

# **SOUTHERN UNIVERSITY AT NEW ORLEANS**



## **GRANTS, SPONSORED RESEARCH AND CONTRACTS HANDBOOK**

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### **FORMS**

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Proposed Employment Appointment  
Personnel Action Form  
Travel Request Form

## INTRODUCTION

This HANDBOOK represents a compendium of policies and procedures emanating from the broader Southern University System Grants and Contracts Manual and other governing policies. It has been prepared as a convenience for SUNO's staff, administrators and faculty regarding selected policies and procedures that most affect grant administration at SUNO. Specifically, this HANDBOOK is intended as an easy to use reference guide for SUNO personnel that will:

Provide an overview of the relevant policies and procedures that affect administration of sponsored programs at SUNO.

Acquaint SUNO personnel with the operations of the Office of Grants and Sponsored Programs.

Describe the processes for identifying funding opportunities, preparing and submitting proposals, and

Provide guidance in post-award administration, from receipt of award to closeout.

Supplementary or additional clarifying information may be obtained from the Southern University System Employment Guidelines Manual, the S.U. System Purchasing Manual and S.U. System Grants and Contracts Manual. The Southern University System manuals supersede information contained in this HANDBOOK. When in doubt about a policy pertaining to external funding, contact the Director of the Office of Grants and Sponsored Programs or the Grants Budget Manager/Post Award Administrator. You may also find the contents of this handbook on the University's web site at [www.sunno.edu/grants](http://www.sunno.edu/grants).

Dr. William Belisle, *Director, Grants, Sponsored Research and Contracts*  
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**GRANTS,  
SPONSORED RESEARCH  
and  
CONTRACTS**

## **GRANTS, SPONSORED RESEARCH AND CONTRACTS**

In general, the **Director of the Office of Grants and Sponsored Programs** is responsible for assisting faculty, staff and administrators with *pre-award* services; such as, preparing and submitting proposals, developing and conducting workshops and seminars and providing regulatory oversight. Some specific services are:

- 1) Providing information regarding grant opportunities;
- 2) Assisting in obtaining information and forms related to proposal preparation and submission;
- 3) Assisting in the development of budgets for grant and contract proposals;
- 4) Assisting with the internal proposal routing and approval process;
- 5) Providing the Principal Investigator / Project Director with the applicable regulations, policies and procedures pertaining to the administration of sponsored projects.

*Post-award* services are provided by the **Grants Budget Manager / Post Award Administrator**. Some specific functions performed include:

- 1) In conjunction with the Vice Chancellor for Finance and Administration, engages in fiscal and business negotiations with awarding agencies;
- 2) Facilitates the internal and external contract approval process;
- 3) Set up new awards within the university;
- 4) Provides contract administrative support, monitors contractual compliance;
- 5) Oversee the closeout process for all sponsored projects.

# APPLYING FOR EXTERNAL FUNDING

Locating Funding Opportunities

Submitting a Proposal

The Proposal Budget

Research Protection Policies (Reserved)

## **LOCATING FUNDING OPPORTUNITIES**

There are as many sources of information about funding opportunities as there are funding opportunities, literally thousands from the federal, state and local governments, from foundations and individual corporations. This Handbook will not attempt to list all the possible sources of funding opportunities. Following are some examples of funding opportunities with their electronic addresses:

<b><i>FEDERAL SOURCES:</i></b>	
Catalog of Federal Domestic Assistance	<a href="https://beta.sam.gov/">https://beta.sam.gov/</a> (Assistance Listings CFDA)
Federal Register	<a href="https://www.federalregister.gov/">https://www.federalregister.gov/</a>
Federal Business Opportunities (Contracts)	<a href="https://fbohome.sam.gov/">https://fbohome.sam.gov/</a>
Department of Education	<a href="http://www.ed.gov">http://www.ed.gov</a>
National Science Foundation	<a href="http://www.nsf.gov">http://www.nsf.gov</a>
National Institutes of Health	<a href="http://www.nih.gov">http://www.nih.gov</a>
National Endowment for the Humanities	<a href="http://www.neh.gov">http://www.neh.gov</a>
Department of Transportation	<a href="http://www.dot.gov">http://www.dot.gov</a>
Housing and Urban Development	<a href="http://www.hud.gov">http://www.hud.gov</a>
Dept. of Health & Human Services	<a href="http://www.hhs.gov">http://www.hhs.gov</a>
<b><i>STATE:</i></b>	
Louisiana Board of Regents	<a href="https://web.laregents.org">https://web.laregents.org</a>
<b><i>FOUNDATIONS:</i></b>	
Foundation Center	<a href="https://fconline.foundationcenter.org/">https://fconline.foundationcenter.org/</a>
GrantsNet	<a href="http://www.grantsnet.org">http://www.grantsnet.org</a> , <a href="https://www.sciencemag.org/careers/where-search-funding">https://www.sciencemag.org/careers/where-search-funding</a>
GrantSelect	<a href="http://www.grantselect.com">http://www.grantselect.com</a>
The Ford Foundation	<a href="http://www.fordfound.org">http://www.fordfound.org</a>
W. K. Kellogg Foundation	<a href="http://www.wkkf.org">http://www.wkkf.org</a>

## **SUBMITTING A PROPOSAL**

**NO PROPOSAL MAY BE SUBMITTED ON BEHALF OF THE UNIVERSITY WITHOUT PROPER NOTICE TO THE OFFICE OF GRANTS AND SPONSORED PROGRAMS AND THE CONSENT AND APPROVAL OF THE CHANCELLOR.**

