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Proposal Development

Welcome to Proposal Development. The Institute for Research and Collaboration is here to support faculty and University personnel in the pursuit and administration of externally funded grants and contracts, in compliance with the requirements established by Federal and State laws, sponsor rules and regulations and University policies and procedures.

Where can JSU faculty and staff get help with Proposal Development?

The Coordinator of Proposal Development assists faculty and staff in locating funding opportunities, developing proposals and obtaining approval within the university.

The Restricted Funds Accountant provides budget and accounting support for all awarded grants and contracts.

The Project Manager is available to assist PI's in the development and administration of program requirements.

We are here to help you in the preparation of proposals by assisting you in the pre-award, award, and post-award activities. We provide advice and assistance with identifying potential sources of funding, development of projects, budget preparation, completing applications, proposal editing and review, as well as other aspects of the proposal development process. A Checklist to assist you in the process is included in this guidebook. We serve as the facilitator to aid the principal investigator from project inception to closing of a funded grant or contract.

- All Grant/Contract/Agreement proposals for service(s) by Jacksonville State University are to be processed and approved as noted in the referenced policies.
- A copy of each approved Grant/Contract/Agreement must be filed with the Office of Planning and Research, External Compliance, and the Restricted Funds Office.
- All costs, including applicable fringe benefits, must be deducted from funds received through the Grant/Contract agreement.

Information on funding opportunities is made available through the following sources:

- Grants.gov
- Catalog of Federal Domestic Assistance
- Federal Register
- Commerce Business Daily
- National Science Foundation Bulletin
- National Endowment for the Arts Guidebook
- National Endowment for the Humanities Guidebook
- NIH Guide for Grants and Contracts
- OIRA Website
- Grant Sourcebook for Higher Education
- Federal Grants Management Handbook

These materials are available online and/or in the JSU Library. The Internet and library has an array of resources available to help you begin the proposal development process.
Developing the Proposal

**Step 1. Identify the Need or Problem.**

*NOTE:* For all proposals, a Notification of Grant Proposal Development form should be completed and submitted to the Coordinator of Proposal Development (CPD) for pre-approval. The Primary Investigator (PI)/Project Director (PD) should submit the form. Once submitted, the CPD will contact the PI/PD with pre-approval information so the formal grant can begin and/or continue to be developed.

**Step 2. Scope of Work:**

- Define the activity in terms of the skills, framework in which it will be developed, scope of work, and length of time for implementation.
- Study the literature on your subject to broaden your knowledge.
- State the objective(s) of your proposed activity and its ultimate purpose.
- Specify the plan of operation.
- Define the population and sampling pertaining to your activity;
- Write a plan for evaluating the activity.

The formal proposal should respond to the grant application and may include the following components*:

<table>
<thead>
<tr>
<th>Title and Signature Page</th>
<th>Plan of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>Evaluation Plan</td>
</tr>
<tr>
<td>Introduction</td>
<td>Budget</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>Resume(s)</td>
</tr>
<tr>
<td>Statement of Problem</td>
<td>Bibliography</td>
</tr>
<tr>
<td>Objectives</td>
<td>Other pertinent information</td>
</tr>
</tbody>
</table>

* This list is simply a suggestion - Be sure to follow the required guidelines of the grant application as they vary by grantor.

**Step 3.** Develop a budget listing all anticipated costs. Be sure to calculate Indirect Costs as part of the total amount of funds requested. For assistance with Indirect Costs, contact Robin Yarbrough, Restricted Funds Accountant at (256) 782-5401 or rthompson@jsu.edu.

Refer to BA Form 42 and BA Form 42B for JSU Budget requirements. The requirements of the grantor budget form(s) can be found within the application information for the applicable grantor.
Financial Points to Consider in Proposal:

- Award Amount
- Period of Performance
- Cash and/or In-Kind Matching including sources of funds and budget number. Should there be a match requirement, prior approval by the appropriate department/division VP is highly recommended before a proposal is fully developed.
- Method of payment from sponsor
- Program Revenue Generated
- Project Budget by Expense Category

- Fringe Benefits Rates*:

<table>
<thead>
<tr>
<th></th>
<th>2013-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>F.I.C.A. (FIO/Old Age and FIM/Medicare)</td>
<td>7.65%</td>
</tr>
<tr>
<td>Matching Teaching Retirement System</td>
<td>10.00%</td>
</tr>
<tr>
<td>T.I.A.A.</td>
<td>1.00-5.00%</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>.06%</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$714.00 / month</td>
</tr>
<tr>
<td>Life Insurance and Disability</td>
<td>.0042%</td>
</tr>
</tbody>
</table>

*Based upon a $40,000, 12-month annual salary and subject to annual revision.

All fringe benefit figures are approximate and will change based on individual personnel. Please contact Judy Harrison, Assistant Director of Human Resources, at (256) 782-8569 or harrison@jsu.edu for individual fringe benefit rate information.

- Indirect Cost Rates:
  - JSU has a federally negotiated Indirect Rate with the U.S. Department of Health & Human Services of 44% of JSU personnel salary/wages only.
  - Department of Education grant projects typically allow 8.00% of the Total Direct Cost of the program to be charged as Indirect.
  - A statement that JSU reserves the right to adjust spending on the contract as required for changes in fringe benefit rates.

For assistance with Indirect Cost rates, contact Robin Yarbrough, Restricted Funds Accountant, at (256) 782-5401 or rthompson@jsu.edu.

The Principal Investigator will process the proposed grant/contract agreement between Jacksonville State University and the agency using the JSU Approval Form for Sponsored Projects (BA Form 42).
Jacksonville State University Institutional Information

**Organizational Type:** Institution of Higher Education (Coeducational College)

**Congressional District:** AL-003

**State Legislative Districts:** House / District 40  Senate / District 12

**County:** Calhoun

**Funder Requested Codes:**

<table>
<thead>
<tr>
<th>Data Universal Number System (DUNS #):</th>
<th>079107165</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cage Code # (Federal Agreements):</td>
<td>1CA33</td>
</tr>
<tr>
<td><strong>OPE#:</strong></td>
<td>001020</td>
</tr>
<tr>
<td>Employer ID # / Federal ID # / Tax ID #:</td>
<td>636001099</td>
</tr>
<tr>
<td><strong>JSU Entity Description:</strong> Code of AL, Section 16-52</td>
<td></td>
</tr>
<tr>
<td><strong>Department of Education Federal Entity ID#:</strong></td>
<td>00102000</td>
</tr>
<tr>
<td>E-Verify ID #:</td>
<td>482869</td>
</tr>
<tr>
<td><strong>NSF Institutional/Organization Code:</strong></td>
<td>0010207000</td>
</tr>
<tr>
<td><strong>SSPOC:</strong> Alabama does not participate in the intergovernmental review process. Therefore, Alabama does not have a SPOC. Send application directly to Federal agency.</td>
<td></td>
</tr>
</tbody>
</table>

**Federal Lobbying Registrant:**
Federal Solutions, LLC
Dr. Marty Fuller
828 West Briar Lake Drive
Starkville, MS 39759

**Authorized Signatory for Jacksonville State University:**
Mrs. Allyson G. Barker, Acting Vice President for Administrative & Business Affairs
Jacksonville State University
226 Bibb Graves Hall
700 Pelham Road North
Jacksonville, AL 36265
(256) 782-5820
abarker@jsu.edu

For additional Proposal Development information, please contact:
Allison L. Newton, Coordinator of Proposal Development
203 Bibb Graves ~ Phone: (256) 782-5108 ~ E-mail: anewton@jsu.edu
Is my proposal missing anything?

