

# Virginia State University



## Title III

### Policies and Procedures Manual



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## **PREFACE**

This guide is an outgrowth of the need for information, policies, and procedures that are consistent with University policy to ensure the effective and efficient management of the Title III Program at Virginia State University. Activity Directors who adhere to these guidelines should encounter few difficulties in the administration and management of programs and activities.

A broad overview is contained in this manual and does not cover all of the problems that may arise during the process of developing a proposal or managing a project. Matters that conflict or affect the implementation of a project should be reviewed with the Title III Director in order to achieve a workable alternative.

These policies, procedures, and guidelines will be reviewed and amended to conform with changes in University and Education Department General Administrative Regulations (EDGAR), as needed.

This document has been developed in part with Department of Education Title III funds and does not necessarily reflect all of the policies of that agency or any other federal agency.

## **INTRODUCTION**

The Title III Program at Virginia State University embraces many facets which are pertinent to the University's total development. Orderly implementation and operation of such a massive effort is necessary if the institution is to benefit from participating in the Title III Program.

## **MISSION STATEMENT**

Virginia State University, America's first fully state supported four-year institution of higher learning for Blacks is a comprehensive university and one of two land-grant institutions in the Commonwealth of Virginia. Its mission is to promote and sustain academic programs that integrate instruction, research, and extension/public service in a design most responsive to the needs and endeavors of individuals and groups within its scope of influence. Ultimately, the University is dedicated to the promotion of knowledgeable, perceptive, and humane citizens - secure in their self-awareness, equipped for personal fulfillment, sensitive to the needs and aspirations of others, and committed to assuming productive roles in a challenging and ever-changing global society.

## **WHAT IS TITLE III?**

The Strengthening Historically Black Colleges and Universities Program is the current Title III initiative. Its global objectives are:

1. To strengthen academic programs;
2. To improve institutional management; and
3. To facilitate fiscal stability.

The Title III-HBCU Program is a combination of both a discretionary and formula grant program. Funding determinations are made through a formula based program. However, after funding determinations are made and grant award documents are issued; funded projects are administered as a discretionary grant and subject to the administrative requirements of the Education Department General Administrative Regulations (EDGAR).

## **HISTORY OF TITLE III AT VIRGINIA STATE UNIVERSITY**

There has been a Title III presence at Virginia State University since President Lyndon B. Johnson signed the Higher Education Act of 1965 into law. Over the years, Title III has supported the University's efforts to enhance its curriculum and faculty and staff as well as to improve its student and administrative services.

The activities of Title III support a wide variety of University programs by strengthening academic and institutional support services. Title III involvement ranges from student activities and faculty and staff development to computer and media technology services; from tutoring and academic advising to endowment building.

Title III has favorably impacted a broad spectrum of University programs, ensuring the availability and quality of service in support of both academic and institutional management. Most notable among the achievements of Title III is its support of large segments of the University by facilitating the growth and utilization of technology. Some of the most prominent contributions have been in the area of computing. Computing services have been provided not only to students, but to faculty and staff as well. Institutional Management has been enhanced through the work of the Academic Computing and Communications Systems capable of meeting academic and administrative needs of the University.

Faculty and staff have been able to enhance skills necessary for excellence in job performance through Title III funding. Professional development is provided through workshops, courses, attendance and/or presentations at national meetings. In addition, a select number of faculty, have pursued or are pursuing terminal degrees within their discipline.

The Higher Education Act of 1965, as amended in October 1998, authorized endowment building as an activity for Title III institutions. Virginia State University is taking advantage of this opportunity to enhance its endowment by utilizing 20% of its yearly Title III allocation for endowment building.

Title III continues its tradition of service to Virginia State University as it works to support the institution's mission of teaching, research, and extension.

### **ROLE OF THE TITLE III DIRECTOR**

The Title III Director is responsible for the overall coordination of activities relative to the operation of the Title III Programs at Virginia State University.

#### **Specifically, the Title III Director:**

- Compiles, collates and disseminates all information relative to Title III funding.
- Maintains close liaison with all Title III Activity Directors.
- Coordinates and receives reports of progress for Title III programs.
- Schedules meetings with Activity Directors as needed for informational purposes.
- Collects all data relative to Title III and collates and analyzes such data.
- Interprets data for all levels of management concerned with Title III Programs.
- Coordinates and assists Activity Directors in the writing of the yearly proposal.
- Assists in evaluating the effects of the Title III Programs on all aspects of the University.
- Prepares and submits proposals and other requested reports to be sent to the Department of Education.
- Maintains and disseminates up-to-date budgetary and program information to Title III Activity Directors.
- Helps to develop strategies which will make the Office of Institutional Research more responsive to the research needs of the Title III Programs.
- Receives and approves all documents, and submits to appropriate offices for processing.
- Establishes budget lines based upon the approved budget.
- Performs all other duties as assigned by the President or the designated University official.

**Activity Directors.** The Activity Directors are responsible for carrying out the approved program plan for the respective activities and for achieving the objectives of the various activities. Only Activity Directors may initiate requests for funds, and the requests must be based upon the approved HBCU budget. Each Activity Director will have requests approved by

the appropriate administrator within the existing administrative structure of the University before requests are transmitted to the Title III Office.

Specifically, Activity Directors will:

1. Prepare, complete and submit accurate quarterly reports of progress on the required "Quarterly Report" Form. (This report is to be submitted to the Title III Director, who will then share copies of reports with appropriate university administrators);
2. Monitor activity progress and report progress and problems to the Title III Director and to appropriate university administrators;
3. Compile and forward necessary evidence of completion of activity objectives to the Title III Director and to appropriate university administrators;
4. Attend Title III meetings;
5. Monitor activity budgets and request use of funds in a timely manner to ensure that all funds are used within the grant period; and
6. Perform other duties which may be required from time to time to ensure that the objectives of the activity are achieved.

### **FISCAL MANAGEMENT**

The Grants and Contracts Office has the responsibility of maintaining accounting records on a consistent basis and in accordance with accounting principles acceptable to the U.S. Department of Education. All requisitions are submitted to the Title III Office before they are submitted to other fiscal offices. The E-Print System provides the Title III Office with copies of the "Account Statement in Whole Dollars" (which shows the open commitments status) and the monthly Report of Transactions." These reports show which obligations have been paid and which obligations are still due to vendors. They also show balances available in activity accounts. The Title III Office has the responsibility to:

1. Provide timely and accurate cost data to the Activity Directors;
2. Prepare required reports of expenditures of grant funds; and
3. Approve prepared budgets before they are submitted to the Department of Education for final approval.

The Title III Director has the fiscal responsibility to monitor actual expenditures and compare them with the budget plan, monitor cash flow and recommend action to obligate funds, and to approve all expenditures before they are submitted to the Purchasing Office for obligation or payment.

## **PERSONNEL**

For all Title III positions, there must be a search process to ensure that the hiring of personnel, supported by Federal funds, is in compliance with all applicable Federal regulations and is within the framework of the Title III Plan of Operation and the Title III budget. Documentation for personnel management is essential and should be kept according to the guidelines that follow:

### **Hiring of Personnel**

University hiring procedures will be followed in the hiring of personnel for the Title III grant. The following procedures should be used to fill Title III positions:

1. Complete a Virginia State Application Form. Forward the completed form through the proper channels for approval.
2. The application form will be submitted to the Office of Human Resources, for advertisement.
3. The Office of Human Resources will review all applications and will refer to the supervisor only those that meet the qualifications for the position advertised.
4. Interview the prospective employees. No applicants should be interviewed before the first three steps have been taken.
5. After a potential employee has been selected, a Personnel Action Form will be completed and forwarded through the proper channels for approval. The form must be processed before the employee begins work. New employees must receive a letter of employment from the President of the University and must report to the Human Resources Office before they begin work.

As Title III positions are filled, the Title III Director should be allowed an opportunity to talk with the new employees to inform them of their responsibilities as they relate to the Title III grant. Employees paid from the Title III grant are employed for the period stipulated in the grant. An extension of employment requires that a new Personnel Action Form be processed and that a memorandum indicating funding for the extended period accompany the Personnel Action Form.

The Title III Director must be supplied the credentials for all persons hired with Title III funds. A copy of the employee's employment vita will serve this purpose. When employees leave or are replaced for any reason, the Title III Director must be informed immediately. Copies of correspondence and copies of the Personnel Action Form will serve this purpose.

### **Reports of Time and Effort of Employees**

The United States Department of Education requires documentation of time spent

working on Title III activities by all persons wholly or partially paid with Title III funds. Employees should, therefore, complete the Quarterly Personnel Activity Report and submit it to the Office of the Title III Director by the fifth day of the month following the period that service was rendered. The Personnel Activity Report must be signed by the employee, his/her immediate supervisor, and the Title III Director.

## **FACULTY COMPENSATION FOR WORK PERFORMED**

Federal regulations described in CFR 74 Appendix D, Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Educational Institutions, limit the amounts that may be paid for work performed in the grant. The regulations also prohibit payments for intrauniversity consulting.

### **Salary Rates for Academic Year**

Charges for work performed in this grant by a faculty member during the academic year must be based on the faculty member's regular compensation for the continuous period, which under the practice of the institution concerned, constitutes the basis for the salary. Charges for work performed during all or any portion of such period is allowable at the base salary rate. In no event will the charge, irrespective of the basis of computation, exceed the proportionate share of the base salary for that period. Any extra compensation above the base salary for work in the grant during the academic year is unallowable. This principle applies to all members of the faculty at the institution.

### **Intrauniversity Consulting**

Since intrauniversity consulting is assumed to be undertaken as a university obligation requiring no compensation in addition to full-time base salary, the principle described above also applies to those who function as consultants or otherwise contribute to a research agreement conducted by another faculty member of the same institution. However, in unusual cases where consultation is across departmental lines or involves a separate or remote operation, and the work performed by the consultant is in addition to his regular departmental load, any charges for such work representing extra compensation above the base salary are allowable provided such consulting arrangement is specifically provided for in the approved application or approved in writing by the United States Department of Education.

### **Salary Rates for Periods Outside the Academic Year**

Charges for work performed by faculty members on Government research during the summer months or other periods not included in the base salary period will be determined for each faculty member at a monthly rate not in excess of that which would be applicable under the base salary and will be limited to charges made in accordance with the paragraph above.

## REPORTS OF RELEASED TIME OF UNIVERSITY

### EMPLOYEES

The University is required to document the released-time efforts of employees. To avoid supplanting University funds, the University must continue to pay for the work from which an employee is released; and the University must document the funds paid. The Title III Director will maintain a "Released Time" report which will give information about both released-time employees and the persons who replace them.

### TRAVEL

Travel with Title III funds is allowable only for travel expenses identified in the approved grant application. Changes in approved travel must be justified. *Faculty traveling to present papers is not allowable under Title III.*

#### Approval to Travel

Title III personnel who will travel with grant funds must have travel itineraries. On the travel itinerary, include the total cost of the trip (i.e., air, taxi fare, registration fees, meals, mileage, and lodging). Travel arrangements must be made through the Purchasing Office

#### Travel by Public Carrier

Employees who travel by airline or other public carriers are required to have all travel arrangements (i.e., transportation, lodging, etc.) handled by the Purchasing Office. The Purchasing Office will send the traveler an itinerary for the airline travel.

#### Meals, Lodging, Registration Fees, and Other Expenses

**Meals.** Employees are reimbursed for actual costs of meals, not to exceed the state per diem rate. Meals may not be claimed as a separate item of expense when they are included in the conference registration fee. Meal tips should be included in the actual meal expense.

**Lodging.** When rooms are blocked for a conference, seminar, or other meeting, and a special discounted conference hotel rate is provided, the employee should go through the conference housing bureau, or when appropriate, directly to the hotel to obtain lodging. *A copy of the conference literature must be attached to the travel voucher showing the conference hotels and rates in the conference package.* Hotel/motel receipts submitted should be the original form the registration desk provides when the bill is paid, not an Express Check Out form or credit card receipt.

If more than one person shares a hotel/motel room, each person should report his/her pro-rata share of the costs on the travel reimbursement request. Separate invoices should be requested when registering. If an employee has shared lodging and does not have an original receipt, the employee must request an original receipt from the hotel.

**Registration Fees.** Registration fees will be reimbursed on a travel reimbursement voucher when supported by a paid receipt. When pre-registration is paid directly to the conference by the University, a copy of the pre-registration form and charge is acceptable.

**Other Expenses.** Phone calls, postage, and other expenses included in the "other authorized expenses" column must be certified at the bottom of the travel voucher by the employee that they are for valid business expenses. Phone calls itemized on a hotel bill should be circled and indication made if they were made for business, or were personal calls. Fares for taxis or limos require a receipt which must be attached to the reimbursement voucher. Hotel/motel parking charges must be supported by receipts.

### **Reimbursements for Approval Travel**

After the travel has taken place, a Travel Reimbursement Voucher must be prepared. With receipts for taxi fares, hotel accommodations, fees, and other reimbursable expenses attached to the voucher. The traveler must sign, and submit the package to the Title III Director's Office.

### **Restrictions on Travel**

Expenditures for travel may not exceed 125 percent of the amount allotted for such travel by the U.S. Office of Education. The difference in cost between first-class air accommodations and less than first-class air accommodations is unallowable.

### **Report on Travel With Title III Funds**

Persons whose travel expenses are paid by the Title III grant are to complete a "Travel Report Form." A copy of the report is included in this manual. Submit the report to the Title III Office along with your request for reimbursement.

## **EQUIPMENT**

Equipment is tangible personal property which has an acquisition cost of \$5,000 or more per unit and has a useful life of more than one year (EDGAR 74.132).

### **Acquisition of Equipment and Other Facilities**

The cost of permanent equipment or other facilities is allowable where such purchases are approved by the sponsoring agency concerned or provided for by the terms of the research agreement. Total expenditures for permanent equipment may not exceed 125 percent of the amount allotted for the permanent equipment category by the sponsoring agency (through an approved budget or other document) except with approval.

**General Purpose Equipment.** Approval must be obtained to acquire with Government funds any general purpose permanent equipment, i.e., any items which are usable for activities of the institution other than research, such as office equipment and furnishings, air conditioning, reproduction or printing equipment, motor vehicles, etc., or any automatic data processing equipment.

**Research Equipment.** Approval must be obtained to acquire with Government funds any items of permanent research equipment costing \$1,000 or more.

### **Limitations on Purchase of Equipment**

**Items listed in the final approved plan of operation can be purchased without further approval by the Office of Education. Some changes/alternates can occur.**

### **Equipment Management Requirements (EDGAR 74.140)**

Procedures for managing equipment (including replacement equipment) until transfer, replacement, or disposition takes place shall, as a minimum, meet the following requirements.

- (a) Property records shall be maintained accurately. (Retention and access requirements for these records are explained in Subpart D of the *Education Department General Administrative Regulations*. For each item of equipment, the records shall include:
  1. A description of the equipment, including the manufacturer's model number, if any.
  2. An identification number.
  3. Identification of the grant under which the recipient acquired the equipment.
  4. Acquisition date and unit acquisition cost.
  5. Location, use, and condition of the equipment and the date the information was reported.
  6. All pertinent information on the ultimate transfer, replacement, or disposition of the equipment.
- (b) A physical inventory of equipment shall be taken and the results reconciled with the property records at least once every two years to verify the existence, current utilization, and continued need for the equipment. Any differences between quantities determined by the physical inspection and those shown in the accounting records shall be investigated to determine the causes of the differences.
- (c) A control system shall be in effect to insure adequate safeguards to prevent loss, damage, or theft of the equipment. Any loss, damage, or theft of equipment shall be investigated and fully documented.

- (d) Adequate maintenance procedures shall be implemented to keep the equipment in good condition.
- (e) Where equipment is to be sold, the Federal government is to have a right to part or all of the proceeds; selling procedures shall be established which will provide for competition to the extent practicable and will result in the highest possible return.

### **Moving Equipment**

Equipment is approved for use of a particular activity only and should be moved only if the activity is being moved to a different location. The Coordinator maintains responsibility for information on the location and use of all equipment purchased with Title III funds. Each year, the Title III Office will request an inventory of equipment. The equipment must be available for inspection by the Coordinator, by external evaluators, and by persons making site visits for the United States Department of Education.

All requests to move equipment should be made to the Fixed Assets Department. Please use the forms designated by that department, as follows:

**Request to Transfer Equipment Form.** This form is to be used when the furniture and/or equipment is to be transferred from one department to another permanently.

**Work Order.** A workorder must be submitted when there is a request to move or pick up equipment or other items. The workorder should clearly specify the time, date, location, quantity, and any other information that may be helpful in aiding the workers in preparing for and completing the work. The workorder should be signed by the person making the request. All requests for moving should be in the FAACS Office at least two working days before the move is to take place.

Work requests may be submitted by any of the following methods:

1. Send an email to "Workorder Workorder"
2. Send a fax to 524-6519
3. Hand deliver a workorder request to the Physical Plant building, Room 25

A copy of the workorder must be submitted to the Title III Office.

### **Identification of Equipment Purchased with Title III Funds**

All equipment purchased with Title III funds must be identified with an identification strip which contains the grant number under which the equipment was purchased. The strip will be assigned by the Fixed Assets Office. The strip will show that the equipment was purchased with federal funds.

## **SUPPLIES**

"Supplies" means all tangible personal property other than equipment. Equipment costing from anything under \$100 to \$5,000 is considered supplies.