### **PROPOSAL REVIEW/ROUTING FORM FOR SPONSORED PROJECTS :**

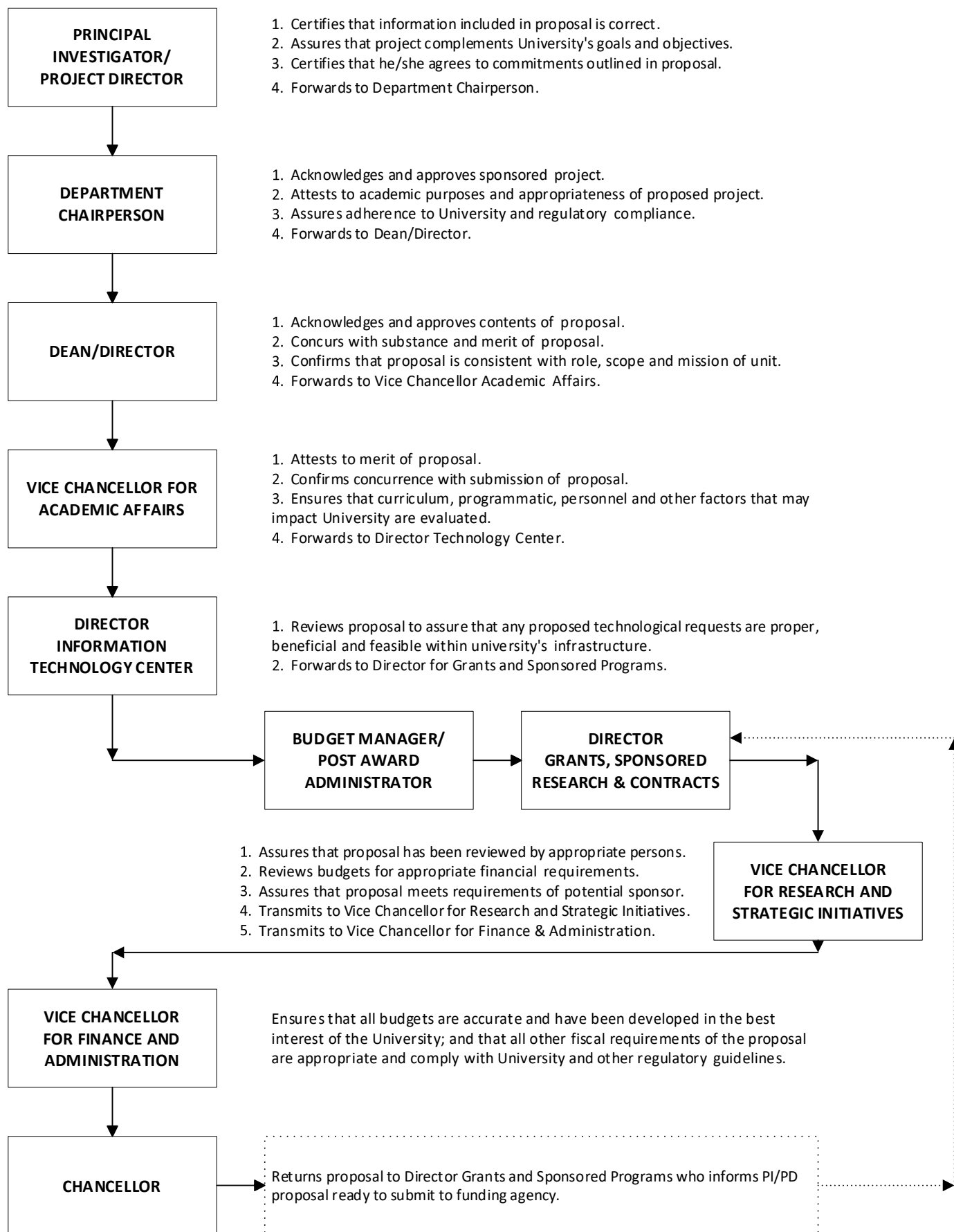
The Principle Investigator/Project Director (PI/PD) is responsible for processing the **PROPOSAL REVIEW/ROUTING FORM** through the proposal process. The **PROPOSAL REVIEW/ROUTING FORM** provides the necessary information to assist in the orderly internal routing of the proposal. It is an internal document and is not submitted to the prospective funding agency.

This form should be completed and routed for approvals according to the attached flow chart. It should be completed in accordance with the instructions and must contain the appropriate signatures and indicate any special requirements such as human and animal subjects, matching funds and space allocation. **To assure proper review, the Office of Grants and Sponsored Programs should receive the completed form along with the proposal at least ten (10) working days before the deadline date.**

The PI/PD is required to submit the full, final draft of the proposal and the required number of copies of the proposal and a transmittal letter summarizing our request to the prospective funding agency. There is no standard format for proposals. Once the proposal has been reviewed and approved by the appropriate SUNO officials, the Director of the Office of Grants and Sponsored Programs will notify the PI/PD that it is ready to be picked up. At that time, the PI/PD will be given one completed copy of the Proposal Routing Form.



## FLOW CHART FOR OBTAINING APPROVAL FOR SUBMISSION TO EXTERNAL SPONSORS



## THE PROPOSAL BUDGET

### *Your Budget is an Estimate!*

The budget that you present with your proposal is an estimate of your proposed project's costs. You should carefully plan your budget and be as specific as possible. The degree to which you have adequately planned your budget reduces the number of changes that may be required, and establishes a degree of credibility should a modification be required.

Generally, costs charged to a sponsored agreement must be **allowable, allocable and reasonable**. You should carefully review the Agency's RFP guidelines to determine if there are specific instructions regarding budget preparations. (e.g., restrictions regarding indirect cost, etc.)

Factors that should be considered when preparing your budget are:

If salaries are included in budget, we must also provide for fringe benefits at the applicable rate. **The current rate is 39.86%.**

Unless specifically prohibited by the funding agency, the budget must include funds for indirect costs incurred by the University. Indirect costs may be defined as those costs that cannot be specifically identified to the project. (e.g., utilities, telephones, etc.) **The current rate is 40% Modified Total Direct Cost.**

If we include matching funds or cost sharing in the budget, we must be able to certify and document the cost.

The budget is one of the most important components in preparing your proposal. You may contact the Grants Budget Manager / Post Award Administrator to receive additional assistance. Please see the sample budget format below.