Additional considerations that may be relevant to your proposal include the following:

**Protection of Human and Animal Subjects:** Jacksonville State University will not submit a proposal in which human or animal subjects are involved unless it has been reviewed carefully to guarantee compliance with established policy. JSU’s Human and Animal Subject Review Boards will provide information regarding protection of human subjects. The Associate Vice President for Academic Affairs will submit the proposal to the [Institutional Review Board](#), if prior approval has not been received. For additional information regarding IRB policy and procedure contact Dr. Joe Delap, AVP for Academic Affairs, at (256) 782-8186 or [jdelap@jsu.edu](mailto:jdelap@jsu.edu).

**Civil Rights:** Jacksonville State University is an equal opportunity institution and therefore complies with the intent and letter of the law regarding employment, admissions, etc. The Associate Vice President for Student Affairs is the designated Equal Opportunity Employment/Affirmative Action Officer who ensures full compliance with all regulations pertaining to Civil Rights. For additional information contact Dr. Tim King, AVP for Student Affairs at (256) 782-5020 or [tbking@jsu.edu](mailto:tbking@jsu.edu).

**Patent and Copyright Policies:** Jacksonville State University has developed a policy pertaining to patents and copyrights. This policy, [Intellectual Property and Fair Use Policy](#), may be found in the [Policy and Procedures Manual – II. Academic Affairs / II:05-03](#).

**Cost Sharing:** Certain granting agencies require the University to share in costs for the project. It is the University’s policy to review proposals for projects that require cost sharing with the view that the direct benefit will outweigh the anticipated cash cost. Prior approval for cost sharing by the appropriate department/division VP is highly recommended before a proposal is fully developed.

**Indirect Costs:** Indirect costs are those that have been incurred for purposes common to a number of activities of the University but which cannot be identified and charged directly to the project. Examples include such items as heating, lighting, air-conditioning, accounting, library services, janitorial services, etc. These are real costs for this University and it is important that these costs be recovered by proposed activities for research, training and service projects. The indirect cost rates are negotiated each year and may vary depending on the agency, the scope of the project and location of the project. For additional information regarding Indirect Costs, contact Robin Yarbrough, Restricted Funds Accountant, at (256) 782-5401 or [rthompson@jsu.edu](mailto:rthompson@jsu.edu).
Review, Internal Approval and Submission of the Proposal

After the initial approval of the proposal concept and tentative budget by the Coordinator of Proposal Development – the proposal can then be fully developed into a formal proposal. The formal proposal should be approved by the department head, appropriate dean and vice president and submitted to the Office of Planning and Research. The JSU Sponsored Project approval form (BA Form 42) will be included as the cover page to the formal proposal submitted for review and signatures. The formal proposal should respond to the grant application and may include the following components*:

- Title and Signature Page
- Abstract
- Table of Contents
- Introduction
- Statement of Problem
- Objectives
- Plan of Operation
- Evaluation Plan
- Budget
- Resume(s)
- Bibliography
- Other pertinent information

* This list is simply a suggestion - Be sure to follow the required guidelines of the grant application as they vary by grantor. All new proposals require pre-approval from the Coordinator of Proposal Development (CPD). The primary investigator/project director should submit a Notification of Grant Proposal Development to the CPD. Once approved, the proposal can then be fully developed.

Step 1:
Principal Investigator: The Principal Investigator (PI) assumes the responsibility required by the Grantor and University Policy and Procedures and agrees to comply.

Step 2:
Department Head: Your Department Head is the person in the best position to judge the merits of the proposal in terms of departmental objectives and support. Department Head review is necessary to ensure adequate support in human resources, space and equipment for the project. The Department Head assumes co-responsibility with the Principal Investigator for budget and reporting.
Step 3:
Dean: After review and approval by the Department Head, the PI/project director should send the proposal to the appropriate Dean or immediate supervisor for review and signature. This procedure is necessary because many projects require the commitment of college resources (personnel, equipment, facilities and match funds) by the granting agency.

Step 4:
Coordinator of Proposal Development: Coordinates submission of grants. Upon receipt, the CPD will review, sign and send the proposal to the appropriate Vice President or President.

Step 5:
Appropriate Vice President or President: Approval indicates commitment of divisional resources and match funds and advances the mission, goals and objectives of the university.

Step 6:
Restricted Funds Accountant: The proposal complies with University Policy and recommends approval by the University's authorizing official.

Step 7:
President: The President has the responsibility for giving final clearance for submission of proposals to funding agencies. The President or the Vice President for Administrative and Business Affairs is the "authorized official" to sign all grant proposals for the University. In his absence he will designate a substitute "authorized official." It is important to realize that before a proposal is signed all aspects of the proposal must be reviewed by the various agencies on campus and there must be concurrence that it is ready for approval.

May I negotiate directly with the awarding agency?

Funding agencies generally will contact the project director to clarify, alter or determine conditions prior to awarding a grant. For minor administrative or budget changes (unless restricted by grantor), the project director should consult with the department head. When major alterations or changes become necessary, written revisions may be needed and will normally require signatures of the project director, department head, dean and vice president.
Administration of the Grant

- The Principal Investigator and the applicable department head will be responsible for administration of the grant. The grant award documents should be sent to the Restricted Funds Office for initiation of a new budget account, who will make a file copy and forward the documents to the Office of Internal/External Compliance to ensure that its provisions conform with the proposal and with University policies and regulations. The Principal Investigator is responsible for processing all fiscal matters connected with the project.

Any budget changes must be in compliance with Grantor and University regulations. Documentation of agency approval is necessary for most budgetary changes. All budget changes must be submitted on a BA Form 4 and sent to the Office of Internal Audit/External Compliance for approval and Restricted Funds Office for completion.

- The Restricted Funds Office will assign a budget number for the grant/contract agreement and establish the budget. If matching funds are required, a budget number in fund 1 will be assigned. No fund 2 will be created until match requirements are met. The Principal Investigator should ensure the budget in the matching fund 1 account is set up and expenditures meet the required match. A Salary Distribution Form (BA Form 100) must be completed for required matching personnel expenditures.

