

Cost Allowability, Processes & Support Documents 12/09/2022

Lucy Manyara, Budget Officer

Shamon Shine-Lee, Budget Officer

Office of Research Administration(ORA)

Morgan State University

Agenda

- ▶ Goal
- ▶ Processes & respective support documents by category/ need
- ▶ (01) Regular Salaries
- ▶ (02) Contractual Salaries
- ▶ (04) Travel
- ▶ (08) Contractual Services
- ▶ (09) Supplies
- ▶ (11) Equipment
- ▶ (12) Grants & Contributions
- ▶ Funds Transfer

Goal: Increase Efficiency

- ▶ Increase approval at first submission
- ▶ Reduce returns and declines
- ▶ Reduce approval time
- ▶ Simplify and clarify processes

Key Processes

- ▶ Processes & respective support documents by category/ need
- ▶ (01) Regular Salaries
 - ▶ Release Time Request Form
 - ▶ Key personnel
- ▶ (02) Contractual Salaries
 - ▶ Contractual Staff
 - ▶ Faculty Summer Salary
 - ▶ Honoraria
- ▶ (04) Travel
 - ▶ Local/ Domestic
 - ▶ International

Key Processes Contd.

- ▶ (08) Contractual Services
 - ▶ Consultants
 - ▶ Sub-awards
- ▶ (09) Supplies
- ▶ (11) Equipment
- ▶ (12) Grants & Contributions
 - ▶ Tuition
 - ▶ Stipends

Release Time Request

- ▶ Percent and amount externally funded should be for the specific project
- ▶ Percent requested from the grant may differ from the total percent approved by the department e.g. multiple sources of funding
- ▶ Amount requested ought to match the amount on the approved budget.
 - ▶ In case of institutional base salary increase, verify with funding agency
- ▶ Required signatures:
 - ▶ Principal Investigator
 - ▶ Requesting employee's immediate supervisor
 - ▶ Chair/Dean/Director/Provost
 - ▶ In case of institutional base salary increase, verify with funding agency

MORGAN STATE UNIVERSITY
Division of Academic Affairs
Request for Faculty Release Time

*This Request must be submitted to the **Office of the Dean** in observance of the following deadlines:*

Approval for Academic Year or Fall Semester - June 30th

Approval for Spring Semester - November 15th

*This Request must be submitted to the **Office of Academic Affairs** in observance of the following deadlines:*

Approval for Academic Year or Fall Semester - July 15th

Approval for Spring Semester - November 30th

Faculty Name: Susie Que Rank: Lecturer
 Tenure Status: ☐ Tenured ☒ Non-tenured Salary: _____
 Faculty College/School: School of Education and Urban Studies
 Faculty Department: Family and Consumer Science

Requesting Leave for: **Fall 20 22**
Spring 20 23
Academic Year 20 22- 20 23

Complete Sections I and/or II below as appropriate.

Section I: List Proposed Alternative Assignment (s)

External Support	Grant Period	Banner #	Dollar Amount	% Release Time
DHHS/CDC/NIOSH	9/1/22-8/31/23	525612-27247-A4030 25	\$11,068. 60	25%

Section II: List each non-classroom assignment and the corresponding release time. Attach any related documentation.

Department/School/University Assignments	% Release Time

Total Release Time Requested for Sections I & II: 25 %

Proposed Teaching Load: 9 (# of credits) Proposed Release Time: 3 (# of credits)

Requested by: Susie Que 14-Jul-22 | 11:05 AM

DocuSigned by: <u>Dr. Jacqueline Holland</u> 750E38CCE844D	Faculty Member's Signature <u>15-Jul-22 12:15 PM EDT</u>	Date <u>14-Jul-22 11:05 AM</u>	[X] Approved [] Disapproved
DocuSigned by: <u>Deirda Prime</u> 9C16B024C7B348E	Department Chair's Signature <u>22-Jul-22 12:44 PM EDT</u>	Date	[] Approved [X] Disapproved
DocuSigned by: <u>Patricia Lissone</u> 9C16B024C7B348E	Dean's Signature <u>30-Jul-22 6:38 PM EDT</u>	Date	[] Approved [X] Disapproved
DocuSigned by: <u>Mylene</u> 1-DBA8431DEEF4DF...	Provost, SVPA & S... <u> </u>	Date	[] Received
DocuSigned by: <u> </u>	Office of Sponsored Programs <u> </u>	Date	