**SOUTHERN UNIVERSITY AT NEW ORLEANS**

**BUDGET SUMMARY**

**PROJECT TITLE:**

**PI/PD:**

**PROJECT PERIOD:**

BUDGET ITEM		AMOUNT	IN-KIND
SALARIES		\$0	\$0
FRINGE BENEFITS ( <i>based on salaries</i> ) @	0.00	\$0	\$0
TRAVEL		\$0	\$0
OPERATING SERVICES		\$0	\$0
SUPPLIES		\$0	\$0
PROFESSIONAL SERVICES		\$0	\$0
OTHER CHARGES		\$0	\$0
CAPITAL OUTLAYS (EQUIPMENT)		\$0	\$0
STUDENT AID and SCHOLARSHIPS		\$0	\$0
SUBAGREEMENT COST		\$0	\$0
PARTICIPANT TRAINING		\$0	\$0
TOTAL DIRECT COST		<u>\$0</u>	<u>\$0</u>
INDIRECT COST ( <i>based on direct cost</i> ) @	0%	\$0	\$0
TOTAL BUDGET REQUEST		\$0	\$0

**BUDGET SUMMARY DETAIL**

1. **Personnel Services** - Proposed salaries of personnel who will be employed through the University to complete project.

Title of Position	Name	Brief Description Duties and Responsibilities	% Time	Amount Requested	In-Kind
			0%		
			0%		
			0%		
			0%		
			0%		
			0%		
Total				\$0	\$0

2. **Travel** - anticipated travel required to complete project:

Location	Purpose	# Persons	Food	Lodging	Trans.	Other	Total Requested	In-Kind
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
Total							\$0	\$0

**3. Operating Services** - Anticipated expenses for services such as advertising, printing, repairs, dues and subscriptions, postage, long distance telephone calls and computer software, licensing and upgrades.

Description	Amount Requested	In-Kind
Printing/ Reproduction		
Repairs		
Dues and subscriptions		
Postage		
Computer software, licensing and upgrades		
Other (advertising, insurance, rentals, maintenance, long distance telephone calls, etc.)		
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

**4. Supplies** - Estimated costs of articles and commodities which are consumed or materially altered when used or Non-consumable supplies such as small items of equipment costing less than \$5,000 and other items having a life expectancy of less than one year.

Description	Amount	In-Kind
Office Supplies (jump drives, computers, pens, copier paper, etc.)		
Operating Supplies (laboratory supplies, fuel, chemicals, etc.)		
Repair and Maintenance Supplies (electrical, plumbing, etc.)		
Meals for Meetings and Conferences (include rental of facilities)		
Other		
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

**5. Professional, Personal Consulting and Social Services** - anticipated expenditures required by project for acquiring services of external consultants (include consultant's travel expense):

Proposed Contractor	Description of Service	Amount	In-Kind
<b>Total</b>		<b>\$0</b>	<b>\$0</b>

**6. Other Charges**

Category	Amount	In-Kind
Required Fees ( licensing fees or special fees required by licensing authority)		
Registration Fees Local ( fees for enrollment in local classes)		
Other (describe)		
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

**7. Capital Outlays (Equipment)** - items of equipment required by project having a life expectancy over one year and estimated to cost in excess of \$4,999:

Description	Make/Model	Unit Cost	Qty	Extended Cost	In-Kind
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
<b>Total</b>				<b>\$0</b>	<b>\$0</b>

**8. Student Aid and Scholarships**

Description	Amount Requested	In-Kind
Scholarships		
Stipends		
Books and Supplies		
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

**9. Sub agreement Costs**

Description	Amount Requested	In-Kind

Description	Amount Requested	In-Kind
<b>Total</b>	\$0	\$0

#### **10. Participants Training**

Description	Amount Requested	In-Kind
Participants - Scholarships/Stipends		
Participants - Training		
Participants - Training - Travel		
<b>Total</b>	\$0	\$0

#### **NARRATIVE**

# AWARD NOTIFICATION AND ESTABLISHMENT OF SUNO ACCOUNTS



## **AWARD NOTIFICATION**

The awarding agency will furnish a written notification of award or acceptance of an offer to either the Chancellor, the Grants Budget Manager / Post Award Administrator, or PI. The award notification will set forth all terms and conditions of the grant or contract, which should include the following:

Agency project identification number

Award period

Award amount

Principal Investigator(s)

Terms of acceptance

Other applicable information

Authorized signatures

## **ESTABLISHMENT OF SUNO ACCOUNT**

To access the funds provided by the award/contract, we must establish an account within the SUNO Financial Records System (FRS). The Grants Budget Manager / Post Award Administrator will request an account number from the Office of the Comptroller. To facilitate the process, the following documents must be provided:

A copy of the fully executed contract with applicable terms and conditions

A copy of all reporting and billing forms

A copy of the final negotiated and approved budget, summarized by FRS object code classification

Upon obtaining the FRS account number(s) from the Office of the Comptroller, the Grants Budget Manager / Post Award Administrator will notify the Project Director/Principal Investigator of the account number assigned and that they may commence expending the awarded funds.

# GRANT CONTRACTS and BUDGET MODIFICATIONS

*Programmatic Changes*

*Budget Revisions*

## **PROGRAMMATIC CHANGES**

Programmatic changes represent departures from approved project plans. The following programmatic changes require prior approval of the granting agency:

Changes to project's scope or objectives;

Changes in key personnel;

Changes that transfer financial assistance or substantive programmatic work to a third party.

## **BUDGET CHANGES**

The following budget changes require prior approval of the granting agency:

Revisions requiring additional funding;

Unless waived by the awarding agency, cumulative transfer among direct cost categories or among separately budgeted programs exceeding 10% of current total approved budget;

Transfer of amounts previously budgeted for student support (e.g., tuition waivers, stipends, etc.)

Unless waived by the awarding agency, transfer of amounts budgeted for indirect costs to absorb increases in direct costs;

Unless waived by the awarding agency, creating new budget line items not approved in the grant agreement.

