

**EXTERNAL GRANTS
(PI GRANTS)
* FORMS AND USES ***

COLLEGE OF AGRICULTURE

FACULTY RETREAT

AUGUST 8-9TH, 2019

(PREPARED BY TRANG DOAN)

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CONTACT INFO

*College of Ag:

Rolynne Anderson (Research Admin)
Donna Hinton (Extension Admin)
Holly Hodges (McMinnville Admin)
Trang Doan (Account Clerk II)
Beth Duncan (Resource Manager - All personnel issues)
Dr. Carter Catlin (Head of Research)

*Grants office:

Frances Gore (Budget form)
Regina Cochran (New grant number)
Cornelia Reese (Supervisor)

*Procurement:

Jennifer Nelson (approver set up)
Sharon Bunch (Supply requisition)
Linda Goodman (Travel requisition)

*RSP:

Corrine Vaughn (Sub-award & No Cost extension)

*Academic affair:

Cordia McCutcheon (Sub-contract package/get Dr. Crook's & Dr. Mosley's signature/directly submit to Legal office)

GETTING NEW GRANT NUMBER

- PI completes the Budget form.
- Trang & Dr. Catlin review and submit to Grants office (Ms. Gore)
- Grants office: contact PIs for Budget form submission receipt & new grant number.
- PI shares new grant numbers with Fiscal office.

GETTING NEW GRANT NUMBER

TENNESSEE STATE UNIVERSITY		AWARD ACKNOWLEDGEMENT AND BUDGET FORM			Fund No.
IDENTIFYING INFORMATION					Organization No.
					Program No.
					Proposal No.
Project Title					
Project Director		Award/Contract No.			
Project Start Date		Project End Date	Award Notification Date		
Funding Agency		CFDA # (If primary funding source is federal)			
Primary Funding Agency		Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Corp <input type="checkbox"/> State <input type="checkbox"/> Found <input type="checkbox"/> tion <input type="checkbox"/> Private <input type="checkbox"/>			
<small>(Example: If ABC University is subordinated with TSU as a special APC created from NASA, the Funding Agency is "ABC University" and the Primary Funding Agency is "NASA". If funds are not pass through fundr, the Funding Agency and Primary Funding Agency would be the same)</small>					
Indicate if the funds are: <input type="checkbox"/> Title III Funding <input type="checkbox"/> USDA Formula Funding (1890)					
Indicate appropriate award type: <input type="checkbox"/> New Award <input type="checkbox"/> Sub-Award <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation / Renewal <input type="checkbox"/> No Cost Extension					
BUDGET CONTRACT INFORMATION					
Acct. Code	Description	Agency Funding	TSU Cost Share	Total Funding	
61100	Admin. Salaries			\$0.00	
61200	Academic Salaries			0.00	
61300	Supporting Salaries			0.00	
61400	Student Salaries			0.00	
61600	Prof Support Salaries			0.00	
	TOTAL SALARIES	0.00	0.00	0.00	
62000	Emp Benefit Bud Pool			0.00	
73000	Travel Budget Pool			0.00	
74000	Operating Exp Bud Pool			0.00	
75000	Utilities			0.00	
78000	Equipment Bud Pool			0.00	
79000	Sch & Fellow Bud Pool			0.00	
	TOTAL DIRECT COS	0.00	0.00	0.00	
79800	Indirect Cost Exp			0.00	
Indicate IDC % Rate and Base					
	TOTAL PROJECT CO	\$0.00	\$0.00	\$0.00	
<small>(Agency & contractor amounts must agree by cost category to the agency approved budget. Salaries by account code must agree to "Detailed Salary Budget Form", page 4.)</small>					
FUNCTIONAL CATEGORY INFORMATION					
<small>(Check the box that best describes the primary function of the grant or contract. See functional category definitions on the "Instructions Sheet", page 1.)</small>					
<input type="checkbox"/> Instruction / Training		<input type="checkbox"/> Public Service		<input type="checkbox"/> Institutional Support	
<input type="checkbox"/> Research and Development (R&D)		<input type="checkbox"/> Academic Support		<input checked="" type="checkbox"/> Scholarship and Fellowship	
<small>(If R&D, indicate basic or applied and select appropriate research field from page 2.)</small>					
<input type="checkbox"/> Basic Research Field		<input type="checkbox"/> Student Services		<input type="checkbox"/> Operation and Maintenance	
<input type="checkbox"/> Applied Research Field					

GETTING NEW GRANT NUMBER

 TENNESSEE STATE UNIVERSITY		DETAILED SALARY BUDGET FORM				Fund No. _____ Organization No. _____		
Project Title: _____								
Obj Code	Employee's Name	Acad. Year	# Mos.	Period of Time From / To	% of Effort	Agency Salaries	University (Cost Sharing) Salaries	Cost Share Fund/Org Number
****					1/2			
A								
D								
M								
	Total - 61100^b					0.00	0.00	
****					1/2			
A								
C								
A								
D								
E								
M								
I								
C								
	Total - 61200^b					0.00	0.00	
****					1/2			
C								

BANNER ACCESS

Banner access MUST be completed by PI once a new grant number is received.