- Following performance of the work by Jacksonville State University, the Principal Investigator prepares and sends an invoice to the grantor. A copy of the invoice is forwarded to Restricted Funds for approval prior to submission to grantor. The grantor should send payment to the Office of the Controller to be deposited in the appropriate account. Required program reports are the responsibility of the Principal Investigator. A copy of all program reports must be sent to the Office of Internal Audit/External Compliance.
Jacksonville State University employees performing duties for extra compensation must complete an Employee Contract for Extra Compensation (BA Form 46) prior to the beginning of the work and the amount must be included on the appropriate payroll payment authorization form (Bi-weekly/Monthly Service Report) to authorize payment to the faculty or staff member. Salary, plus applicable fringe benefits, will be charged to the grant/contract budget. This must be approved by the Office of Internal Audit/External Compliance. Refer to Extra Compensation Policy II:05:02.

NOTE – The restriction on the amount of extra compensation a PI/Co-PI can earn from an externally funded grant/project has changed from 33% to 100% of the PI’s current salary.

- Time sheets are required for salary buy-outs and must be sent to the Office of Internal Audit/External Compliance.

- A Professional Services Contract (BA Form 20(1) / BA Form 20(2) -Reference BA I:02:08) must be completed by the Principal Investigator prior to contracting with an outside consultant. Payment must be approved by the Office of Internal Audit/External Compliance.

- A Salary Distribution Form (BA Form 100) must be completed for personnel expenditures paid by grant/contract agreements and sent to Human Resources. Failure to comply with this requirement could result in the loss of these funds.

- Requests for reimbursement of personal travel expenses should be processed by the individual, using the appropriate travel form (see Business Procedure IV:06:01). Travel for non-JSU consultants must be charged to Contractual Services (Account Code 72703) and will be included in the taxable amount paid to the contractor. Travel forms must be approved by the Office of Internal Audit/External Compliance.

- Any equipment purchase must be approved by the Director of Purchasing and the Office of Internal Audit/External Compliance.

For additional Grant Administration information, please contact:

Robin Yarbrough, Restricted Funds Accountant
309 Bibb Graves
Phone (256)782-5401
Fax (256)782-5101
E-mail rthompson@jsu.edu
Reporting to the grantor is the responsibility of the Principal Investigator. Grantors have different reporting schedules and requirements – it is incumbent upon the Principal Investigator to be familiar with the particular rules and regulations of his/her grantor reporting policies.

When the project is completed, a copy of the final report should be sent to the department head, Associate Vice President for Academic Affairs and Office of the Controller.

The project manager is available to help with:
- Development of Project Spending Timeline
- Development of Reporting Timeline
- Development of Project Timeline
- Determine/Review Internal Documentation
- Paperwork – PI Payment Schedule

For additional Post-Award information, please contact:

Lynn Garner, Project Manager
305 Bibb Graves
Phone (256)782-8159
Fax (256)782-8146
E-mail lgarner@jsu.edu

Parts of this document follow the guidelines set forth in Policy Number II:05:01 from the Manual of Policies and Procedures (revised September 2010).
Proposal Title:  

Funding Agency:  

Submission Deadline:  

Pre-Award Checklist  

- _______ BA Form 42A  
- _______ Meeting with Coordinator of Proposal Development  
- _______ Narrative/Budget Development and Review  
  - _______ Narrative Outline  
  - _______ Budget  
  - _______ Budget Narrative  
- _______ Grantor Forms Information i.e., DUNS #, FEIN #, etc.  
- _______ BA Form 42 – Signatory process – Begin at least 5 days prior to submission deadline  
- _______ Submission / NSF ID Set-up; Grants.gov; etc.  

Award Checklist  

- _______ Award Notice/Contract to Restricted Funds Accounts  
- _______ Authorized Official Representative Signatures  
- _______ Grant Management Meeting with Restricted Funds Accountant and Project Manager  
- _______ Move Required Match  
- _______ Create Grant Budget  
- _______ PI Banner Finance Access  
- _______ Notify PI re: Budget Number and Requirements of Grant  
- _______ Receipt of ALL payments  

Post Award Checklist  

- _______ Determine/Review Internal Documentation  
- _______ Development of Project Spending Timeline  
- _______ Development of Reporting Timeline  
- _______ Development of Project Timeline  
- _______ Paperwork  
  - _______ Extra Compensation  
  - _______ Invoices  
  - _______ Salary Buyout  
  - _______ Timesheets
Form 42A – Notification of Grant Proposal Development

Instructions for Notification of Grant Proposal Development

The Notification Form is not an approval form or a firm commitment. It reflects your interest in applying for a specific grant/funding opportunity. Prior to working on a grant application, you should discuss with your department chair and complete this form. Submit to the Office of Planning and Research (OPR) through this electronic form or request a hard copy from our office.

Please come by our office and talk about your idea with us. We will assist you in any way that we can. Additional instructions follow the form below.

Principal Investigator ___________________________ Date __________

Project Director/Admin. ___________________________ Date __________

College/Department ___________________________

Funding Agency ___________________________ Submission Deadline __________

Name of specific program for which proposal is being prepared:

CFDA and/or Agency Identifying Number:

Give the purpose and nature of the proposal (one or two sentences):

Type of Proposal:
☐ Research ☐ Instruction/Academic Support ☐ Public Service
☐ Professional Development ☐ Multi-Purpose
☐ Other (Please specify): ___________________________

Initial Estimate of Amount to be Requested: ___________________________

Length of Project: ___________________________ Start Date: ___________ End Date: ___________

Initial Estimate of Matching Funds required: ___________________________

Amount or Percentage of Match and/or commitment of the University: ___________________________

Has your Department Head or VP authorized this match?  ☐ Yes  ☐ No

List types of data needed from the Office of Planning and Research: ___________________________
Form 42A – Continued

PRINCIPAL INVESTIGATOR: The faculty member who is the primary individual developing the grant application. The Principal Investigator is the primary contact person for questions and serves as the leader for the team. When funded, the Principal Investigator becomes the program director or responsible person.

PROJECT DIRECTOR/ADMINISTRATOR: The project director is usually the administrator who is responsible to the Provost and President to assure the grant is implemented according to University policies and the funding agency policies. It is possible for the Principal Investigator to be the Project Director and the Principal Investigator. The difference is usually in the budget. For questions related to the director, do not hesitate to ask OPR.

COLLEGE/DEPARTMENT: Identify your department and college if different; otherwise, complete as applicable.

FUNDING AGENCY: The name of the Federal or State Agency in which you are seeking funding. If you are seeking funding from a foundation, give the name of the Foundation in this blank.

DEADLINE: State the date that the grant application must be received at the funding agency.

NAME OF THE SPECIFIC PROGRAM: Each agency has several specific programs that are funded. Please give the name of the program. The title of the program is at the beginning of the Request for Proposals (RFP) Guidelines.