Transfer of funds from one object classification to another is allowable and permissible if required to accomplish overall program objectives and if all restrictions and/or guidelines of funding agencies and appropriate approvals received are followed. A Budget Modification and Revision Form must be executed to effect transfers. The form may be obtained from the Grants Budget Manager / Post Award Administrator or at its web site. The Grants Budget Manager / Post Award Administrator will also assist in its preparation. The Office of the Vice Chancellor for Administration and Finance (Office of the Comptroller) is responsible for processing all requests for budget revisions.

# EXPENDITURES and PROCUREMENT POLICIES

*Personnel*

*Travel*

*Purchasing*

*Professional, Personal,  
Consulting and Social Services  
Contracts*

*Extra Compensation Policy  
(Reserved)*

## **PERSONNEL**

Persons working on sponsored projects or programs are subject to the same personnel policies and procedures that are in effect for employees hired through state funding sources. It is the responsibility of the Principal Investigator (PI) or Project Director (PD) to monitor personnel expenditures within the limits of the budget for approved sponsored projects. To employ personnel pursuant to the approved award, the PI/PD must prepare the appropriate documents. **No one will be permitted to start work before final approval of the Personnel Action Forms by the System President.** unless the funding agency and the Chancellor have given written authorization. No one should be allowed to continue working beyond the termination date. Persons employed on or through grants or other sponsored programs, whether full-time or part-time, are temporary employees whose employment ends automatically once the grant expires.

### **Hiring of Personnel**

- I Before any announcements, interviews, etc., the department requesting that a vacancy be filled must complete a "Position Vacancy Authorization" form. This form identifies the department requesting the position, the position's title, a brief description of the position, the proposed salary and the budgetary account number assigned to the project.

The "Position Vacancy Authorization" form must be completed for all positions except students and graduate assistants. Requests to fill existing positions must only be processed through the Chancellor's level. Requests for new positions require the approval of the System President.

- II After appropriate approval of the "Position Vacancy Authorization" form, the requestor must prepare and submit to the Human Resources Department a "Position Vacancy Announcement" form (not required for interim or part time employees). This announcement

must be done at least sixty (60) days before the vacancy is to be filled. Announcements are sent to state universities and employment agencies, posted to SUNO's web site and listed on **HigherEdjobs.com**.

- III Interviewing and selection will be done according to Civil Service requirements and/or SUNO guidelines. Direction and assistance regarding the employment process may be received from the Human Resources Department.

The applicant should sign an "Authorization to Release" form and the department must complete the "Supervisor Criminal Background Check" form. After Human Resources Services has verified previous employment, the "Authorization to Release" and "Supervisor Criminal Background Check", they send these forms to campus security for further processing.

Once a candidate has been selected, the requestor must prepare a "Proposed Employment Clearance" form. The purpose of this form is to "clear" the individual for employment at SUNO. (Clearance includes verification by financial aid that the individual is not receiving work study payments.)

Human Resources may ask the prospective employee to provide the following documents:

Picture ID

Social Security Card

Birth Certificate

Resident Alien Card

Visa

Passport

U.S. Department of Justice Form I-9  
(Employment Eligibility Verification)

## **CHECKLIST FOR HIRING PERSONNEL**

Use these checklists to insure all necessary steps have been taken to fill positions.

### **NEW HIRE CHECKLIST**

The following items must be completed when hiring a new employee

- |   |                          |
|---|--------------------------|
| Position Vacancy Authorization<br>(Must have President's signature if it is a new position) | <input type="checkbox"/> |
| Position Vacancy Announcement<br>(Completed by Human Resources for Civil Service Positions) | <input type="checkbox"/> |
| Authorization to Release  | <input type="checkbox"/> |
| Supervisory Criminal/Background Check Form  | <input type="checkbox"/> |
| Proposed Clearance Form   | <input type="checkbox"/> |
| Proposed Employee Appointment (2 pages)   | <input type="checkbox"/> |
| Personnel Action Form   | <input type="checkbox"/> |

### **CONTINUATION/TEMPORARY/ACTING/PART-TIME CHECKLIST**

- |                                |                          |
|--------------------------------|--------------------------|
| Position Vacancy Authorization | <input type="checkbox"/> |
| Personnel Action Form          | <input type="checkbox"/> |

### **TRANSFERRING/PROMOTING A CURRENT EMPLOYEE (In a competitive position)**

- |                                |                          |
|--------------------------------|--------------------------|
| Position Vacancy Authorization | <input type="checkbox"/> |
| Position Vacancy Announcement  | <input type="checkbox"/> |
| Proposed Employee Appointment  | <input type="checkbox"/> |
| Check Out Form                 | <input type="checkbox"/> |
| Personnel Action Form          | <input type="checkbox"/> |

## **TRAVEL**

SUNO employees must arrange travel through the designated travel agents for the State of Louisiana. This includes air travel, airfare information, and automobile rental information, if applicable.

The Travel Request Form (electronic) should be completed and submitted to the appropriate unit head for approval who should assure that the correct Financial Records System (FRS) account number has been indicated. .

### **Travel Advances**

Conditions under which travel advances may be obtained are as follows:

Student organization personnel (must be an employee)

Employees traveling with students

Admissions personnel

\*International travel

Persons with incomes of \$15,000 or less

### **Reimbursements**

Complete Travel Expense Account Form; attach supporting receipts and/or other documentation.

Prepare Departmental Invoice for travel.

Obtain approval of Department Head and others as identified on the

Travel request and then to the Budget Manager/Post Award

Administration forwarding to the Office of the Vice Chancellor for

Administration and Finance and/or Vice Chancellor for

Research/Strategic Initiatives.

\*International Travel must be approved by the Commissioner of Administration prior to departure, unless specific authority for approval has been delegated to a Department Head. (Refer to the Louisiana Travel Guide for additional details).



## Procedures for the Processing of Travel Request and Expense Reports

### TRAVEL REQUEST

<b>Traveler</b>	<i>At least two weeks prior to start date of travel</i> , prepares travel request form and submits to immediate supervisor for approval.
<b>Immediate Supervisor</b>	Approves travel and submits documents to Department Head for approval.
<b>Department Head</b>	Approves travel and submits documents to Vice Chancellor (Area) for approval.
<b>Vice Chancellor (Area)</b>	Approves documents and submits to Budgetary Control: <u><b>State Funds</b></u> - Office of the Vice Chancellor for Administration and Finance <u><b>Federal Funds</b></u> - Office of the Vice Chancellor for Research and Strategic Initiatives (Budget Manager/Post Award Administrator)
<b>Budget Officer</b>	<i>If funds are available</i> , stamps funds available on Travel Request form and submits documents to the Accounts Payable Section of the Comptroller's Office. <i>If funds are not available</i> , document is returned to Office of the Vice Chancellor (Area).
<b>Accounts Payable</b>	Encumbers the travel amount and maintains the Travel Request form until the travel expense report is received. Attaches the Travel Request form to the travel expense report when received.

### DEPARTMENTAL INVOICE/TRAVEL EXPENSE REPORT

<b>Traveler</b>	Prepares Departmental Invoice/Travel Expense Report, attaches all support documents and submits to Immediate Supervisor for approval.
<b>Immediate Supervisor</b>	Reviews and approves Travel Expense Report and submits to Accounts Payable Section of the Comptroller's Office for processing.
<b>Accounts Payable Section</b>	Attaches Travel Expense Report to the Travel Request Form, audits Travel Expense Report and if correct, approves document for payment. <i>If there is no Travel Request form or if the support documents are not sufficient or missing</i> , the Travel Expense Report is returned to the Immediate Supervisor with a written explanation of why the document is being returned.

## **PURCHASING PROCEDURES**

An approved purchase requisition and purchase order must support all good and services purchased for Southern University at New Orleans. No goods or services will be received or ordered without these documents. Southern University Board of Supervisor's policy states:

“Any employee or group of employees of the Southern University System who incur obligations in the name of Southern University or any agency thereof without following the proper and established University procedures and policies shall be personally responsible for the obligations incurred . . .”

All goods coming to SUNO must be received and checked by the Stores/Property office.

It is the grant recipient's responsibility to comply with all provisions of applicable State, Federal, and Local laws and executive orders in the procurement of supplies, services and other charges as allowed under each individual agreement. The following procedures and regulations apply:

Purchases up to \$500 require no competitive bidding. The requestor should obtain one (1) written quotation from the vendor and attach it to the Purchase Requisition form.

Purchases more than \$500, but less than \$2,000 will be made by receiving written quotations from at least three (3) vendors.

Purchases more than \$2000, but less than \$10,000 will be made by soliciting written quotations from at least five (5) prospective bidders.

Purchases more than \$10,000, but less than \$25,000 will be made by sending out written invitations for bid to at least eight (8) qualified bidders.

Purchases more than \$25,000 must be made according to the State's competitive open bid process.

### **Requestor's Responsibility**

1. Identify need. Requestor should identify their needs and determine which goods or services will satisfy that need. Gather all appropriate information, including general

specifications, proper commodity class and estimated cost that will help simplify the procurement process. Determine if the goods/services are available on a competitively bid state contract. We are required to utilize these contracts unless we determine that they do not meet the minimum contract requirements or the items do not satisfactorily meet your needs. In such cases, a request to bypass the use must be submitted to the Director of Purchasing for a written exemption.

2. Prepare a purchase requisition completing organization, date, complete description, suggested vendors (include name, address, phone, fax, contact person) and price estimates.

*Additional information:*

Requisition for printed materials should include an example of the item.

If applicable, provide the State Contract number for the item

For requests that exceed one page, a continuation sheet should be used with the required information.

After signing and obtaining the approval of the department head, requisitions should be forwarded to the Vice Chancellor for Research and Strategic Initiatives (Title III Programs) and then to the Grants Budget Manager for approval and further processing.

## **PROFESSIONAL, PERSONAL, CONSULTING AND SOCIAL SERVICES CONTRACTS**

Often, projects require the services of external consultants. When engaging the services of an external contractor or independent consultant, the Principle Investigator/Project Director should adhere to the following:

PERSONAL SERVICES - work rendered by individuals that require the use of creative or artistic skills.

PROFESSIONAL SERVICES - work rendered by an independent contractor who has a professed knowledge of some department of learning or science used by its practical application to the affairs of others or in the practice of an art founded on it including, but not limited to lawyers, doctors, dentists, engineers, etc.

CONSULTING SERVICES - work, other than professional, personal or social service, rendered by either individuals, or firms who possess specialized knowledge, experience, and expertise to investigate assigned problems or projects and provide counsel, review, design, development, analysis, or advice.

SOCIAL SERVICE - work rendered by any person, firm corporation, organization, governmental body, or governmental entity in furtherance of the general welfare of the citizens of Louisiana.

### **PROCEDURE**

#### **THE PROFESSIONAL SERVICES CONTRACT MUST BE COMPLETED AND APPROVED BEFORE THE CONTRACTOR MAY PERFORM THE REQUESTED SERVICES.**

1. Professional Services contract forms and supporting documents may be obtained from the Comptroller's Office.
2. A Certification Letter is prepared for the President's signature for contracts less than \$20,000. Contracts more than \$20,000 must be sent to the State of Louisiana, Office of Contractual Review.
3. A Purchase Requisition must be prepared and submitted with the Professional Services

contract.

4. Professional Services contracts are to be issued to individuals only if they are an established business to provide the services required. “Persons listed as artisans, specialists and consultants, who are not licensed to practice or perform, and are not recognized in the respective profession, must be hired by way of a Personnel Action Form (PAF).”

