization/ institution have a PHS Animal Welfare Assurance Number?
☐ Yes - Please provide OLAW #: ☐ No - Please note that an OLAW # is required before a subaward can be issued
 Is your organization/ institution AAALACi accredited? ☐ Yes ☐ No

6. Recombinant DNA:

☐ Yes ☐ No Approval Date: Expiration Date: IBC Number: ☐ Pending

If “Yes” and approval is pending, please note that a subaward will not be issued until we have a copy of the most recent protocol approval letter.

7. Stem Cells:

☐ Yes ☐ No Approval Date: Expiration Date: hSCRO Number: ☐ Pending

If “Yes” and approval is pending, please note that a subaward will not be issued until we have a copy of the most recent protocol approval letter.

8. Conflict Of Interest:**1. For PHS (or Sponsors following PHS):**

a) 42 CFR Part 50. 604 Subpart F requires that institutions conducting PHS-funded research “Maintain an up-to-date, written, enforced policy on financial conflicts of interest.” Further, “If the Institution carries out the PHS-funded research through a subrecipient (e.g., subcontractors or consortium members), the Institution (awardee Institution) must take reasonable steps to ensure that any subrecipient Investigator complies with this subpart by incorporating as part of a written agreement with the subrecipient terms that establish whether the financial conflicts of interest policy of the awardee Institution or that of the subrecipient will apply to the subrecipient’s Investigators.”

b) Subrecipient COI Policy Statement (Please check one box):

☐ Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy consistent with [42 CFR Part 50.604 Subpart F](#) (Skip to Section 9).

☐ Subrecipient does not have an active and/or enforced conflict of interest policy consistent with 42 CFR Part 50.604 Subpart F and hereby agrees to follow the Conflict of Interest policy established and enforced by the Temple University.

In accordance with the Temple University on Disclosure of Financial Interests and Management of Conflicts of Interest Related to Public Health Services Sponsored Awards for Research (42 CFR Part 50, Subpart F and 45 CFR, Part 94), the Principal Investigator and all other Investigators must disclose their personal significant financial interests (and those of their spouse/registered domestic partner and/or dependent children) that are directly related to the subrecipient’s work for the awardee Institution. This includes the Principal Investigator, Co-Investigators, Senior and Key Personnel, and any other individual who is responsible for the design, conduct, or reporting of research funded by PHS or [an agency or organization that follows PHS disclosure requirements](#) (for example, American Heart Association, American Cancer Society, etc.).

2. For NSF (or Sponsors following NSF):

☐ Subrecipient organization/institution hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of NSF Award & Administration Guide Chapter IV.A.

☐ Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by Temple’s policy. See <http://policies.temple.edu/PDF/64.pdf> for Temple’s policy

9. Debarment, Suspension, Proposed Debarment

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?

☐ Yes – Please explain
☐ No

The organization/institution certifies that they: (answer all questions below)

☐ are ☐ are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts

☐ are ☐ are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity

☐ are ☐ are not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property

☐ are ☐ are not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

10. Fiscal Responsibility

The organization/institution certifies that its financial system is in accordance with generally accepted accounting principles and (check all that apply):

☐ has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received;

☐ maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants;

☐ complies with applicable laws and regulations;

☐ can prepare appropriate financial statements, including the schedule of expenditures of Federal awards;

☐ there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

E. AUDIT STATUS			
1. Is Subrecipient is subject to OMB circular A-133?			
<input type="checkbox"/> Yes	Please complete: Most recent fiscal year audit completed: Were there any findings? _____ URL for the subrecipient's most recent audit:		
<input type="checkbox"/> No	Please complete: Does the subrecipient receive overall federal funding or at least \$500,000 per year? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the subrecipient have some other form of Individual Audit to verify status? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach		
Subrecipient is a: <input type="checkbox"/> Non-profit entity (under federal funding threshold) <input type="checkbox"/> Foreign entity <input type="checkbox"/> For-profit entity <input type="checkbox"/> Government entity			
COMMENTS:			
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APPROVED FOR SUBRECIPIENT

The information, certifications, and representations above have been read, signed and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.