Contractual Salaries

- ▶ Needs to be Within the budget period
- ▶ Faculty Summer Pay
 - ▶ Calculated based on the Faculty's institutional base salary
 - ▶ Annual calendar for is provided by the Provost in the Spring
 - ▶ NSF pays a maximum of two months key personnel salary per year
 - ▶ Funds need to have been included on approved budget
- ▶ Staff Contractual Salaries
 - ▶ Position's description and salary need to match what is included on the approved budget
 - ▶ Deviations need to be justified (via comments in EPAF or attachment to PF10)
 - ▶ If employee has a regular (fulltime) position , current supervisor's approval is required
- ▶ PF10 for new to MSU employees
- ▶ EPAF for current employees

Department Letterhead

TO: ORA Budget Officers

Date: _____

FROM: Dr. John Doe, Principal Investigator (Signature)_____

Project Title

Date: June 22, 2022

RE: Honorarium Payment

This honorarium request will be charged to the M.O.S.T. OER Institutional Award Project as follows:

FOAP-Index: 438311 Fund: 43433 ORG: A0110 ACCT: 02010 PROG: 25

The following individuals will receive \$500.00 honorarium for participating in the program.

Contact Name: Diane Hughes	Ext. 4534	Email: diane.hughes@morgan.edu
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The OHR must be notified if the contract is cancelled or terminated prior to the ending date.

Morgan State University Contractual Personnel Request Form

New ☒Continuation ☐Revision ☐

Please process employment papers for the following individual:

Name: <input type="text"/> <input type="text"/> <input type="text"/> DOB: <input type="text"/>	Job Title: Communications Specialist, ASCEND & RCMI
Last First Middle	Department: RCMI@Morgan & ASCEND
Index: Fund 27208 (50%) ; 27241 (50%) Org R0650 and R0600	Acct. 2030 Prog. 25
Charge Code(s): 525573 (50%) and 525608 (50%)	Division: Research & Economic Development
SS #: <input type="text"/> Email: <input type="text"/>	Telephone: (443) 885-4534
Address: <input type="text"/>	Supervisor Diane Hughes
City: <input type="text"/> County: <input type="text"/>	Supervisor's Telephone: (443) 885-4534
State: MD Zip Code: <input type="text"/>	Supervisor's PIN Number: <input type="text"/>
Home Telephone: <input type="text"/>	Supervisor's email address: diane.hughes@morgan.edu
Regular MSU Employee: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Starting Date: 10/1/2022 Ending Date: 2/28/2023
Previous Contractual Employee: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Grant Title: RCMI@Morgan: Center for Urban Health Disparities and Research Innovation
Please list any relative(s) working for MSU and the section in which they work: Name: N/A Department:	

Note: The Human Resources Office must clear all full-time/part-time students with the Financial Aid Office prior to preparation of contract.

Total Salary: \$27,600.00 (Total Hrs. x Rate of Pay)	Salary Based on Annual Salary of: \$	Please indicate employee status for benefits eligibility:	Status: <input checked="" type="checkbox"/> Non-Student
Total Hours: 690	Rate: (Indicate Amount)	<input type="checkbox"/> Full-Time	<input type="checkbox"/> F/T Graduate Student
Per Day: 6	Hourly: \$ 40.00	<input type="checkbox"/> Part-Time	<input type="checkbox"/> F/T Undergraduate Student
Per Week: 5	Daily: \$	<input checked="" type="checkbox"/> No Benefits	<input type="checkbox"/> P/T Graduate Student
Days Per Week: 30	Other: \$		<input type="checkbox"/> P/T Undergraduate Student

A Position Description Form (HR 06) must be attached to process all contractual requests.

Brief Job Description: Develop and implement communication plans for ASCEND and RCMI by identifying newsworthy items, drafting communications, and developing social media content and tasks that are critical to RCMI and ASCEND digital and press communications strategies.

The requesting department is responsible for securing the appropriate signatures prior to submission to the Human Resources Office. In some cases, all signatures will not be required.

Signature of Requestor: <i>Diane Hughes</i> 9/22/2022 Date	Approval: Faculty/Research Office Date
Approval: Chairperson/Director <i>Valerie Otero-Marsh</i> 9/22/2022 Date	Approval: Research Projects/Grants <i>Sharon Smith</i> 24-Oct-22 8:31 AM EDT Date
Approval: Dean <i>Sharon Smith</i> Date	Approval: Comptroller <i>Sharon Smith</i> Date
Approval: Divisional Vice President <i>Sharon Smith</i> 25-Oct-22 10:55 AM EDT Date	Approval: Human Resources Director <i>Sharon Smith</i> 25-Oct-22 8:57 AM EDT Date

THIS COMPLETED FORM SHOULD BE SUBMITTED TO THE OFFICE OF HUMAN RESOURCES WITH A CPB FORM 311 "SPECIAL PAYMENT AUTHORIZATION" AT LEAST 10 DAYS PRIOR TO THE REQUESTED STARTING DATE.

POSITION DESCRIPTION FORM

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Please type; single space)	
9. Main Purpose of Position:	
10. Duties & Responsibilities:	

Print Form

MORGAN STATE UNIVERSITY
Office of Human Resources - HRS Demographic Form

- ☐ Contractual Staff
☐ Regular Staff
☐ Faculty
☐ Contractual Faculty

*Please refer to page 2 for codes to complete this form.

Name:		Date:		
Last	First	M.I.		
Address:		SS #:		
(Please include: Number & Street or RFD, Apt. #, City, State, and Zip Code)		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Home Phone:		Cell Phone:		
Indicate your National Origin:	Are you of Hispanic Origin?	Birth Date:	*Marital Status: ▼	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Medical Disability: ▼	*Military Status: ▼	
US Citizenship:	*Visa Code: ▼	*What is your race? Select one or more of the following racial categories.	Are you one of the following: (Only check one)	
<input type="checkbox"/> Yes	Visa Expires:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Postdoctoral Researcher or Postdoc	
<input type="checkbox"/> No		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Nonfaculty Researcher	
		<input type="checkbox"/> Asian	<input type="checkbox"/> Other Doctorate-holding Nonfaculty Researcher	
		<input type="checkbox"/> Black or African American		
CAMPUS LOCATION:				
Bldg./Room:		Phone #:		
*EMERGENCY CONTACT:				
Name:		Relationship: ▼	Day Phone #:	
Address:		Evening Phone #:		
Name:		Relationship: ▼	Day Phone #:	
Address:		Evening Phone #:		
EDUCATION:				
Degree	Month/Year	Graduation Month/Year	Major/Minor	Institution
High School or GED	Graduation Date:		*High School Code: ▼	Name:
				Address (Please include: City, State, and Zip Code):
College (Undergraduate)	First Attended Date:		Major:	Name:
Code: ▼	Last Attended Date:		Minor:	Address (Please include: City, State, and Zip Code):
College (Master's)	First Attended Date:		Major:	Name:
Code: ▼	Last Attended Date:		Minor:	Address (Please include: City, State, and Zip Code):
College (Doctorate)	First Attended Date:		Major:	Name:
Code: ▼	Last Attended Date:		Minor:	Address (Please include: City, State, and Zip Code):
College (Additional)	First Attended Date:		Major:	Name:
Code: ▼	Last Attended Date:		Minor:	Address (Please include: City, State, and Zip Code):
Supervisor's Name:		Supervisor's Title:		Supervisor's Phone:
		Supervisor's Location		
FOR HUMAN RESOURCES' USE ONLY:				
Org:	Hegis Code:	Classification/Rank:		
Current Hire Date:	EOD or Conversion Date:	Employee PIN:	Supervisor's PIN:	
		Employee ID #:		
Date Received:	Initialed:	Date Inputted:		
Inputted By:	Reviewed By:			Date:

DATE: April 28, 2022

RE: 2022 Summer Research Contracts Dates

This memorandum is provided to assist you in preparing the Faculty Summer Research 2022 contracts.

Since everyone is scheduled to get an increase to their base salary on July 1, 2022, we are offering special guidance to prepare the total allowable contract amount.

Before including any increase on a summer contract based on Morgan's base salary increase, please verify that the grant can accommodate the funds in two ways:

- 1. The funds should be present in the budget and*
- 2. The granting source program manager approves of the increase in writing via email, or it's written in the grant.*
 - 1. Please be prepared to provide proof of both to OSPR before your contract is approved.*

All faculty contracts are to be submitted using EPAF and should be received in the approval queue of Sharon Whitehurst no later than Tuesday, May 10th, 2022. See the [Academic Affairs Dashboard](#) under the Human Resources Module for guidance on preparing EPAFs.

Log in to Banner Websis to:

- 1. Request Contractual PINS - Workflow Module*

TO: Deans, Department Chairs, Directors & Budget Officers

FROM: Sharon Oliver-Whitehurst
Divisional Budget Officer for Academic Affairs

Sharon Whitehurst

CE1EB63926294EE...

DATE: April 7, 2021

RE: 2021 Summer Research Contracts Dates

Note: All Summer Research Faculty Contracts must be received in the Office of the Provost offices approval queue via EPAF in Banner no later than May 11, 2021.

Use the link below for EPAF access, Contractual Pin Request, and Position Budget Code Change Request.
<https://nprodwkflw.morgan.edu/wfinprod/user/viewMyProcesses.do>

All Summer Research Contracts must be submitted in EPAF.

Maximum Total Number of Days for Summer 2021 Contracts

Faculty Program Directors*

9.5 Month Faculty **25 days** (May 19, 2021 - August 3, 2021)

10 Month Faculty **25 days** (June 2, 2021 - August 3, 2021)

Faculty

9.5 Month Faculty **53 days** (May 19, 2021 - August 3, 2021)

10 Month Faculty **43 days** (June 2, 2021 - August 3, 2021)

Maximum Total Summer 2021 Salaries

Travel

- ▶ Needs to be included on the approved budget
- ▶ Fly American Act requires air travel and cargo for federally funded projects to use “U.S. flag” air carrier services (General Service Administration)
- ▶ 49 U.S.C. 40118 - Government-financed air transportation)
- ▶ The requirement applies to:
 - ▶ Federal government employees and their dependents
 - ▶ Consultants, contractors, grantees, and any travel paid for using federal funds
- ▶ Price and convenience does not justify deviation
- ▶ International travel needs to be allowed on the project (evidence from approved budget/ narrative)
- ▶ Reason for travel needs to tie to the project (evidence e.g. to present the project research findings)

Authorization #: TL

INTERNATIONAL

☐ PLEASE CHECK HERE AND INCLUDE APPROVAL
NUMBER IF AMENDING PREVIOUSLY SUBMITTED
TRAVEL REQUEST

Amended Authorization #: TL

Traveler Information	Method of Travel	Date(s) of Travel
Name: Susie Que	Air <input checked="" type="checkbox"/>	Depart: 10/11/2022
Title: Assistant Dean for Admin. & Outreach	Train <input type="checkbox"/>	Return: 10/22/2022
Department: Office of the Dean, CLA	Bus <input type="checkbox"/>	Department Charge Code
Banner Organization Code: A0010	Private Vehicle <input type="checkbox"/>	4 3 8 3 3 0 04 0 4 1
Phone: 443-885-0000	University Car <input type="checkbox"/>	Additional Charge Code? <input type="checkbox"/> How many?
Email: susie.que@morgan.edu	Other <input type="checkbox"/>	Please submit new form for each additional charge code
Check: <input checked="" type="checkbox"/> Out-of-Country Travel	MSU ID#	0 1 1 4 5 0 2
Destination: Aix-en-Provence, France		
If approval is for requestor and student(s), attach a list of student name(s) and ticket amount(s).		
Purpose of Trip: To participate in the Institutes for American Universities College Advisory Board meeting.		Attach here:
Additional Notes:		
	Total Estimated Cost	Paid by Purchase Card or P.O.
Fare	1300.00	
Lodging		
Meals		
Portage		
Registration Fee(s)		
Other Transportation	200.00	
Car Rental		
Other (Specify below)		
Total: \$	1,500.00	\$ 0.00
		\$ 1,500.00

This request must be submitted to the Supervisor for processing at least 30 days prior to the date of the proposed travel.

