



SRMEC SubAward Management Guidelines & Tools for Project Directors

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



Outline

- **Cost Reimbursable SubAwards: Invoicing**
- **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

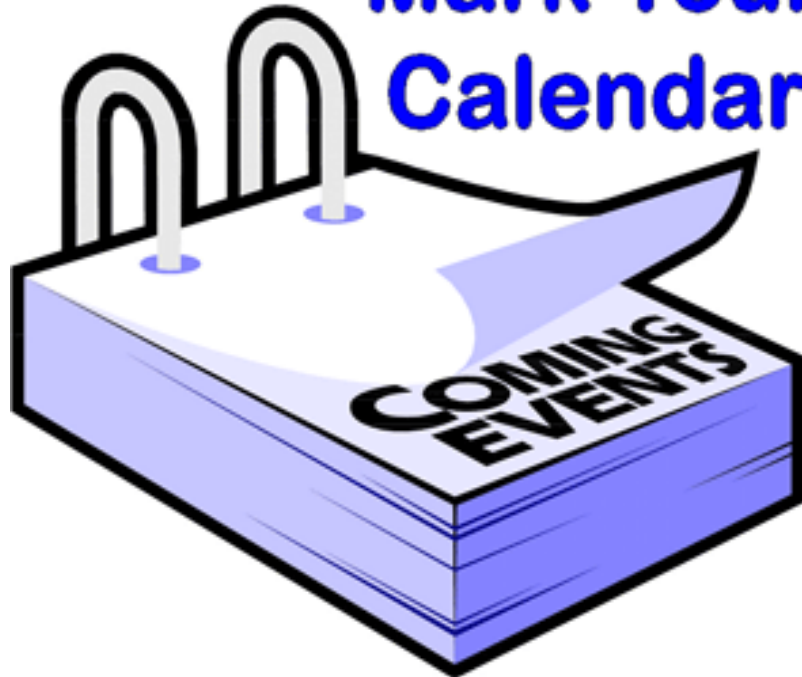
- **Programmatic Approval**
 - Quarterly reports in RVS must be current before SRMEC approves your invoice for reimbursement.





RESULTS
VERIFICATION
SYSTEM

Mark Your Calendar



Quarterly Reports Due Dates:

- July 1, 2023
- October 1, 2023
- January 1, 2024
- April 1, 2024
- July 1, 2024
- Final Report is due October 30, 2024
 - 10% of the project funds will be retained until the final report is approved.
- No Time Extensions





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 2022-2024 Awards:

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



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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: 04/01/2023-04/30/2023 | | | (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) | | | |
| | | | |



Non-University Invoices

Detailed Travel Sheet Example

| Date | Traveler's Name | Purpose | From | To | Departure | Return |
|-----------|-----------------|---------------------------------------|----------------|----------------|-----------|---------|
| 5/8/2023 | Smith | Facilitate a Risk Management Workshop | Lexington, KY | Louisville, KY | 8:00 AM | |
| 5/10/2023 | Smith | Return Home | Louisville, KY | Lexington, KY | | 3:25 PM |



Non-University Invoices

| Detailed Travel Sheet Example | | | | | | | | |
|---|--------------------|--------------------|-----------|----------------|----------------------|--------------|------------------------------|------------------------|
| | | *Receipts Attached | | | Mileage | | | |
| Date | Meal Per Diem Rate | Actual Meals | Lodging | Other Expenses | Miles Point to Point | Mileage Rate | Total Mileage Costs | Total Per Day Expenses |
| 04/08/2023 | \$ 71.00 | | | | 78 | \$ 0.42 | \$ 32.76 | \$ 103.76 |
| 04/10/2023 | \$ 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 | | | |
| _____ | | _____ | |
| Ronald Rainey, SRMEC Director | | Date | |



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)



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United States Department of Agriculture
National Institute of Food and Agriculture



Contact Information

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Thank you!