REQUEST FOR ACCESS TO BANNER FINANCE				
Complete this form and email as an attachment to your immediate supervisor. The supervisor should email the form as an attachment to cstewart@tnstate.edu. The subject heading for the email should be Banner Finance Access.				
User's First, Middle, and Last Name				
User's Name (email name)				
User T- Number				
Job Title/Position				
Department Name				
Primary Department Organization Number*				
Email Address				
Immediate Supervisor's Full Name				
Immediate Supervisor's Email Address				
FUND/ORGANIZATION ACCESS REQUESTED*				
Chart	Fund	Organization	Program	Type Access (Posting and Query or Query Only)
S				Posting and Query

BANNER ACCESS

For the first time Banner Access, PI MUST complete Banner Security Form.

 TENNESSEE STATE UNIVERSITY <i>Communications and Information Technologies(CIT)</i>	<u>Banner Security Request Form</u>
Step 1: Employee - Complete the top portion of this form and email it to your Supervisor/Manager or Department Head for Approval.	
T-Number: _____	Username: _____
Last Name: _____	Job Title: _____
First Name: _____	Phone: _____
Middle: _____	Date: _____ <i>(MM/DD/YYYY)</i>
Employee's Acknowledgement of Confidentiality: By completing this form, I agree to treat all information that I am granted as confidential and proprietary. I will not access, print, copy, or disclose information residing on any of TSU's Information Systems to anyone other than persons approved by my Supervisor, Manager and/or Director. I confirm that I have read and signed a separate Tennessee State University Employee Confidentiality Agreement to be placed on file for future reference.	
Step 2: Supervisor - Authorize Approval by completing this step, and emailing this form to the Security Officer for Assignment.	
Supervisor: _____ <i>(Name)</i>	Phone: _____
Department: _____	Date: _____ <i>(MM/DD/YYYY)</i>

SCIQUEST/PROCUREMENT

- Travel & Operation Requisitions procedure: *Purchase and Travel hand-outs* from Dr. Gawel.
- Any problem with submitting Requisition, work with Admin first.
- Check the balance and due date before submitting any requisitions.
- Follow up PO, invoices: PI/Admin, not Dean's office.

SUB-AWARD & SUB-CONTRACT

*****Incoming SUB-AWARD:**

(Incoming money)

RSP (Ms. Vaughn & Ms. Danner)

SUB-AWARD & SUB-CONTRACT

***Outgoing SUB-CONTRACT:

(Outgoing money)

-PI and Admin complete & gather the 3 following forms to submit to Ms. McCutcheon for Dr. Crook's & Dr. Mosley's signatures on Routing form.

+ *“Contract Routing & Approval form”*

+ *“Professional form”*

+ *“W9” (from Sub-contract institution)*

-Ms. McCutcheon will submit the whole package to Legal office who will send email receipt to *Contract Initiator & Contract Monitor*.

-Payment: thru Sci-quest (like regular Operation Requisition)

-Get paperwork for sub-contract done once a new grant# is issued.

-Get all invoices done by the due date.

SUB-AWARD & SUB-CONTRACT

Tennessee State University
CONTRACT ROUTING AND APPROVAL FORM
(All spaces must be completed.)

CONTRACTOR/COMPANY INFORMATION			
Contractor Name		Email	
Contact Person		Tel	
Address		Fax	
City, State, Zip			

REQUESTING DEPARTMENT			
Department Name		Telephone #	
Contract Agent		Tel	
Email		Fax	

CONTRACT DESCRIPTION/INFORMATION					
Purpose of Contract (brief description)					
Term of Contract	Start Date		End Date		
Contract Amount	\$	Account No.		Purchase Req. No.	
Contract Monitor		Tel		Email	
Type of Funding	<input type="checkbox"/> General Funds <input type="checkbox"/> Grant Funds/Federal <input type="checkbox"/> Grant Funds/State <input type="checkbox"/> Restricted Funds <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Title III <input type="checkbox"/> Other:				

SUB-AWARD & SUB-CONTRACT

**AGREEMENT
BETWEEN
TENNESSEE STATE UNIVERSITY
AND**

This Agreement is made this _____ day of _____, 20_18____, by and between Tennessee State University, acting for the benefit of the Tennessee State University Board of Trustees, located at 3500 John A. Merritt Boulevard, Nashville, Tennessee 37209-1561, hereinafter referred to as the "Institution," and **(Name of Contractor)**, having its principle office located at **(complete address)**, hereinafter referred to as the "Contractor."

WITNESSETH

In consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this Agreement according to the provisions set out herein:

- A. The Contractor agrees to perform the following services:
(Please provide detailed description, including type, scope, duration, form, quality, quantity, place, time, and purpose.)
- B. The Institution agrees to compensate the Contractor as follows:
 - 1. Rate of Compensation: (hourly, daily, 12 month payment of \$_____, etc.)
 - 2. Timetable for Payment: (monthly, quarterly, upon completion of work or performance and submission of invoice)

NO-COST EXTENSION FORM

- Funds used up in a time frame: highly expected.
- Special case only: If plan for extension, contact Dr. Catlin & submit the form to RSP at least 60 days before expiration date.
- If receive Extension approval, please work with Fiscal Office for Budget balance, especially for Payroll purpose.

**Tennessee State University
Division of Research and Sponsored Programs
No-Cost Extension Request Form**

This form must be submitted to RSP no later than 60 days before grant expires. Please attach award letter.

Date:

PI Name:

PI Email Address:

PI Phone Number:

Project Title:

TSU Account Number:

Agency:

Agency Award/Grant #:

Agency Contact Name:

Email:

Phone: