



SRMEC
Guidelines
for
Subaward Management

Erica Barnes Fields, MBA, LMSW

SRMEC Program Manager



Outline

- **Cost Reimbursable SubAwards: Invoices**
- **Requirements for Reimbursement**
 - Programmatic
 - Quarterly Report Due Dates
 - Funding Acknowledgements
 - Financial
 - Invoice requirements
- **Grant Contract Amendment Requests**

Cost Reimbursable SubAwards: Invoices

- The awardees are required to pay their vendors, subcontractors, and consultants.
- Universities submit invoices on a Quarterly basis.
- Non-Universities must submit invoices monthly.
 - Non-Universities must submit all supporting documentation along with their invoice each month. Totals from your supporting documentation should equal the amount requested on your invoice.

Requirements for Reimbursement

- **Programmatic**
- **Financial**



RESULTS
VERIFICATION
SYSTEM

Requirements
for
Reimbursement

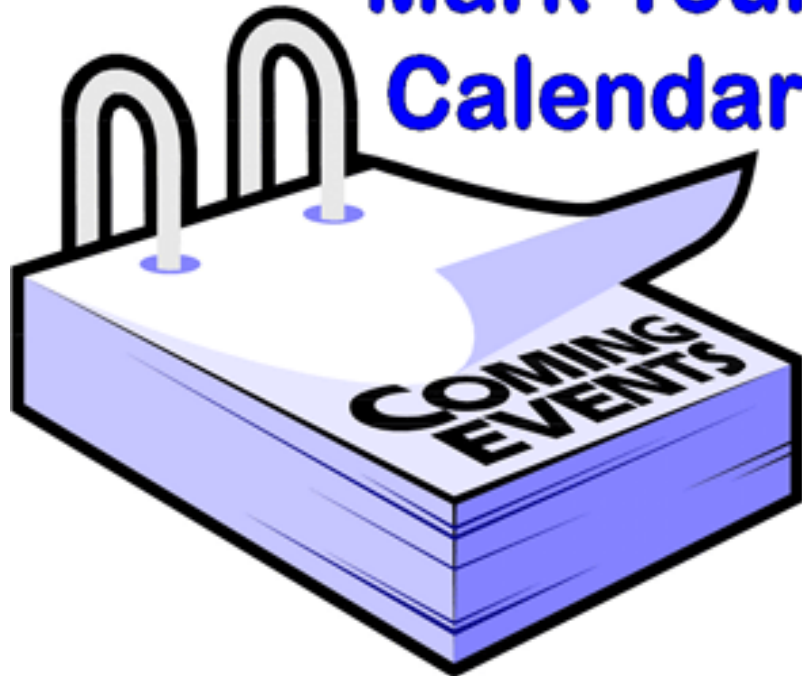
Step 1:
Programmatic

- **Programmatic Approval**
 - Quarterly reports in RVS must be current before SRMEC approves your invoice for reimbursement.



RESULTS
VERIFICATION
SYSTEM

Mark Your Calendar



Quarterly Reports Due Dates:

- July 1, 2022
- October 3, 2022
- January 3, 2023
- April 3, 2023
- July 3, 2023
- Final Report is due October 31, 2023
 - 10% of the project funds will be retained until the final report is approved.



Quarterly & Final Reports

- Upload documents as a PDF attachment
- Upload PPTs as a handout (also in PDF format)
- Verify that the web link is live before sharing the URL

Funding Acknowledgment and Logo Requirements

Statement for 2022-2023 Awards:

This material is based upon work supported by USDA/NIFA under Award Number 2021-70027-34722.



**SOUTHERN
EXTENSION
RISK
MANAGEMENT
EDUCATION**



National Institute of Food and Agriculture
U.S. DEPARTMENT OF AGRICULTURE

Requirements
for
Reimbursement

Step 2:
Financial

- **Financial Approval**
 - Invoices should be submitted to efields@uada.edu and cc: srmec@uada.edu

Invoices should be...

1. Consistent with your approved budget and narrative.
2. Submitted monthly for non-university organizations, and at least quarterly for universities.
3. Submitted with the appropriate supporting documentation to ensure that reimbursement is not be delayed.



Non-University Invoices

- The supporting documentation should include the following:
 - Salaries and wages documentation
 - Individual paid
 - Number of hours
 - Rate of pay



Non-University Invoices

- Copies of receipts and invoices from vendors.
- If not using meal and mileage per diems, please include receipts.
- Copies of travel expenses (air travel, hotel and car rental) are required.
- Travel expenses should be recorded on a detailed travel sheet.



If there are problems related to the financials...