Subrecipient Authorized Official

Printed Name and Title

Date

SUBAWARDS, CONTRACTS, MTA'S, DATA USE AGREEMENTS, CDAs, LICENSE, CONSULTANT AND PROFESSIONAL AGREEMENTS CHECKLIST

Documents Issued by Temple:

Documents Issued to Temple:

Subawards/Subcontracts			
<input type="checkbox"/> Detailed Budget with account codes/Justification <input type="checkbox"/> Begin and End Date <input type="checkbox"/> Project Summary/Statement of Work <input type="checkbox"/> F&A Rate Agreement (if applicable) <input type="checkbox"/> Letter of Intent (LOI) <input type="checkbox"/> Subrecipient Commitment Form	<input type="checkbox"/> FIS <input type="checkbox"/> eSPAF <input type="checkbox"/> EHS <input type="checkbox"/> IRB <input type="checkbox"/> IACUC <input type="checkbox"/> COI <input type="checkbox"/> RCR	<input type="checkbox"/> Detailed Budget with account codes/ Justification <input type="checkbox"/> Begin and End Date <input type="checkbox"/> Subcontract <input type="checkbox"/> Prime Award Document <input type="checkbox"/> Project Summary/Statement of Work	<input type="checkbox"/> FIS <input type="checkbox"/> SPAF <input type="checkbox"/> EHS <input type="checkbox"/> IRB <input type="checkbox"/> IACUC <input type="checkbox"/> COI <input type="checkbox"/> RCR
Material Transfer Agreement			
<input type="checkbox"/> FIS <input type="checkbox"/> MTA <input type="checkbox"/> EHS <input type="checkbox"/> Begin and End Date		<input type="checkbox"/> FIS <input type="checkbox"/> MTA <input type="checkbox"/> EHS <input type="checkbox"/> Begin and End Date	
Data Use Agreement			
<input type="checkbox"/> FIS <input type="checkbox"/> Data Use Agreement <input type="checkbox"/> Statement of Work <input type="checkbox"/> Begin and End Date		<input type="checkbox"/> FIS <input type="checkbox"/> Data Use Agreement <input type="checkbox"/> Statement of Work <input type="checkbox"/> Begin and End Date	
Confidential Disclosure Agreement			
<input type="checkbox"/> FIS <input type="checkbox"/> CDA <input type="checkbox"/> Begin and End Date		<input type="checkbox"/> FIS <input type="checkbox"/> CDA <input type="checkbox"/> Begin and End Date	
License, Consultant and Professional Agreements:			
<input type="checkbox"/> Detailed Budget/ Justification <input type="checkbox"/> Project Summary/Statement of Work <input type="checkbox"/> F&A Rate Agreement (if applicable) <input type="checkbox"/> Begin and End Date	<input type="checkbox"/> FIS <input type="checkbox"/> eSPAF <input type="checkbox"/> Document	<input type="checkbox"/> Detailed Budget/ Justification <input type="checkbox"/> Project Summary/Statement of Work <input type="checkbox"/> F&A Rate Agreement(if applicable) <input type="checkbox"/> Begin and End Date	<input type="checkbox"/> FIS <input type="checkbox"/> eSPAF <input type="checkbox"/> Document
Contracts:			
		<input type="checkbox"/> Detailed Budget/Justification <input type="checkbox"/> Project Summary/SOW <input type="checkbox"/> Begin and End Date	<input type="checkbox"/> FIS <input type="checkbox"/> eSPAF <input type="checkbox"/> IRB <input type="checkbox"/> IACUC <input type="checkbox"/> EHC <input type="checkbox"/> Insurance Cert.



FINANCIAL IMPACT STATEMENT (FIS)

- The Purchasing Department has revised the Financial Impact Statement (FIS) process
- The FIS will be submitted electronically as of April 1, 2013
- As a result, the FIS will be submitted via TU Marketplace
- Research Administration is working to integrate the subaward with the revisions and changes of the FIS and TU Marketplace

NIH RPPR vs. SNAP vs. eSNAP

Required use of the [Research Performance Progress Report \(RPPR\)](#) module for submitting Streamlined Noncompeting Award Process ([SNAP](#)) and Fellowship progress reports will begin in **May 2013**.

RPPR is a federally mandated reporting format for all federal grant agencies (NIH, NSF, DoD, etc.) designed to provide consistent information on the progress of federally funded research and research related activities. RPPR will replace the eSNAP progress reports for SNAP awards and PHS 416-6 for Fellowship progress reports in May, and will eventually replace the use of the PHS 2590 for non-SNAP awards.

At this time, there is no change to non-SNAP award progress reports.

Progress Reports Reminder

To: Principal Investigator
cc: Business Administrator, TUSMRA(if Medical School)

Subject Line - Overdue or Due /NIH Progress Report award # 5 R01 XX 123747-10 - Title of award

The NIH eRA Commons has the above progress report as due/overdue. In order to process the report, please provide the following documentation and initiate, complete and route the RPPR report to your SPA contact.