Signature of Approvers			
Traveler (Optional)	09-Sep-22 1:26 PM EDT	Vice-President or Assistant Vice President	13-Sep-22 4:12 PM EDT
Supervisor or Chair	12-Sep-22 9:30 AM EDT	President or Designee (out-of-country travel ONLY)	16-Sep-22 1:58 PM EDT
Budget Officer (if applicable)	12-Sep-22 10:42 AM EDT	Grants, Business Services (if applicable)	13-Sep-22 2:57 PM EDT
Title III (if applicable)		Comptroller	16-Sep-22 2:19 PM EDT
Advisor:	ID#	Advance check #	Amount:
Email/ Contact information:			

AGENCY CODE R13

Morgan State University
Individual Request for Approval of Out of State-TravelREQUESTING
ADVANCE ☐Authorization #: TL ☐ PLEASE CHECK HERE AND INCLUDE APPROVAL
NUMBER IF AMENDING PREVIOUSLY SUBMITTED
TRAVEL REQUESTAmended Authorization #: TL

Traveler Information	Method of Travel	Date(s) of Travel
Name: <input type="text"/>	Air <input checked="" type="checkbox"/>	Depart: 12/09/2022
Title: Instructor	Train <input type="checkbox"/>	Return: 12/11/2022
Department: Civil Engineering	Bus <input type="checkbox"/>	
Banner Organization Code: A5020	Private Vehicle <input type="checkbox"/>	Department Charge Code
Phone: <input type="text"/>	University Car <input type="checkbox"/>	5 2 2 6 6 4 04 0 4 0
Email: <input type="text"/>	Other <input type="checkbox"/>	Additional Charge Code? <input type="checkbox"/> How many?
	Please specify:	Please submit new form for each additional charge code
Destination: Nashville, Tennessee	Check: Out-of-Country Travel <input type="checkbox"/>	MSU ID# 0 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If approval is for requestor and student(s), attach a list of student name(s) and ticket amount(s).

Attach here:

Purpose of Trip: Non-Morgan employee project participant to attend and participate in the NSF funded project's professional development.

Additional Notes:

	Total Estimated Cost	Paid by Purchase Card or P.O.	Total to be Encumbered
Fare	600		600.00
Lodging	500	500	0.00
Meals	200		200.00
Portage			0.00
Registration Fee(s)			0.00
Other Transportation	50		50.00
Car Rental			0.00
Other (Specify below)			0.00
	Purchase card or PO costs must be reflected in Total Estimated Costs		
Total:	\$ 1,350.00	\$ 500.00	\$ 850.00

This request must be submitted to the Supervisor for processing at least 30 days prior to the date of the proposed travel.

Signature of Approvers			
Traveler (Optional)	02-Dec-22 7:29 PM EST Date	Vice-President or Assistant Vice President Faruk Kamalgar	07-Dec-22 3:08 PM EST Date
Supervisor or Chair	02-Dec-22 7:41 PM EST Date	President or Designee (out-of-country travel ONLY)	Date
Budget Officer	06-Dec-22 9:41 AM EST Date	Grants, Business Services (if applicable)	07-Dec-22 3:07 PM EST Date
Title III (if applicable)	Date	Comptroller	08-Dec-22 1:09 PM EST Date
Advisor:	ID#	Advance check #	Amount:
Email/ Contact information: steve.efe@morgan.edu			

Requisitions

- ▶ Contractual Services
- ▶ Supplies
- ▶ Equipment
- ▶ Reimbursements
- ▶ Working Fund (meals, gift cards, cash)

Contractual Services

- ▶ Not to mistaken for contractual salaries
 - ▶ Includes consultants
 - ▶ Sub-awards
 - ▶ Vendors
 - ▶ other services Needs to be included on the approved budget
- ▶ Requisition description needs to match description in the notice of award or equivalent
- ▶ Provide highlighted portion of approved budget that applies
- ▶ Provide the quote or invoice, and MSU contract
- ▶ Office of Procurement may require multiple quotes and verify sole source

Supplies

- ▶ Not for regular office supplies, but direct project related supplies
- ▶ Use requisition when transaction cost exceeds \$5,000.00 except for where vendor does not accept credit card payments
- ▶ Needs to be within the project period
- ▶ **Provide a quote or invoice**

Equipment

- ▶ By federal definition need to exceed \$5,000.00 per item
- ▶ Must be purchased when it is needed for the project
 - ▶ Generally, equipment purchase at the end of the project is not allowed
- ▶ Re-budgeting equipment funds is rare and needs justification
 - ▶ If the required equipment cost is lower than anticipated,
 - ▶ Colleague has a similar equipment that may be used for the project
 - ▶ Be mindful of the IDC component if re-budgeting is necessary
- ▶ Provide highlighted portion of approved budget that applies
- ▶ Provide the quote or invoice

Student Stipend

- ▶ Stipend are paid to participants for the purpose of training.
 - ▶ Requester (PI or designee) submits a memo via DocuSign to ora-docusign.edu
 - ▶ Designate ORA as “to approve”, followed by Accounts Payable as “to view” at msuap@morgan.edu
 - ▶ At least 30 days from the Check Issue Date
 - ▶ Payment may be ready about 5 business days from check issue date
 - ▶ Direct deposit may shorten the wait period
- ▶ Stipend is not pay for work performed, the latter is compensated for via payroll check (EPAF/ PF10)

DEPARTMENT LETTER HEAD

A cover letter will also be required along with the attached stipend template and should include the following –

To: Budget Office in Office of Research Administration

From: PI or PD name (signature)
Title & Department

Subject: Stipend Payments for “Program name”

Semester: Identify Semester and payment months (example: Payments to cover Fall 2022 semester for the month of September)

Paragraph: Descriptive Summary of the program

Budget information: FOAP (Index, Fund, Account and Program, Grant Code)
FOR ACCOUNT NUMBER –
UNDERGRADUATE STUDENTS – 12042
GRADUATE STUDENT – 12043

Candidate	MSU ID& Social Security #	Address City, State, Zip	AMOUNT	Check issue date	Accounts Payable USE ONLY
Jane Doe	00073000 200-00-1234	5102 Example Avenue Baltimore, MD 21000	\$720	1/30/23	
John Doe	00180003 200-00-1234	5102 Example Avenue Baltimore, MD 21000	\$720	1/30/23	
James Brown	00073000 200-00-1234	5102 Example Avenue Baltimore, MD 21000	\$720	1/30/22	
Janet Brown	00180003 200-00-1234	5102 Example Avenue Baltimore, MD 21000	\$720	1/30/23	
Jane Doe	00073000 200-00-1234	5102 Example Avenue Baltimore, MD 21000	\$720	1/30/23	

Tuition

- ▶ Needs to be included in the approved budget
- ▶ Requester (PI or designee) submits the request memo via DocuSign to ora-docusign.edu
- ▶ Requests need to be submitted as soon as the tuition due is determined
 - ▶ Early submission ensures timely processing
 - ▶ Prevents undue stress on students
- ▶ Designate ORA as “to approve”, followed by Financial Aid as “to view” to Tanya.Wilkerson@morgan.edu



To: Ms. Lucy Manyara, Budget Officer
Mrs. Shamon Shine-Lee, Budget Officer
Office of Research Administration

From: PI/PD Name, PI Signature

Date: August 29, 2022

Re: Tuition Request for the Fall 2022 Semester

Attached is a list of students who were awarded financial awards through XXXX. Please credit their accounts with the amounts for the semester(s) indicated.

Tuition charge Index: 522694 Fund: 31184 Org: A2090 Account 12040 Program: 25

LAST NAME	FIRST NAME	STUDENT ID #	AMOUNT	HEALTH INSURANCE

If you have any additional questions or require additional information, please feel free to contact me directly at 443-885- or at PI/ PD email@morgan.edu

Funds Transfer

- ▶ Generally, up to 25% of the budget may be reorganized without agency approval
- ▶ Generally, participant cost may not be re-budgeted
 - ▶ Stipends
 - ▶ Tuition
 - ▶ Other participant costs
- ▶ Equipment cost re-budgeting is rare because generally, equipment is closely associated with project scope
- ▶ IDC consideration when transferring between IDC and Non-IDC categories
- ▶ Key personnel- Generally max 30%?
- ▶ Transfers need to consider change of scope

Reminders

- ▶ All DocuSign requests and supporting documents go to ORA-Docusign@morgan.edu
- ▶ General questions and inquiries go to ask.ora@morgan.edu

Links-EPAF & PF10-Training by Kadijah Fadiora, HR

▶ EPAF Training Link

▶ https://urldefense.proofpoint.com/v2/url?u=https-3A__drive.google.com_file_d_1GRu5-2DuHUBlhPD-2DWthH7JKzjSDWhFVXir_view-3Fusp-3Ddrive-5Fweb&d=DwMFaQ&c=0CCt47_3RbNABITTvFzZbA&r=DVYPM795qK4AJTuq_vkcOa00X3oGml5tcR2iAwvZmrE&m=l5Oj-cYych9EK1T_w0f1jf65FOH1p5529j9NC3UoouU&s=4EDSV46EN7ihkY8_W2nhm8TU8RldmJWuUUAQOoVAQKM&e=

▶ Request for PIN

▶ https://urldefense.proofpoint.com/v2/url?u=https-3A__drive.google.com_file_d_1W0rKOjXYcX7uBuzDNsfLe0zWpYk8y69n_view-3Fusp-3Ddrive-5Fweb&d=DwMFaQ&c=0CCt47_3RbNABITTvFzZbA&r=DVYPM795qK4AJTuq_vkcOa00X3oGml5tcR2iAwvZmrE&m=l5Oj-cYych9EK1T_w0f1jf65FOH1p5529j9NC3UoouU&s=XwwXBKRtz6wDqed20leUmkOb6IFYHP0Z0KVIvrXL46c&e=

▶ PF10

▶ https://urldefense.proofpoint.com/v2/url?u=https-3A__drive.google.com_file_d_1kg4Kl7oiN25gVU0ZlZ-5FSdzVcC2o-2DKFSt_view-3Fusp-3Ddrive-5Fweb&d=DwMFaQ&c=0CCt47_3RbNABITTvFzZbA&r=DVYPM795qK4AJTuq_vkcOa00X3oGml5tcR2iAwvZmrE&m=l5Oj-cYych9EK1T_w0f1jf65FOH1p5529j9NC3UoouU&s=nxP-yvoOD4KgLDjcxczJl0ObtdxLyu1mj9E-qlHjpv0&e=

Travel & Working Fund Links

Office of the Comptroller

<https://www.morgan.edu/comptroller>

Travel Request

Reimbursement for their in-state travel costs, a traveler is to submit a completed **State of Maryland Expense**

***This link provides instruction on how to complete the State of Maryland Expense Account Form**

- **Reimbursement Form** (Non-Travel Related Expenses)
 - [view Instructions](#)

•Working Fund

The Working Fund is administered to provide limited payments for small emergency purchases, research funds, travel expenses and salary advances to employees who did not receive t

- [MSU Working Fund Research Fund Request Custodian Agreement](#)
- [WF Research Fund Advance Request Form](#)

References

- ▶ <https://www.gsa.gov/policy-regulations/policy/travel-management-policy/fly-america-act>
- ▶ https://www.nsf.gov/pubs/policydocs/pappg17_1/pappg_2.jsp#lIC2gia

Questions