CFDA NUMBER: This stands for Catalog of Federal Domestic Assistance number. All Federal Documents are given a number that is used for identification and classification purposes. It is usually two numbers, a decimal, and three numbers such as 10.586. This can be found on the announcement of funding and the grant guidelines. It is required on forms that you will be completing through grants.gov.

Give the Purpose and Nature of the Proposal: Write a sentence or two about the primary purpose of the grant. If this is a collaborative grant, please include that information here.

Type of Proposal: Check the type of proposal on which you are working. Research refers to a project in which specific research is carried out with specific results. Instruction and Academic Support are programmatic projects to improve or enhance the instructional program, such as a program to enhance biology for minority students or improve the instruction of English. Public Service proposals are projects that address community needs and include community partners such as programs that address Community Outreach, Health Issues or School Programs. Proposals may be Multi-Purpose with a research component and a public service component. Of course, the project may not fall into any specific category. If so, please check Other and explain in the space provided.

Initial Estimate of the Amount to be Requested: Check the amount that is designated in the guidelines as the amount of the grant. Sometimes the average amount is given with a ceiling for the maximum. Provide an estimate based on this amount.

Length of Project: Give the length of the project in months or years based on what is acceptable.

Start Date and End Date: The start date is usually in the guideline. Provide the approximate start and completion dates here. This is an estimate, not a contract.
Form 42A – Continued

Initial Estimate of Matching Funds: The grant guidelines will usually state in the overview and budget areas whether cost sharing is required. This is VERY important. Please state whether they are required or not. If required, go to the next section.

Amount or Percentage of Match: Specify the amount of the match OR the percentage rate. The guidelines will state, usually in the budget section, how much match is required. An explanation is typically included of how to compute this match, whether it is on the total project or only on amount requested. This is important because these amounts can be very different.

In-Kind or Cash Match: The guidelines will state if the match must be cash or in-kind. Do not let a match discourage you – talk with us in the OPR and let’s see what can be done.

List types of data needed from the Office of Planning and Research. The OPR maintains data that is needed for proving capacity and need. For enrollment data or faculty data, check with John Rosier (jrosier@jsu.edu; Ext. 8157) for information. Please do this at least a week before you need data. The OPR maintains data for various factors and related information in the service area. This data can be very helpful as you develop your proposal.
Form 42B: Project Budget Detail and Justification Template

A. Personnel: Provide employee(s) to include names for each identified position, along with in-kind costs for those positions whose work is tied to the project.

<table>
<thead>
<tr>
<th>FUNDER REQUEST Position</th>
<th>Name</th>
<th>Annual Salary/Rate</th>
<th>Level of Effort (% of Hours)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td><strong>TOTAL Funder Personnel Request</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MATCH-IN-KIND COMPONENT Position/Funder</th>
<th>Name</th>
<th>Annual Salary/Rate</th>
<th>Level of Effort (% of Hours)</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td></td>
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<tr>
<td><strong>TOTAL Match/In-Kind Personnel</strong></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

JUSTIFICATION: Justify the position(s), time and effort, and salary/fringe amounts for each person participating in the project. If any JSU personnel salary/fringe will be a workload reduction/release, indicate as such. If the JSU personnel salary/fringe will be extra compensation indicate as such.

<table>
<thead>
<tr>
<th></th>
<th>Total Project Personnel Costs</th>
<th>$</th>
</tr>
</thead>
</table>
B. Fringe Benefits: List all components of fringe benefit rate for each position

<table>
<thead>
<tr>
<th>FUNDER REQUEST Position/Name</th>
<th>Project Salary/Wage Rate</th>
<th>Health Insurance ($714/mo)</th>
<th>Life Ins. 0.175%</th>
<th>Disability 0.003%</th>
<th>TIAA 1.0,3.0,4.0 or 5.0%</th>
<th>TRS 10.0%</th>
<th>FICA 7.65%</th>
<th>UC 0.06%</th>
<th>Cost</th>
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<table>
<thead>
<tr>
<th>MATCH/IN-KIND COMPONENT Position/Name</th>
<th>Project Salary/Wage Rate</th>
<th>Health Insurance ($714/mo)</th>
<th>Life Ins. 0.175%</th>
<th>Disability 0.003%</th>
<th>TIAA 5.0%</th>
<th>TRS 10.0%</th>
<th>FICA 7.65%</th>
<th>UC 0.06%</th>
<th>Cost</th>
</tr>
</thead>
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<td>$</td>
</tr>
<tr>
<td>TOTAL Match/In-Kind Fringe Benefit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

JUSTIFICATION: Identify how fringe benefit rates are determined.

<table>
<thead>
<tr>
<th>Total Project Fringe Benefit Costs</th>
<th>$</th>
</tr>
</thead>
</table>
C. Travel: Explain need for all travel. Published JSU travel policies and procedures prevail.

<table>
<thead>
<tr>
<th>FUNDER REQUEST</th>
<th>Location</th>
<th>Item/Activity</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of Travel</td>
<td></td>
<td></td>
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<tr>
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<tr>
<td>TOTAL Funder Travel Request</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATCH/IN-KIND COMPONENT</th>
<th>Location</th>
<th>Item/Activity</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of Travel</td>
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</tr>
<tr>
<td>TOTAL Match/In-Kind Travel</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

<table>
<thead>
<tr>
<th>Total Project Travel Costs</th>
<th>$</th>
<th>-</th>
</tr>
</thead>
</table>
D. Equipment: An article of tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

<table>
<thead>
<tr>
<th>FUNDER REQUEST Item(s)</th>
<th># Items Requested</th>
<th>Rate/ Cost Per Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
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<td>$</td>
</tr>
<tr>
<td>TOTAL Funder Equipment Request</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATCH/IN-KIND COMPONENT Item(s)</th>
<th># Items Requested</th>
<th>Rate/ Cost Per Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTAL Match/In-Kind Equipment</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

JUSTIFICATION: Describe the purpose/intended use of the equipment and how costs were determined.

| Total Project Equipment Costs | $ | - |
E. Supplies: Materials costing less than $5,000 per unit and often having one-time use.

<table>
<thead>
<tr>
<th>FUNDER REQUEST Item(s)</th>
<th># Items Requested</th>
<th>Rate/ Cost Per Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>TOTAL Funder Supplies Request</td>
<td></td>
<td>$</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MATCH/IN-KIND COMPONENT Item(s)</th>
<th># Items Requested</th>
<th>Rate/ Cost Per Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
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<td>$</td>
<td></td>
</tr>
<tr>
<td>TOTAL Match/In-Kind Supplies</td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

JUSTIFICATION: Describe the purpose/intended use of the supplies and how costs were determined.

| Total Project Supplies Costs | $   | -   |
F. Other: Expenses not covered in previous categories. This can include things such as Graduate Assistant Tuition Costs, External Contractor Fees, Training Costs, etc.

<table>
<thead>
<tr>
<th>FUNDER REQUEST Item(s)</th>
<th># Items Requested</th>
<th>Rate/ Cost Per Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
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<td>$</td>
</tr>
<tr>
<td>TOTAL Funder Other Cost Request</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATCH/IN-KIND COMPONENT Item(s)</th>
<th># Items Requested</th>
<th>Rate/ Cost Per Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTAL Match/In-Kind Other Cost</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

Total Project Other Costs | $
G. Contingency Funds: All unallocated/non-expendable requested funds.

<table>
<thead>
<tr>
<th>FUNDER REQUEST Item(s)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>TOTAL Funder Contingency Funds Request</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATCH/IN-KIND COMPONENT Item(s)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Match/In-Kind Contingency Funds Cost</td>
<td>$</td>
</tr>
</tbody>
</table>

JUSTIFICATION: Describe the nature of the unallocated/non-expendable requested funds.

| Total Project Contingency Funds Costs | $ | - |
H. Indirect Costs: Jacksonville State University has a federally negotiated Indirect Rate agreement with the U.S. Department of Health and Human Services of 44% of JSU personnel salary/costs only. Some funders will limit the amount of indirect that can be charged to the program costs. All pass through contract and/or agreements will be assessed an indirect rate of 20% of the overall proposed project cost.

<table>
<thead>
<tr>
<th>FUNDER REQUEST</th>
<th>Base</th>
<th>Indirect Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>TOTAL Funder Indirect Request</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATCH/IN-KIND COMPONENT</th>
<th>Base</th>
<th>Indirect Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>TOTAL Match/In-Kind Indirect</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

JUSTIFICATION: Indicate which type of Indirect Rate calculation is used i.e., federally negotiated IR of 44% of JSU personnel salary amount; funder determined rate; 20% pass-through rate, etc.

<table>
<thead>
<tr>
<th>Total Project Indirect Costs</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL DIRECT CHARGES (Sections A-G):</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
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</tr>
<tr>
<td>Funder Request</td>
<td></td>
</tr>
<tr>
<td>Match / In-Kind Request</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIRECT CHARGES (Section H):</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funder Request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Match / In-Kind Request</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL PROJECT COSTS (Sections A-H):</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funder Request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Match / In-Kind Request</td>
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</tr>
</tbody>
</table>
BA Form 42 – JSU Sponsored Project Approval Form

JACKSONVILLE STATE UNIVERSITY
APPROVAL FORM FOR SPONSORED PROJECTS

PROPOSAL TITLE: ___________________________

NEW PROPOSAL ○ REVISED BUDGET ○ RENEWED PROPOSAL ○ FEDERAL STIMULUS (ARRA):

PRIMARY PRINCIPAL INVESTIGATOR: ___________________________

PROJECT DIRECTOR: (If Applicable) ___________________________

DEPARTMENT: ___________________________

SPONSOR: ___________________________

CFDA/FON; and/or Agency ID No.: ___________________________ PERIOD OF PERFORMANCE:

PROPOSED BUDGET SUMMARY

<table>
<thead>
<tr>
<th>External Funding Agency</th>
<th>Funder Required Match</th>
<th>JSU Voluntary Match</th>
<th>Match Source FOAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies/Materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consulting Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other/Contingency *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
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</tr>
</tbody>
</table>

* Comments:

Adequate Existing Space ○ Add'l Space Required ○ Type: Lab Space ○ Office Space

RESPONSIBLE PARTIES

Primary Pt: ______________________ Date: ____________________
(Co-Budget Mgr.): ______________________ Date: ____________________
Co-PI: ______________________ Date: ____________________
Co-PI: ______________________ Date: ____________________
Co-PI: ______________________ Date: ____________________
Co-PI: ______________________ Date: ____________________

Dean(s): ______________________ Date: ____________________
Coordinator of Proposal Development: ______________________ Date: ____________________
VP for Project: ______________________ Date: ____________________
Restricted Funds Accountant: ______________________ Date: ____________________
JSU Authorized Official: ______________________ Date: ____________________

Signature indicates authorization to move any match funds.

BA Form #42
Revised: 10/2011
Reference Policy II:05:01
BA Form 4 – Request for Budget Change

JACKSONVILLE STATE UNIVERSITY
REQUEST FOR BUDGET CHANGE

Date: ______________________

Requesting Organization: _____________________________________________

Budget Unit Manager: __________________________________________________

BUDGET CHANGES REQUESTED

<table>
<thead>
<tr>
<th>Budget Accounts to be INCREASED (13 Digit Account Code)</th>
<th>Amount Increase Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

TOTAL AMOUNT INCREASED

<table>
<thead>
<tr>
<th>Budget Accounts to be DECREASED (13 Digit Account Code)</th>
<th>Amount Decrease Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

TOTAL AMOUNT DECREASED

Justification for changes: _____________________________________________

____________________________________________________________________

Requested by: ___________________________ Date: _____________________

Approved by: ___________________________ Date: _____________________

BA Form # 4
09/13/05

Reference Business Procedure BA IV:11:02
# BA Form 100 – Salary Distribution Form

JACKSONVILLE STATE UNIVERSITY  
SALARY DISTRIBUTION FORM

Employee Name __________________________  Employee ID No.: ____________

**Obtain following information from Human Resources**

Position Number: ______________________  Department Name: ______________________

**SALARY DISTRIBUTION**

<table>
<thead>
<tr>
<th>FOAP</th>
<th>% Time</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
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<tr>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Total Salary: ____________

Begin Date: ________________

Stop Date: ________________  Note: Unless a change in distribution is approved, the employee will be terminated on this date.

_Attach Statement of Justification/Explanation and copy of grant or contract. Status change requires new Salary Distribution Change Form._

Approval:

<table>
<thead>
<tr>
<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle Investigator</td>
<td></td>
</tr>
<tr>
<td>Department Head</td>
<td></td>
</tr>
<tr>
<td>Dean/Tractor</td>
<td></td>
</tr>
<tr>
<td>Vice President</td>
<td></td>
</tr>
<tr>
<td>Restricted Funds Accountant</td>
<td></td>
</tr>
<tr>
<td>Human Resources</td>
<td></td>
</tr>
</tbody>
</table>

Distribution:  
Payroll  
Restricted Funds Accountant  
Employee

BA Form 100
**BA Form 45 – Planned/Approved Workload for Extra Compensation** (This form is in Microsoft Excel format)

![Image of Excel Form]

**Jacksonville State University**
Planned/Approved Workload for Extra Compensation Assignments
* Please Complete the BLUE Fields *

<table>
<thead>
<tr>
<th>Extra Compensation Activities:</th>
<th>Budgeted Amount</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Description of Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total Approved Extra Compensation:** $0.00

<table>
<thead>
<tr>
<th>Extra Compensation Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>------------------------------</td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

**Note:**
1. Must balance to Total Approved Extra Compensation.
2. Any monthly amount in excess of 1/3 of employee's monthly base will be forfeited by the employee.