Temple Documentation

Complete the NIH Principal Investigator Assurance Certification Form, SPAF with required signatures, budget, budget justification and cost share form (if applicable). If your project involves a subcontract, then an NIH PHS 2590 Institutionally Endorsed Face Page, PHS 2590 Form Page 2 (Detailed Budget), PHS 398 Form Page 3 (Budget Justification), All Personnel Report and Checklist if F&A rate has adjusted from the subcontractor. The link for the 2590 Forms is as follows -

<http://grants.nih.gov/grants/forms.htm>.

NIH RPPR

To access the *RPPR report, log into the NIH Commons

<https://public.era.nih.gov/commons/commonsInit.do>

On the menu bar select RPPR and initiate the report, complete all sections and route to your Sponsored Programs contact – see the following link for your contact

http://www.temple.edu/research/researchadmin/sp_staff.html

Resource Link for RPPR <http://grants.nih.gov/grants/RPPR/>

RPPR CHECKLIST

_____ Access the report at <https://commons.era.nih.gov/>

_____ PI or delegate initiates RPPR in eRA Commons. Once an RPPR is initiated, its status becomes *PD/PI Work in Progress* and it becomes available for editing. The PD/PI or delegate uses the **Edit** option for viewing and completing the report. Update/complete the information as necessary in each section and select the **Save** button.

The report in Commons has the following separate screens for each section and are listed below:

Progress Report:

- A. Cover Page**
- B. Accomplishments**
- C. Products**
- D. Participants**
- E. Impact**
- F. Changes**
- G. Special Reporting Requirements**
- H. Budget**

Make sure to click the **Save** button in the navigation bar before leaving a screen to ensure the data is saved.

Upon Completion Check for *Errors: if errors return, address them, check for errors again, when no errors return, route to next reviewer. **All errors must be corrected prior to submission; the system will prevent submission of an RPPR containing errors.*

_____ Route to SPA contact (http://www.temple.edu/research/researchadmin/sp_staff.html)

eSNAP Documentation Checklist

- ☐ PI or delegate initiated eSNAP in eRA Commons (<https://commons.era.nih.gov/>)

Progress Report:

- ☐ Two-page file in pdf format has been attached in the Upload Science section (see Section 2.2.6 Progress Report Summary at: <http://grants.nih.gov/grants/funding/2590/phs2590.pdf> for detailed instructions)

Publications:

- ☐ Citations are linked to the PI/PD's MyBibliography and include the PMCID (see NOT-OD-10-103 at (<http://grants.nih.gov/grants/guide/notice-flies/NOT-OD-10-103.html>))

Edit Business:

- ☐ Org Information: Choose the appropriate SPA Contact and Signing Official
- ☐ All Personnel Report: Contains an entry for everyone who participated on this project
- ☐ Information regarding research subjects is entered.

SNAP Questions and Checklist:

- ☐ Changes in other support and level of effort for key personnel is addressed
- ☐ Unobligated balance of 25% of greater: answer is "Yes" and an explanation is needed.
- ☐ Inventions/Patents are disclosed
- ☐ All sections have been Designated as Complete
- ☐ eSNAP has been Validated
- ☐ PI has electronically agreed to the Certification Statement
- ☐ Route to SPA contact

No Cost Extension (NCE)

While sponsors expect Principal Investigators (PI) to complete projects by the agreed end date, occasionally additional time is needed to complete the project scope and objectives. A PI may request a "no-cost extension" from the sponsor and receive additional time to complete a project where no additional funding is required. Although requests may not be made for the sole purpose of spending remaining funds, remaining funds can be expended during the no-cost extension period. The PI should request only the actual amount of time need to complete the project, one to twelve months. Private donors will have different guidelines for no-cost extension requests. In the case of private sponsored funds, the PI must complete the no-cost extension request.

How to request a no-cost extension?

Frequently Asked Questions

- When should I request a no-cost extension?
- How long of an extension can I request?
- Wouldn't I save time if I sent my request directly to the sponsor?
- What are valid reasons for requesting a no-cost extension?
- Under what conditions are sponsors likely to deny a request?
- How will I know if my request has been approved?
- May I request additional funds in my no-cost extension request?
- Can I submit a request for a second no-cost extension?

When should I request a no-cost extension?

Individual sponsor requirements vary. First-time requests are generally due to the sponsor thirty (30) days prior to the current end date of the project. Any subsequent extension requests, if permitted, are due to the sponsor sixty (60) days prior to the extended end date of the project. Please allow time for SPA to review and process your request.

How long of an extension can I request?

You should only request the actual amount of time needed to complete the project. Typically, requests range from one to twelve months.

Wouldn't I save time if I sent my request directly to the sponsor?

In some cases yes. However, many sponsors require that the institute's authorized official

countersign the request before submission. Also, in some cases sponsor approval is not required. Therefore, all requests should be submitted through OSP.

What are valid reasons for requesting a no-cost extension?

Examples of reasons a sponsor may accept:

- Additional time is needed to assure completion of the original approved project scope and objectives.
- To repeat tests to obtain results lost in a campus building fire.
- Lack of success in locating a graduate student with suitable capabilities.
- Extensive delay in production or shipment of key equipment or supplies.
- Transfer of a key project participant, or time lost due to illness/injury of a key project participant.

Under what conditions are sponsors likely to deny a request?

The request was made only for the purpose of using remaining funds. The request was received after the original end date. The terms and conditions of the award prohibit the extension.

May I request additional funds in my no-cost extension request?

No. Sponsors have a separate process for requesting additional funds. Contact OSP for information about requesting additional funds.

Can I submit a request for a second no-cost extension?

Yes. However, some federal sponsors will not consider a request for a second extension. When a second request is allowed, it usually requires direct review by the sponsor and a lead-time of approximately 60 days. For more information, consult the terms and conditions of your award agreement, sponsor guidelines, or contact OSP for guidance.

NO-COST EXTENSION REQUEST FORM

Please complete the form below and submit it at least 45 days before the grant award period is over.

PI/PD Name _____ Phone _____

Project Title _____

Sponsor _____ Grant No. _____

FOAPAL # _____ Project Dates: Begin _____ / End _____

A. Reason for extension:

B. Desired expiration date for extension:

C. Should you have funds remaining, please provide a detailed budget with account codes and budget justification:

In signing below, each official indicates that the change is appropriate according to Temple University and agency guidelines.

PI/PD _____ Date _____

Department _____ Date _____

School/College _____ Date _____

Assoc. Vice Provost _____ Date _____



AGENCY PRIOR APPROVAL FOR PROGRAM CHANGE OR BUDGET REVISION

Please complete the form below:

PI/PD Name _____ Phone _____

Project Title _____

Sponsor _____ Grant No. _____

FOAPAL # _____ Project Dates: Begin _____ End _____

Develop a letter to your agency grant specialist requesting changes in scope of work, changes in key personnel, and requests for additional funds, requests for equipment (not previously mentioned in original budget), and requests for new foreign travel. Requests for monetary increases must be accompanied by a detailed budget and justification.

- ☐ Detail exactly what you want to revise and why;
- ☐ Detail how this revision will support or enhance the program;
- ☐ Attach a copy of your current budget, marked with the requested revisions;
- ☐ Attach a revised budget narrative that includes detailed information on how the new costs were derived; and
- ☐ Send these materials to OVP-SPA for submission to agency.

**Your request is not approved until you receive agency approval in writing.
After your request is approved the following is needed:**

- ☐ A copy of the formal approval
- ☐ Detailed budget with account codes and budget justification

Notification of approval will be forwarded to the PI, Department/College and Internal Offices.

By signing below you indicate that the change is appropriate according to Temple University and agency guidelines.

PI/PD _____ Date _____

Department _____ Date _____

School/College _____ Date _____

Office of Sponsored Programs _____ Date _____



CARRY-OVER REQUEST FORM

Some agencies allow carry-over funds from one budget period to the next. If the agency requires prior approval of the carry-over, the PI must justify and document the carry-over. The justification must be on file with the Office of Sponsored Programs/Research Administration. Research Administration will notify Research Accounting of the carry-over approval. Research Accounting Services will evaluate the situation based on the facts and circumstances and update the grant and fund records in accordance with RAS procedures. Principal Investigators may request a no-cost extension of grants awarded by federal and private sponsors. This request is subject to prior approval by the Office of Sponsored Programs.

Please complete and submit all required documentation for processing the Carry-Over.

PI/PD Name _____ Phone _____

Project Title _____

Sponsor _____ Grant No. _____

FOAPAL # _____ Project Dates: Begin _____ / End _____

A. Reason for requesting the carry-over:

*Please provide detailed budget with account code and budget justification:

C. Desired expiration date for carry-over:

D. Is the Approval Notification from the Sponsoring Agency attached?

Yes

No

In signing below, each official indicates that the change is appropriate according to Temple University and agency guidelines.

PI/PD _____ Date _____

Department _____ Date _____

School/College _____ Date _____

Office of Sponsored Programs _____ Date _____