# **COST SHARING and MATCHING**

## **COST SHARING AND MATCHING**

Often, a criterion for the awarding of funds from the various sources may include matching funds or cost sharing requirements. We may define cost sharing or matching as the portion of the total project budget not borne by the funding agency. There are generally two types of cost sharing:

**CASH CONTRIBUTIONS** - cash contributions represent the recipient's cash outlay, including the outlay of money contributed to the recipient by non-federal third parties.

**IN-KIND CONTRIBUTIONS** - in-kind contributions represent the value of non-cash contributions provided by the recipient and non-federal third parties. Only when authorized by Federal Legislation may property purchased with Federal funds be considered as the recipient's in-kind contribution. In-kind contributions may be in the form of charges for real property, and the value of goods and services directly benefiting and specifically identifiable to the project.

The PI/PD must document specific information relative to the source of funding and amounts for matching contributions. This information must be submitted to the Comptroller's Office on the **REPORT OF CERTIFICATION OF IN-KIND CONTRIBUTIONS/COST SHARING** form.

**SOUTHERN UNIVERSITY AT NEW ORLEANS**  
**REPORT OF CERTIFICATION OF IN-KIND CONTRIBUTIONS/COST SHARING**

**DIRECT LABOR and RELATED BENEFITS**

Name of Contributor \_\_\_\_\_

Position / Job Title \_\_\_\_\_ SSN \_\_\_\_\_

Dates / Period Services Provided \_\_\_\_\_ *From* \_\_\_\_\_ *To* \_\_\_\_\_

-----  
Total Hours \_\_\_\_\_ Rate \$ \_\_\_\_\_ (Rate must be consistent with those paid for similar work.)

Value of Services Performed  
(hours X rate) \$ \_\_\_\_\_

Related Benefits \$ \_\_\_\_\_ (Rate = \_\_\_\_\_ %)

**TOTAL CONTRIBUTION \$ \_\_\_\_\_**

-----  
Description of Services Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----  
**CERTIFICATION**

I hereby certify that on the date and times shown, I performed the described services, which are verifiable and documented. I further certify that the value of said services is based on the fair market value of comparable services in the current market.

In-Kind Contributor: \_\_\_\_\_ Date: \_\_\_\_\_

Project Director: \_\_\_\_\_ Date: \_\_\_\_\_



In-Kind Contributor: \_\_\_\_\_ Date: \_\_\_\_\_

Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

**SOUTHERN UNIVERSITY AT NEW ORLEANS**  
**REPORT OF CERTIFICATION OF IN-KIND CONTRIBUTIONS/COST SHARING**

**MATERIALS and OTHER COSTS**

<u>Date Contributed</u>	<u>Description (Office supplies, space, etc.)</u>	<u>Fair Market Value of Contribution</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL</b>		_____

For office supplies, etc., attach a copy of purchase document (invoice, receipt, etc.) showing items purchased. For donation from a third party, submit a statement of donation from provider.

**CERTIFICATION**

I hereby certify that the items listed above were used for the purpose of fulfilling obligations under the above Project.

Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

# CLOSEOUT PROCEDURES

## **CLOSEOUT**

Closeout of a sponsored agreement is the process by which the sponsoring agency determines that the University has completed all applicable administrative actions and required work of the agreement. The date of completion is the date on which all work under grants and other agreements is completed or the date on the award document, or any supplement or amendment thereto, on which sponsorship ends. Each grant will be closed out as promptly as is feasible after expiration.

The university is obligated to satisfy the established closeout procedures required by the sponsoring agency. To meet this requirement, the PI/PD must submit to the Office of Research and Strategic Initiatives via Grants Budget Officer/Post Award Administrator the following items by the date of completion:

- A final narrative, technical (performance) report on the project;

- Reprints of all technical publications;

- Applications of all inventions and copyrights; and

- Official copies of an inventory report, request for transfer, and final disposition of property from sponsoring agency.

To facilitate FISCAL CLOSEOUT, at least sixty (60) days before the end of the project, the Budget Manager / Post Award Administrator will send a memorandum to the PI/PD reminding them that the project is about to end and that they should make all requests for expenditures immediately. It is the responsibility of the Comptroller's Office to prepare and submit final financial reports.

# FORMS

*Proposal Routing Form*

*Personnel Forms*

*Position Vacancy Authorization Position*

*Vacancy Announcement Authority to Release  
Information Form*

*Supervisory Criminal Background Check*

*Proposed Employment Clearance Proposed*

*Employment Appointment Personnel Action Form*

*Travel Request Form*

*Departmental Invoice*

*Purchase Requisition*

**SOUTHERN UNIVERSITY AT NEW ORLEANS  
ROUTING FORM FOR PROPOSAL APPROVAL**

**PRINCIPAL INVESTIGATOR INFORMATION:**

P.I. Name _____ <i>(last name, first name)</i>	Co P.I. Name _____ <i>(last name, first name)</i>
P.I. SSN _____ <i>(last 4 digits of SSN)</i>	Co P.I. SSN _____ <i>(last 4 digits of SSN)</i>
P.I. Address/Phone _____	Co P.I. Address/Phone _____
P.I. Department _____	Co P.I. Department _____

**PROPOSAL INFORMATION:**

Funding Agency _____	Grant Type _____
Amount Requested _____	Project Period _____ to _____ <div style="text-align: center;"><i>Begin Date</i>                      <i>End Date</i></div>
Indirect Cost Amount _____	Indirect Rate _____ Base _____
Matching Funds Amount _____	Source Match _____
Project Title _____	

Project Summary *(Provide a brief description of proposed project. Attach extra page if necessary.)*

Does proposal involve use of humans or animals as research subjects? If so, has it been reviewed and approved by the appropriate research committee?      ☐ Yes      ☐ No      ☐ Not Applicable

Forward Form via Email along with Proposal for Review and Approvals:

Date:

Principal Investigator	_____	_____
Chair	_____	_____
Dean or Director	_____	_____
Director, Information Technology	_____	_____
V.C. Academic Affairs	_____	_____
V.C. Finance & Administration	_____	_____
Budget Manager / Post Award	_____	_____
Grants & Sponsored Programs	_____	_____
V.C. for Research & Strategic Initiatives	_____	_____

**SOUTHERN UNIVERSITY – NEW ORLEANS, LA 70126**

SUS ☐ SUBR ☐ SULAC ☐ SUAREC ☐ SUNO ☐ SUSLA ☐

\*\*\*\*\*

**POSITION VACANCY AUTHORIZATION**

\*\*\*\*\*

REQUEST THAT THE POSITION \_\_\_\_\_ AS DESCRIBED BELOW  
BE AUTHORIZED AS A VACANCY FOR \_\_\_\_\_

(Department or Other Unit)

<input type="checkbox"/> Replacement	<input type="checkbox"/> New Position*	<input type="checkbox"/> Unclassified
<input type="checkbox"/> Civil Service	<input type="checkbox"/> Temporary	<input type="checkbox"/> Faculty
<input type="checkbox"/> Tenured	<input type="checkbox"/> Probationary (For Faculty this is same as tenure track)	

**Source of Funds**  
State  
Grant -in-Aid  
System Revenue  
Agency Fund State

\*requires the approval of System President

**VACANCY DESCRIPTION AND JUSTIFICATION**

(Include rank (for faculty) and approximate salary; initiator of form must have prior approval of salary/salary range with the appropriate Vice-Chancellor, Chancellor and/or President. Salaries for classified positions must be approved thru Human Resources).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary/Range: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Department Head Date

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Dean/Director/Supervisor of Budget Unit Date

<b>COMPTROLLER'S OFFICE ONLY</b>	
Funds Available	
_____ Yes	_____ No
Signature	Date
Budget Number	

<b>HUMAN RESOURCES OFFICE ONLY</b>			
Existing/Approved Position			
_____ Yes	_____ No		
Job Code:	Cal Id:	Job Class:	
Verified By:			Date:

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Vice Chancellor Date

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Chancellor/Vice President Date

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
President Date

An Equal Opportunity Employer

# Vacancy Announcement System (VAS)

## Position Vacancy Announcement Request

Date: \_\_\_\_\_ Department: \_\_\_\_\_

☐ SUS ☐ SUBR ☐ SULC ☐ SUAREC ☐ SUNO ☐ SUSLA

Application Deadline: \_\_\_\_\_ Date position to be filled: \_\_\_\_\_

Position Title: \_\_\_\_\_

Salary (annual): \_\_\_\_\_ or Salary Range: \_\_\_\_\_ to \_\_\_\_\_

**Please check all categories that apply to this position:**

Status	Faculty Position	Unclassified Position	Classified Position
<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Administrative	<input type="checkbox"/> Probationary
____ % of time	<input type="checkbox"/> Tenure	<input type="checkbox"/> Temporary	<input type="checkbox"/> Job Appointment
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Tenure Track (Probationary)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Provisional Appointment
	<input type="checkbox"/> Grant	<input type="checkbox"/> Grant	
	<input type="checkbox"/> Contract	<input type="checkbox"/> Contract	

Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact e-mail address is for: ☐ Human Resources utilization only ☐ Posting to VAS website

**Brief job description** [Maximum 5 lines @ 500 characters (including spaces) per line]:

**Minimal qualifications** [Maximum 4 lines @ 450 characters (including spaces) per line]:

**Remarks** [Maximum 3 lines @ 300 characters (including spaces) per line]:

Apply To:

**Note: Approved Position Vacancy Authorization form(s) must be received in the Office of Human Resources before vacant positions will be announced.**

**AN EQUAL OPPORTUNITY EMPLOYER**

**Please Post!**

**Please Post!**

**Please Post!**

rev 3/11/2005



## ***Southern University at New Orleans***

HUMAN RESOURCES DEPARTMENT  
6400 PRESS DRIVE  
NEW ORLEANS, LOUISIANA

(504) 286-5271  
(504) 284-5482  
[www.suno.edu](http://www.suno.edu)

# **AUTHORITY TO RELEASE INFORMATION**

## **PLEASE READ THE FOLLOWING STATEMENT CAREFULLY**

I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, personnel technicians, and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment with the Southern University System.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Department \_\_\_\_\_



## SUPERVISORY CRIMINAL/BACKGROUND CHECK FORM

NAME: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

SSN: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

CURRENT HOME ADDRESS \_\_\_\_\_  
(physical address, no post office box #): \_\_\_\_\_

LAST ADDRESS (if less than 2 years at current address): \_\_\_\_\_

### FORMER EMPLOYER (Supervisor must verify references):

Company Name: \_\_\_\_\_ Contact Name/No: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Would You Rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe Job Performance: \_\_\_\_\_

No Information Provided: \_\_\_\_\_

### FORMER EMPLOYER:

Company Name: \_\_\_\_\_ Contact Name/No: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Would You Rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe Job Performance: \_\_\_\_\_

No Information Provided: \_\_\_\_\_

### COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE (Type/sign)

\_\_\_\_\_  
DATE

## PROPOSED EMPLOYMENT CLEARANCE

SUS\_\_\_\_\_

SUBR\_\_\_\_\_

SULAC\_\_\_\_\_

SUNO\_\_\_\_\_

SUSBO\_\_\_\_\_

Name:\_\_\_\_\_SS#\_\_\_\_\_

Dept.\_\_\_\_\_Budget Code:\_\_\_\_\_

Location of Position In Budget:\_\_\_\_\_

Page #

Item

Effective Date:\_\_\_\_\_Position Title:\_\_\_\_\_

Salary:\_\_\_\_\_Position Advertised:\_\_\_\_\_Yes\_\_\_\_\_No

If No, Why:\_\_\_\_\_

\_\_\_\_\_  
Signed Department Head

\_\_\_\_\_  
Date

If student (Undergraduate, Graduate). Eligibility cleared by Financial Aid Office.

\_\_\_\_\_  
Financial Aid Representative

\_\_\_\_\_  
Date

If Graduate Student, cleared by Graduate School.

\_\_\_\_\_  
Graduate School Dean

\_\_\_\_\_  
Date

Personnel Services:

Visa/Citizenship Status: \_\_\_\_\_ Verified By: \_\_\_\_\_

Clearance Granted: \_\_\_\_\_, If No, State Why: \_\_\_\_\_

\_\_\_\_\_  
Personnel Director

\_\_\_\_\_  
Date

AN EQUAL OPPORTUNITY EMPLOYER

JOB CLASS				
JOB CODE				
CAL ID				

SOUTHERN UNIVERSITY SYSTEM

Personnel Action Form

POSITION NUMBER						
-----------------	--	--	--	--	--	--

CAMPUS: SUS SUBR SULAC SUAREC SUNO SUSLA

EMPLOYMENT CATEGORY: 9-MONTH 12-MONTH OTHER (Specify)

Academic	Non-Academic	Civil Service
Temporary	Part-time (% of Full Time)	Restricted
Tenured	Undergraduate Student	Job Appointment
Tenured Track	Graduate Assistant	Probationary
Other (Specify)	Retiree Return To Work	Permanent Status

Previous Employee Reason Left  
Date Left Salary Paid

Profile of Person Recommended

Length of Employment To  
Effective Date

Name SS# Sex Female Race\* Black  
(Last 4 digits only)

Position Title: Department:

Check One Existing Position \*Visa Type (See Reverse Side):  
New Position Expiration Date:  
(Position vacancy authorization form must be processed and approved to fill existing and new positions. Position must be advertised before processing PAF, if applicable.)

Years Experience Southern University Experience  
Degree(s): Type/Discipline (BA-Education): Institution/Location (SU-Baton Rouge): Year:

Current Employer

Personnel Action

Check One New Appointment Continuation Sabbatical Leave of Absence  
Transfer Replacement Other (Specify)

Recommended Salary Salary Budgeted

Source of Funds

Identify Budget: Form Code: Location Page Item #

Change of: From To  
Position  
Status  
Salary Adjustment

Financial Aid signature (if, applicable):

List total funds currently paid this employee by Southern University:  
\*See Reverse Side

Source of Funds	Amount

Comments: (Use back of form)

\*See Reverse Side Graduate School signature (if, applicable):

Supervisor	Date	Dean/Unit Head	Date
Vice Chancellor	Date	Chancellor	Date
Director/Personnel	Date	Vice President/Finance	Date
		Business Affairs/Comptroller	
President	Date	Chairman/S.U. Board of Supervisors	Date

**This information is requested solely for the purpose of determining compliance with Federal Civil Rights Laws and does not affect employment consideration.**

**ETHNIC ORGIN (Please check one):**

\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Non-Hispanic or Non-Latino

**RACE (Please check all that apply):**

\_\_\_\_\_ White, not of Hispanic origin. A person having origins in any of the original people of Europe, North Africa, or the Middle East.

\_\_\_\_\_ Black. not of Hispanic Origin. A person having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origins, regardless of race.

\_\_\_\_\_ Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

\_\_\_\_\_ American Indian or Alaskan Native. A person having origins in any of the original peoples of North American, and who maintains cultural identification through tribal affiliation or community recognition.

**COMMENTS:**

**EMPLOYEE REGULAR WORK SCHEDULE:**

**EMPLOYEE DIRECT SUPERVISOR:**

**NUMBER OF EMPLOYEES SUPERVISED, (if any)**

**HR USE ONLY:**      STATUS (circle one):                      EXEMPT                      NON-EXEMPT

**GUIDELINES:** All employees, students, graduate assistants being employed through the use of this form are to report to and be cleared by the Human Resources before any employment is offered and before starting to work. All students are to bring with them clearance from the Financial Aid office, Statement of Account (fee receipt), and a class schedule. All prospective employees/students must bring a pictured ID, social security card, birth certificate, certificate of naturalization, resident alien card, H1-B and J-1 visas, passport, and F-1/I-94. The latter six (6) documents do not apply to U.S. Citizens.

**Documentation must be provided for review and approval by Human Resources before employment is offered.**

**CLASS OF EMPLOYMENT (VISA STATUS):**

<u>TYPE</u>	<u>CODE</u>	<u>EXPIRES</u>
United States Citizen/Certificate of Naturalization	US	
Resident Alien	RA	
H-1 Visa (Distinguished Merit & Ability)	H1	
J-1 Visa (Exchange Visitor Program)	J1	
F-1 Visa (Student Emp. FT Student at S.U.)	F1	
OPT (F-1 Visa-INS Prior Approval-“Practical Work Experience”)	F0	

**Do Not Write Below This Area**  
**For Human Resource and Budgetary Control Use Only!**

**PAF APPROVAL PROCESS CHECKLIST** (Must have the information outlined below):

- \_\_\_\_\_ Approved Position Vacancy Authorization Form (applicable for new and replacement positions)
- \_\_\_\_\_ Position Vacancy Announcement (position advertised before processing PAF, if applicable)
- \_\_\_\_\_ Pre-Employment Application Form (Civil Service Application for classified employees)
- \_\_\_\_\_ Supervisory Criminal/Background Check Forms and Authority to Release (signed by employee)
- \_\_\_\_\_ Exemptions Survey Form
- \_\_\_\_\_ Proposed Employee Appointment
- \_\_\_\_\_ Proposed Employee Clearance
- \_\_\_\_\_ Restricted/ Job Appointment/CS Rule 6.5g Letter of Justification (for classified, if applicable)

**CAMPUS POLICE USE ONLY**

**CRIMINAL BACKGROUND CHECK**

**COMMENTS :**

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SIGNATURE

DATE

**HUMAN RESOURCES/PERSONNEL USE ONLY**

**OPEN SYSTEM CHECKED**

**BARRED:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**SF10 ITEMS 11 AND 12 CHECKED:** \_\_\_\_\_ Yes \_\_\_\_\_ No

SIGNATURE

DATE