- Your financial contact will be notified of any issues with an invoice as they relate to the financial side.
 - Duplicate invoice number
 - Miscalculated cumulative totals
 - Invoice exceeds budget in a specific category



If payment on an invoice is denied...

- A memo will be sent to the OSP/Financial officer and the P.I. will be copied.
- Memo will include:
 - Notification of denial
 - Reason for denial
- In order to resolve a denied invoice, you should contact Erica B. Fields.



Page 1: Invoice Example 1/3

Your organization's logo/letterhead							
TO:					Invoice Date:		
Erica Barnes Fields							
Southern Risk Management Education Center					INVOICE NUMBER		
2301 S. University Ave					(MUST BE UNIQUE)		
Little Rock, AR 72204							
REFERENCE:	Project Title and Project Director				Subaward NO:	GR0*****	
Billing Period:	04/01/2022-04/30/2022				(Must fall within your subcontract period)		

Page 1: Invoice Example 2/3

Description	Budget Amount	Current Amount	Cumulative Amount
(Expenses being claimed should be via line items as allocated in your approved budget. The cumulative amount billed should not exceed the budgeted amount in a category)			
Salaries & Wages			
Fringe Benefits			
Travel			
Services			
Materials & Supplies			
Equipment			
Facilities & Admin Costs			
Other Direct Cost (Itemized/Described Below)			

Page 1: Certification Statement 3/3



Certification Statement

I certify that all the expenditures reported are for appropriate purposes and in accordance with the agreement set forth in the application and award documents

Signature

Please contact _____ at 555-555-5555 or _____ @ _____ if you have any questions regarding this invoice.

Remit Payment to:

**Vendor Name and Complete
Mailing Address**

Non-University Invoices

Detailed Travel Sheet Example

Date	Traveler's Name	Purpose	From	To	Departure	Return
5/8/2022	Smith	Facilitate a Risk Management Workshop	Lexington, KY	Louisville, KY	8:00 AM	
5/10/2022	Smith	Return Home	Louisville, KY	Lexington, KY		3:25 PM

Non-University Invoices



Detailed Travel Sheet Example								
		*Receipts Attached						
Date	Meal Per Diem Rate	Actual Meals	Lodging	Other Expenses	Mileage			Total Per Day Expenses
					Miles Point to Point	Mileage Rate	Total Mileage Costs	
04/08/2022	\$ 71.00				78	\$ 0.42	\$ 32.76	\$ 103.76
04/10/2022	\$ 71.00		\$ 115.00		78	\$ 0.42	\$ 32.76	\$ 218.76
					TOTAL TRAVEL EXPENSES			\$ 322.52
Travel should equal total amount requested for travel expenses to be reimbursed								

Grant Contract Amendment Form

- **Change Project Director**
- **Reallocate Budget**
- **Revise Project Deliverables**

Grant Amendments



 DIVISION OF AGRICULTURE RESEARCH & EXTENSION <small>University of Arkansas System</small>		 SOUTHERN EXTENSION RISK MANAGEMENT EDUCATION	
Southern Risk Management Education Center 2301 South University Ave., Little Rock, AR 72204 501-671-2165 Fax: 501-671-2255 https://srmec.uada.edu/			
GRANT CONTRACT AMENDMENT FORM			
Principal Investigator:		Project Sub-award Number:	
Project Title:			
<input type="checkbox"/> PRINCIPAL INVESTIGATOR (PI) CHANGE: Attach proposed PI letter of commitment and curriculum vitae including all relevant contact information for PI and financial contact.			
Current PI:			
New PI:			
Justification for Change in PI:			
<input type="checkbox"/> BUDGET RE-ALLOCATION: Please provide an adequate budget narrative for adjusted budget items.			
	Original	New	Description and Justification for Proposed Action: <i>(If additional space is needed please add attachment.)</i>
Salaries and Wages			
Materials & Supplies			
Travel			
Equipment or Facility			
Rental/User Fees			
Participant Costs			
Additional Direct Costs			
Total Direct Costs			
F&A			
Total			
CERTIFICATION AND APPROVALS:			
_____		_____	_____
<i>(Print)</i>		<i>(Signature)</i>	<i>Date</i>
Principal Investigator or Grants Management			
_____		_____	
<i>Ronald Rainey, SRMEC Director</i>		<i>Date</i>	



Award Management: Tools for Project Directors

[https://srmec.uaex.edu/award_management/
tools_for_project_directors.aspx](https://srmec.uaex.edu/award_management/tools_for_project_directors.aspx)

Contact Information

Erica Barnes Fields
SRMEC Program Manager
2301 S. University Ave.
Little Rock, AR 72204
efields@uada.edu
501-671-2146



Thank you!