Employee should enter the percentage effort and the appropriate dollar amount for each activity/sponsored project for each month. On a monthly basis the employees will be asked to certify the planned activity was actually performed. Differences between the plan and what was actually done for the month should be noted on the form and routed to the employee's immediate supervisor for approval.

I hereby: 1) Approve the extra compensation plan or
2) Certify the above efforts have been expended and payment is due.

Employee [Date] Immediate Supervisor [Date] Budget Manager [Date]

Human Resources [Date] Dean Signature [Date] Budget Manager [Date]
BA Form 46 – Employee Contract for Extra Compensation

JACKSONVILLE STATE UNIVERSITY
EMPLOYEE CONTRACT FOR EXTRA COMPENSATION

This form must be completed in advance of the work and attached to the internal Approval Form for Sponsored Projects (if applicable), Planned/Approved Workload for Extra Compensation form, and Absence Report (if applicable).

Project Information

1) Name ____________________________ 2) Employee Identification # ____________________________
3) Department ____________________________ 4) 9/12 month appt; Faculty/Staff ____________________________
5) Describe work to be performed and how the project represents effort beyond University responsibilities:
   a) Beginning date of project: ____________________________
   b) Ending date of project: ____________________________
   c) Where will work be performed: ____________________________
   d) Times/hours & days: ____________________________

Employee Signature ____________________________ Date ____________________________
Dept Head/Immediate Supervisor ____________________________ Date ____________________________
Dean of Employee Signature ____________________________ Date ____________________________

Financial Information

6) Source of funding: ____________________________ Federal ____________________________ Other ____________________________
   a) Budget account charged: ____________________________
   b) Budget name: ____________________________
   c) Total job: $ ____________________________
   d) Budget Transfer (if applicable)
      Increase Budget #: ____________________________ Salary: $ ____________________________
      Benefits: $ ____________________________ Total: $ ____________________________
      Decrease Budget #: ____________________________ Total: $ ____________________________

Budget Manager Signature ____________________________ Date ____________________________

Policy Statement

It is understood that the services required under this contract between JSU and an employee of JSU will not interfere with the regular employment of said employee in accordance with the Alabama Ethics Law and University Policies. Any compensation under this contract will be paid in accordance with the Alabama Ethics Law and University Policies. Any compensation under this contract will be paid in accordance with the applicable Federal and State Tax Laws and regulations. It is further understood that employees abide by University Policy # 11.05-02 (Extra Compensation Policy).

APPROVED:
Dean/Director ____________________________ Date ____________________________
Restricted Funds Accountant (Only for Sponsored Projects) ____________________________ Date ____________________________
Vice President ____________________________ Date ____________________________

Distribution: Original – Human Resources
Copies – Dean/Director, Employee, and Budget Manager

BA Form #46 (10/11)
BA Form 20(1) – Professional Services Contract

JACKSONVILLE STATE UNIVERSITY  
PROFESSIONAL SERVICES CONTRACT (PSC)

The information provided below will assist the University in determining whether the individual or entity performing the services will be classified for federal, state, and FICA tax purposes as an employee of the University or as an independent contractor. Complete Section I, Section II, and Section III if necessary. See exception in BA Procedure 05(02)06.

<table>
<thead>
<tr>
<th></th>
<th>(Individual's, Entity Name)</th>
<th>(Social Security #)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Department</td>
<td>Form Preparer</td>
</tr>
<tr>
<td></td>
<td>(Name)</td>
<td>(Phone #)</td>
</tr>
</tbody>
</table>

II. Multiple Relationships with the University

A. Does this individual or entity currently work for the University as an employee (including adjunct faculty)?
   - Yes
   - No

B. Is it currently expected that the University will hire this individual or entity as an employee immediately following the termination of his or her PSC?
   - Yes
   - No

C. In the last 12 months, did the individual or entity have an official University appointment (including temporary)?
   - Yes
   - No

If the answer is "No" to all questions, proceed to the questions in Section III.
If the answer is "Yes" to any of the 3 questions, the individual should be classified as an employee and paid via the payroll system.

III. Classification Guidelines (Complete only one of IIIA, IIIB, and IIIC depending on the services performed by the individual or entity):

A. Teacher/Lecturer/Instructor
   1. Is the individual or entity a "guest lecturer" (e.g., an individual who lectures only a few class sessions)?
      - Yes
      - No
      - Contractor
      - Go To #2
   2. a. Is the individual or entity teaching a course for which students will receive credit toward a University degree?
      - Yes
      - No
   b. Does the individual or entity provide the same or similar services to other entities or to the general public as part of a trade or business?
      - Yes
      - No

If the answer to both questions 2(a) and 2(b) is "Yes," then treat the individual or entity as an independent contractor.
If the answer to either of questions 2(a) and 2(b) is "No," then go to question #3.

   3. In performing instructional duties, will the individual or entity primarily use course materials that are created or selected by the individual?
      - Yes
      - No
      - Contractor
      - Employee

B. Researcher

Researchers hired to perform services for a University department are presumed to be employees of the University. If, however, the researcher is hired to perform research for a particular University professor or employee, please indicate which of the following relationships is applicable by placing a check mark in the appropriate blank:

   Relationship #1: The individual or entity will perform research for a University professor or employee under an arrangement whereby the University professor or employee serves in a supervisory capacity (i.e., the individual will be working under the direction of the University professor or employee).
   - #1: Employee

   OR

   Relationship #2: The individual or entity will serve in an advisory or consulting capacity with a University professor or employee and the individual provides the same or similar services to other entities or to the general public as part of a trade or business.
   - #2: Contractor

C. Individuals Not Covered Under Sections IIIA or IIIB

   1. Does the individual or entity provide the same or similar services to other entities or to the general public as part of a trade or business?
      - Yes
      - No
      - Contractor
      - Go To #2

   2. Will the department provide the individual or entity with specific instructions regarding performance of the required work rather than rely on the individual's or entity's expertise?
      - Yes
      - No

   3. Will the University set the number of hours and/or days of the week that the individual or entity is required to work, as opposed to allowing the individual to set own work schedule?
      - Yes
      - No
      - Go to #4
      - Contractor

   4. Does the University set the number of hours or days of work only in order to integrate the individual's or entity's work with the work of others?
      - Yes
      - No
      - Contractor
      - Employee

If employee, keep BA Form 20 for your files and complete normal employment process.

<table>
<thead>
<tr>
<th>BA Form #20</th>
<th>(5/03)</th>
<th>Dean/Director Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
JACKSONVILLE STATE UNIVERSITY
Professional Services Contract

Requisition # __________________________
Vendor # __________________________

STATE OF ALABAMA, CALHOUN COUNTY. This contract and agreement, and by and between
Jacksonville State University, herein called JSU, and _________________________________, herein called
Consultant.

It is agreed by and between the parties that the undersigned will be compensated in the amount of
$_______ for the satisfactory completion of the services as described below. This
compensation is (mark one of the following)
[ ] in addition to travel and mileage [ ] includes travel expenses

Budget number __________________________ To be charged.

It is understood that any compensation under this contract will be paid in accordance with the appropriate
Federal and State Tax Laws.

Description of Services and Dates(e) Performed: ________________________________

________________________________________

This contract and agreement is to be executed with the approval of __________________________.
Budget Manager.

In witness whereof, this contract and agreement has been executed on this, the __________day of __________, 20__.

I certify that I have answered the questions on the reverse side in order to make a determination
for independent contractor/employee status.

________________________________________
Professional Service Provider Signature

________________________________________
Budget Manager Signature

________________________________________
Street or Post Office Box

________________________________________
Dear/Director Signature

City __________________________ State ______ Zip __________________________

Vice President Signature

Complete This Portion Upon Fulfillment of Services

This is to certify that the above contract has been satisfactorily completed and that the Provider should be
paid $_________________________. The payment should be charged to

Budget Unit # __________________________

Approved __________________________ Dated __________________________
BA Form 17 – Invoice

Jacksonville State University
700 Pelham Road North
Jacksonville, Alabama 36265-1602

Invoice for Goods/Services
(Payment Due Upon Receipt)

Customer Name and Address:
__________________________________________
__________________________________________
__________________________________________

Date of Invoice: ___________________________ Amount: ___________________________
Date Goods Delivered or Service Provided:
__________________________________________
Type of Good/Service Provided:
__________________________________________
__________________________________________
__________________________________________

Department Name/Number Providing Goods/Services: ___________________________
JSU Account Number to Credit Payment: ___________________________
Person to Notify Upon Receipt of Payment: ___________________________

To ensure proper credit, please return this invoice with payment to
Jacksonville State University
700 Pelham Road North
Bursar's Office
Jacksonville, Alabama 36265-1602

For JSU Accounting Purposes Only
Date Payment Received ____________ Amount Received ____________

Form # 17
BA IV:03:10
Appendix A
JSU INSTITUTIONAL REVIEW BOARD APPLICATION

Title of Project: ________________________________

Principal Investigator: ________________________________

Signature of Principal Investigator ___________________________ Date _____________

Department: ___________________________ Phone: _____________

Office: ___________________________ Email: _____________

Qualifications of Investigator: ________________________________

Other Investigators: List any other investigators participating in this project. For all student research, provide the faculty advisor’s name.

Name ___________________________ Rank ___________________________

Department or affiliation ___________________________ Phone ___________________________

Location and address of project if not JSU: ________________________________

List any funding sources for this project: ________________________________

Indicate which of the following special populations will be involved in the project:

☐ None ☐ Children under 14 ☐ Fetuses ☐ Abortuses ☐ Prisoners
☐ Mentally Retarded ☐ Mentally Disabled ☐ Pregnant Women

Estimated start date: ___________________________ Estimated end date: _____________

Is this application? ☐ New ☐ Renewal

If a renewal, what was the date of last IRB approval? ________________

(All expedited and full review projects require annual review.)

Action Requested: ☐ Exempt ☐ Expedited Review ☐ Full Board Review

Attach research proposal, any instruments to be used, and consent form(s).
IRB Forms - Institutional Review Board Forms

Do not write below this line.

Date Received: ________________

Action of Executive Secretary: [ ] Exempt [ ] Expedited Review [ ] Full Board Review

Signature of Executive Secretary ________________ Date ________________

Date of Review: ________________

Action of IRB: [ ] Exempt [ ] Expedited Review [ ] Full Board Review

[ ] Approved [ ] Approved Pending Revisions [ ] Not approved

Signature of IRB Chair ________________ Date ________________
Appendix B
JSU INSTITUTIONAL REVIEW BOARD
ACCIDENT/INCIDENT REPORT FORM
Submit to IRB Executive Secretary
201 Bibb Graves Hall

Title of Project ________________________________

Principal Investigator ____________________________

Date of Accident/Incident ________________ Date of Report ________

Description of Accident/Incident:
____________________________________________________________________

____________________________________________________________________

Action taken by Principal Investigator (describe fully any medical or psychological
intervention):

____________________________________________________________________

Describe any changes in procedure to prevent future accidents/incidents:
____________________________________________________________________

Do not write below this line

IRB action:

☐ Project approved to continue

☐ Project suspended pending changes to procedures

☐ Project terminated

Signature of IRB chair ________________ Date ________________
Appendix C

SAMPLE SIGNATURE PAGE OF CONSENT FORM
FOR RESEARCH INVOLVING CHILDREN
Parental Permission Form for
Research on (title of project)

I have read or had explained to me a description of the research project, and I understand the procedure described on the attached pages. I also have received a copy of the description.

I give permission for my child ___________________________ to participate in the study.

child’s complete name

Child’s date of birth ___________________________

Month/date/year

Signature of parent or legal guardian ___________________________ Date
SAMPLE SIGNATURE PAGE OF CONSENT FORM
FOR RESEARCH INVOLVING ADULTS
Permission Form for Research on (title of project)

I have read a description of the study, and I understand the procedure described on the attached pages. I also have received a copy of the description.

I ______________________ agree to participate in the study.

complete name

__________________________  __________________________
Signature                      Date
Everything You Wanted to Know About Grants.gov

How To Navigate Grants.gov
How to Search for Funding Opportunities

Applicant Resources

Applicant Resources lists several tools and documents to help you with Grants.gov.

Frequently Asked Questions and Answers
Users are linked to our most frequently asked questions page for Grants.gov applicants:
- General FAQs
- General Guidelines
- Public Law 101-177 FAQs can be found under Grant Regulations

User Guides & Checklists
Instructions for applicants:旋转并使用 Grants.gov
- General
- User Guide
- Grants.gov Application Package
- Grants.gov Application Checklist

General Support
Contact Grants.gov for assistance.
Subscriptions and E-mail Notifications

Subscribe now and receive notifications of new grant opportunity postings and updates on Grants.gov. You do not need to be a registered user of Grants.gov to sign-up for this service.

How to Search for Funding Opportunities
Find – Basic Search

- Search for grants by entering Keyword in the Header and Clicking the Go button
- OR by entering:
  - Keyword
  - Funding Opportunity Number, or
  - CFDA Number and Clicking the Search button

Find – Advanced Search

- Refine your Search results for grants by selecting or deselecting criteria options including, but not limited to:
  - Funding Agency
  - Eligibility
  - Category
  - Date ranges
- As options are selected, they are displayed in the blue filter box above the search results. Users have an alternative method of removing criteria by clicking the “X” in the filter box.
Search Results

- Search results and criteria options are reset when the user clicks Search or Go buttons.
- Search results are immediately refreshed when criteria options are selected and deselected.
- Users have the ability to export refined Search Results.

What’s in a Funding Opportunity?
The Synopsis contains high level information about the funding opportunity such as:
- Funding Opportunity Number
- Open/Close date
- Program Funding Amount
- Number of Awards
- Program Contact Information

The Version History displays a table with synopsis modifications. To display an earlier version, the user clicks on the desired Version Name. The fields modified are highlighted in gray.
Full Announcement

- You can retrieve the full RFA, Funding Opportunity Announcement, and any supplementary documentation.

The Application Package and Instructions

- Click on the Application Tab in order to download the Application Package and the Application Instructions.
- Read the instructions to insure that you have the correct Adobe Reader.
- Click on download link in order to access the Application Package and the Application Instructions.
- Enter your email address and click submit here if you wish to be notified of any changes to the funding opportunity (highly recommended).
- If you do not wish to provide your email address click the box at the bottom of this page to the right of the submit button.

- Right-click on "Download Application Instructions" and then "Save As" to your computer.
- Repeat the same action with "Download Application Package"
Navigating The Application Package

- The grant application is a PDF file composed of forms
  - Requires Adobe Reader which is a free download from Adobe.com
  - Can be saved to your computer
- The application home page has many components
  - Information on the funding opportunity
  - Closing date
  - Agency contact information
  - Forms to be filled out
1. Click on a mandatory form to begin working

- Application for Federal Assistance (SF-424)
- Project Abstract Summary
- Project Narrative Attachment Form
- Budget Narrative Attachment Form
- Budget Information for Non-Construction Programs (SF-424A)
- Assurances for Non-Construction Programs (SF-424B)

Optional

- Other Attachments Form
- Project/Performance Site Location(s)
- Disclosure of Lobbying Activities (SF-LLL)

Instructions

Show Instructions >>

2. Select an optional form, open it, and begin working

- Fields in yellow are mandatory and must be filled in.
- Error messages will pop-up if a mandatory field is not filled in.
- If a mandatory field is not filled in, then you will be unable to submit the application.
Submitting Your Application Package

Save, Check, and Submit Your Application

- Buttons at the top of the home page of the application allow you to:
  - Save
  - Check Package for Errors
  - Print your application
- Once your application is free of any of errors, the “Save & Submit” button will become activated.
- Make sure you are connected to the Internet when ready to submit.
Upon clicking Save & Submit, you will be prompted to enter your Grants.gov user name and password.

If you are not authorized as an AOR for your organization, you will receive an error message and will be unable to submit your application.

You’ll be prompted again to “Sign and Submit”.

This serves as the electronic signature for your application.
Receipt Confirmation

Confirmation

Thank you for submitting your grant application package via Grants.gov. Your application is successfully received and is being processed by the Grants.gov system. Once the application has been processed, you will receive a confirmation notice via an email. Please be aware that processing may take up to 24 to 48 hours. Once your application is processed, you will receive a confirmation notice via an email. This notice will confirm receipt of your application and provide you with tracking information. It is suggested that you save or print this response for your records.

You may also monitor the processing status of your submission within the Grants.gov system by using the following steps:

1. Click on the "Track Your Application" link on the Grants.gov home page.
2. Enter your tracking number.
3. Click "Submit."

If you do not receive a receipt confirmation email, please check your email spam or junk mail folders.

Confirmation Emails

1. Receipt Email
   - Your application has been received by Grants.gov
   - Grants.gov E-mail Verifying Receipt (with Track My Application URL)

2. Validation or Rejection Email
   - Grants.gov E-mail Verifying Successful Submission
   - OR Rejection Due to Errors with a description of issue

3. Transmission to Agency
   - The Agency has picked up your application from Grants.gov
Track My Application

- Track your application status by entering the Grant Tracking Number
- Status information:
  - Received
  - Validated or Rejected
  - Retrieved by Agency

Tips for Applicants

Grant Proposal Tips

- Register and Submit Early
- Thoroughly read and follow all of the instructions provided by the agency
- Include Sufficient Program and Budget Details
- Strongly recommend filling out optional forms in the app package

Grants.gov Application Tips

- Limit Application File Size/ File Name Characters (50 or less)
- Avoid Special Characters in File Names ($, %, &*, etc.)
- Use Correct DUNS Number in the SF-424 Cover Page
- Make sure you have Grants.gov compatible software (Adobe Reader)
Contact Center

- Support available 24/7
- Email: support@grants.gov
- Toll-Free Phone Number: 1-800-518-4726
- International Callers 1-606-545-503
- Self-help iPortal: (http://grants.gov/iportal)

Additional Resources

- FAQs
- User Guides

Thank You
APPENDIX A
Proposal Development Guide - Common Acronyms and Terms

Acronyms:

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD</td>
<td>Coordinator of Proposal Development</td>
</tr>
<tr>
<td>Co-PI</td>
<td>Co-Principal Investigator</td>
</tr>
<tr>
<td>CR</td>
<td>Cost Reimbursement</td>
</tr>
<tr>
<td>F&amp;A COSTS</td>
<td>Facilities and Administrative Costs</td>
</tr>
<tr>
<td>FP</td>
<td>Fixed Price</td>
</tr>
<tr>
<td>FFP</td>
<td>Firm Fixed-Price</td>
</tr>
<tr>
<td>GFE</td>
<td>Government-Furnished Equipment</td>
</tr>
<tr>
<td>IP</td>
<td>Intellectual Property</td>
</tr>
<tr>
<td>IRB</td>
<td>Institutional Review Board (Human Subjects)</td>
</tr>
<tr>
<td>NCE</td>
<td>No Cost Extension</td>
</tr>
<tr>
<td>NSF</td>
<td>National Science Foundation</td>
</tr>
<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>PI/PD</td>
<td>Principal Investigator/Project Director</td>
</tr>
<tr>
<td>PM</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

Common Terms:

Award phase: The award phase begins when the Restricted Funds Accountant receives a copy of the award letter.

Direct Costs: Any cost that is a direct project expense. Some examples include salaries of project workers, materials, and other expenses solely for a particular project.

Indirect Costs: Any cost that is not expended directly for the project’s benefit. Examples include overhead and management expense that maybe shared by other projects.

Pre-award phase: The pre-award phase begins when the principal investigator completes Form 42-A notifying the Institute for Research and Collaboration of a research interest.

Post award phase: The post award phase begins after the award documentation is received and a grant management meeting is conducted with the PI.

Awarding agency: The sponsor of the project/research.

Invoice: A document this is prepared in accordance with a grantor’s requirements for financial reimbursement.

Extra compensation: Any compensation earned through the institution in excess of an individual employee’s base rate of pay.

References: