



# SRMEC Award Management: Tools for Project Directors

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



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# Outline

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



## Cost Reimbursable Sub-Awards: 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**



Requirements  
for  
Reimbursement

Step 1:  
Programmatic



RESULTS  
VERIFICATION  
SYSTEM

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



# Quarterly Reports Due Dates:

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- July 1 , 2026
- October 1, 2026
- Jan 1, 2027
- April 1, 2027
- July 1, 2027
- Final Report is due October 30, 2027
  - 10% of the project funds will be retained until the final report is approved.

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 RESULTS  
VERIFICATION  
SYSTEM





## Quarterly & Final Reports

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- 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

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Statement for Awards:

This material is based upon work supported by USDA/NIFA under Award Number 2025-70027-45397.



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Requirements  
for  
Reimbursement

Step 2:  
Financial

- **Financial Approval**
  - Invoices should be submitted to [efields@uada.edu](mailto:efields@uada.edu) and cc: [srmec@uada.edu](mailto:srmec@uada.edu)



# Invoices should be...

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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 delayed.



# Non-University Invoices

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- 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...

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- 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...

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- 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					
<b>TO:</b> Erica Barnes Fields Southern Risk Management Education Center 2301 S. University Ave Little Rock, AR 72204			<b>Invoice Date:</b>  <b>INVOICE NUMBER</b> <b>(MUST BE UNIQUE)</b>		
<b>REFERENCE: Project Title and Project Director</b>			<b>Subaward NO: GR0****</b>		
<b>Billing Period: 04/01/2026-04/30/2026 (Must fall within your subcontract period)</b>					





# Page 1: Certification Statement 3/3

➔ By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursement and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812).

Signature _____	
Please contact _____ at 555-555-5555 or _____@_____ if you have any questions regarding this invoice.	
Remit Payment to:	<b>Vendor Name and Complete Mailing Address</b>



# Non-University Invoices

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## Detailed Travel Sheet Example

Date	Traveler's Name	Purpose	From	To	Departure	Return
4/8/2026	Smith	Facilitate a Risk Management Workshop	Lexington, KY	Louisville, KY	8:00 AM	
4/10/2026	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
04/08/2026	\$ 71.00				78	\$ 0.42	\$ 32.76	\$ 103.76
04/10/2026	\$ 71.00		\$ 115.00		78	\$ 0.42	\$ 32.76	\$ 218.76
							<b>TOTAL TRAVEL EXPENSES</b>	<b>\$ 322.52</b>
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 <a href="https://srmec.uada.edu/">https://srmec.uada.edu/</a>			
<b>GRANT CONTRACT AMENDMENT FORM</b>			
Principal Investigator:		Project Sub-award Number:	
Project Title:			
<input type="checkbox"/> <b>PRINCIPAL INVESTIGATOR (PI) CHANGE:</b> 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"/> <b>BUDGET RE-ALLOCATION:</b> 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			
<b>Total Direct Costs</b>			
<b>F&amp;A</b>			
<b>Total</b>			
<b>CERTIFICATION AND APPROVALS:</b>			
_____		_____	_____
<i>(Print)</i>		<i>(Signature)</i>	<i>Date</i>
<b>Principal Investigator or Grants Management</b>			
_____		_____	_____
<i>Ronald Rainey, SRMEC Director</i>		<i>Date</i>	



# Award Management: Tools for Project Directors

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[https://srmec.uada.edu/award\\_management/  
tools\\_for\\_project\\_directors.aspx](https://srmec.uada.edu/award_management/tools_for_project_directors.aspx)



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# Contact Information

**Erica Barnes Fields**  
**SRMEC Associate Center Director**  
**University of Arkansas- Division of Agriculture**  
**2301 S. University Ave.**  
**Little Rock, AR 72204**  
**[efields@uada.edu](mailto:efields@uada.edu)**  
**501-671-2146**



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**Thank you!**

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