### **Acquisition of Supplies**

Grantees should purchase supplies from Title III funds only in amounts reasonably expected to be required for the performance of the grant. Supplies should be procured on a timely basis to reflect use of the supplies during the period of grant support. Although there is no requirement for accountability for supplies similar to that for equipment, the grantee is expected to maintain those records necessary to support the purchase, receipt, and proper charging of supplies in accordance with good management practices.

## **OTHER**

All budget items not classified as personnel, supplies, travel, contract, or equipment are included in the budget classification "Other."

### **Consultants**

Before selecting a consultant, review the "Suggestions for Using Consultants Effectively."

### **SUGGESTIONS FOR USE OF CONSULTANTS**

- A. Before the assignment starts
  - 1. Identify the problem to be solved.
  - 2. Accept suggestions from those who will be affected by the solution to the problem.
  
- B. Selecting a consultant and evaluating his/her credentials
  - 1. Acquire performance data and resumes describing the consultant's specialty.
  - 2. Confer with references (preferably persons who have used a consultant's services) to determine whether the consultant:
    - (a) prepares a range of activities that respond to the distinct needs of the training audience; and
    - (b) helps participants resolve their own problems by a careful examination of their present behavior.
  - 3. Avoid the "buddy system" prevalent in in-service education programs.
  - 4. Select a consultant who conforms to the high standards of the committee on Professional Ethics of the Association of Consulting Management Engineers, Inc.

C. Initial communication with the consultant

1. Leave no doubt as to the specific mission to be undertaken during the consultation.
2. Provide a clear description of the services to be rendered.
3. Ask for examples of the consultant's previous professional work, published manuscripts, position papers, program development activities, etc.
4. Give an estimate of the length of time necessary to complete the task.
5. Say how much you can pay and give the method of payment.

D. Preparing for the consultant

1. Inform the consultant that he/she must present detailed invoices for traveling and other expenses.
2. Put in writing and submit to the consultant:
  - (a) A clear, precise, and carefully articulated description of the service to be rendered;
  - (b) A fixed maximum fee to include both time and reimbursable expenses;
  - (c) An estimated completion time for the consultation;
  - (d) The number and type of reports that will be required (at least one written report, giving recommendations); and
  - (e) A statement that billing be itemized per person for travel, hotel, and living expenses.
3. Select a capable staff member to act as liaison between consultants and university personnel.
4. Take care of arrangements for meetings, including place, seating, arrangements, incidentals; and provide office space if necessary.

E. During the assignment

1. Hold your consultant accountable for completing the task.
2. Use the following check list to determine how the consultant is performing:
  - (a) Did the engagement start on schedule?
  - (b) Have substitutions been made in the consulting team specified in the agreement?
  - (c) Is the consultant actually doing any work?
  - (d) Are interviews conducted professionally?
  - (e) Are data being generated that will be useful?

F. After completion of the consultation

1. Pay your consultant what has been specified in the agreement.
2. Ask when you may expect the consultant's written report and recommendations.
3. Evaluate the consultant's recommendations to determine which can be accepted.
4. Implement as soon as possible any recommendations you decide to accept.

G. Implementing the recommendations

1. Ask for the consultant's help if you need it.
2. Follow up the implementation and make sure what is being done conforms to what should be done.

H. Submit a copy of the written report of the consultation to the Title III Office

You must secure approval to use consultants other than those identified in the application. All consultants must be in accordance with the objectives of the grant.

When a consultant is needed the following steps should be taken:

1. Complete Request for Consultant Form/Requisition.
2. Submit the Consultant Service Report Form to the Title III Director for signature and transfer to appropriate University Offices for payment. *The consultant cannot be paid without a completed Consultant Service Report Form.*

**Travel and Other Expenses for Consultants**

Travel expenses for consultants are charged to the "Other" budget line. The consultant must present receipts for airline ticket, lodging, and other reimbursable expenses. Refer to "Travel Policies" for more information.

**Standards for Documentation for Use of Consultants**

The following information represents the minimum standards for documentation in support of the use of consultants:

1. Evidence that the services of the consultant are needed and the need cannot be met by direct salaries provided under the grant or by employees of the University.
2. Evidence that selection process has been employed to secure the most qualified individual available, considering the nature and extent of the services to be required.

**WORKSHOP EVALUATION**

Title III participants should evaluate the effectiveness of workshops sponsored by the grant. Each workshop participant should be asked to complete an evaluation form. A summary of the evaluation should be sent to the Title III Director. An evaluation form is included in the appendix of this manual. Activity Directors may, however, wish to construct evaluation forms which relate more directly to the objectives to be achieved by the workshop.

## **ENTERTAINMENT EXPENSES**

Federal funds cannot be used for reimbursement of expenses for entertaining. Any costs incurred for amusement, social activities, and any items relating thereto, are not allowable.

## **PROCUREMENT POLICIES**

In order to obtain property and services needed to carry out the objectives of an activity, the University's policies and procedures must be followed. Any deviation might result in delays in acquiring what is needed. Some of these policies and procedures are described in the paragraphs that follow.

### **Supplies and Equipment**

1. Complete a Requisition for Purchase of items that you wish to obtain. On the requisition, include the department (Title III and the name of your activity), the sub- object code and account number, the item, and the date required. When bids are not required, include the name of a suggested vendor.
2. Sign the requisition at the space above "Requested By: \_\_\_\_\_." Secure the signature of the Dean who supervises the program area in the space above "Approved: \_\_\_\_\_ Dean."
3. Submit all Purchase Request to the Title III Director for review/approval. If the expenditure is allowable, the request will be entered into eVA or eWay and forwarded to the Purchasing Office.
4. Requisitions that request goods which are not covered by already competitively bid state contracts, must write "FOR BID" on such requisitions, and attach the names and addresses of at least three possible vendors from whom the Purchasing Office can solicit bids. When the Purchasing Office has received responses from the bidders, the requestor will be contacted and given the name of the vendor from whom the goods or services should be acquired.

When the items are on competitively bid state contracts, the commodities must be purchased from the contracted supplier at the specified prices unless there is some special exemption.

To promote standardization of micro-computer hardware and software campus wide, Activity Directors should consult with the Director of Information Technology to discuss proposed computer acquisitions. A homogeneous computing environment is a long-range goal of the University.

## **MONITORING BY THE TITLE III OFFICE**

The Title III Office keeps a record of Title III expenditures, and reviews each requisition to determine the account balance before the requisition is submitted to other University offices. The Activity Director should maintain records of expenditures, for documentation.

## **RECORD KEEPING AND RETENTION**

The U.S. Department of Education requires the University to keep records that show the amount of funds under the grant, how the grant funds were used, the total cost of the project, and other records to facilitate an effective audit. The University must keep records that show compliance with program requirements and records that show significant project experiences and results. These records must be retained for three years after the final financial report is submitted for the activity for which the funds were granted.

The Secretary and the Comptroller General of the United States or any of their authorized representatives have the right of access to any books, documents, papers, or other records of the grantee which are pertinent to the grant, in order to make audit, examination, excerpts, and transcripts. The right of access is not limited to the required retention period but lasts as long as the records are retained.

## **APPLICATIONS FOR CONTINUED FUNDING UNDER TITLE III**

Grant activities which are approved by University officials for continued funding under Title III must submit an application which gives the information that follows.

1. An activity narrative (The activity narrative for continuation activities will be comprised of the parts that are described in the following paragraphs.)
2. An interim performance report (The report must include a summary of accomplishments to date; present year objectives not met and reasons why; and, if applicable, a description of modifications to the current revised plan of operation.)
3. Activity objectives for the next budget period (Objectives must be described in measurable terms and must include the attainment measurement in qualitative or quantitative terms, to the extent possible.)
4. An evaluation plan (The evaluation plan must provide a detailed assessment of the implementation strategies and quantifiable or qualitative evidence of the attainment of the objectives for each activity for each year.)
5. An activity budget.
6. Other budget information.

Applications are usually due early in the calendar year. The Title III Director will notify directors of the application deadlines.

## **REPORTING PROGRESS IN ACHIEVING TITLE III OBJECTIVES**

Internal evaluations are required by the United States Department of Education. The *Education Department General Administrative Regulations* state that "recipients shall monitor the performance of grant - and subgrant supported activities. They shall review each program, function, or activity to assure that adequate progress is being made towards achieving the goals of the grant or subgrant." Internal evaluation will be carried out through quarterly monitoring reports, annual progress reports, and Title III meetings. An External Evaluator can determine progress in achieving the objectives in the approved application; the effectiveness of the project in meeting the purposes of the program, and the effect of projects on the persons being served by the projects.

### **Internal Evaluation**

**Quarterly Reports of Progress.** In order to provide systematic documentation of the achievement of objectives for each of the grant activities, each Activity Director will, each quarter, complete a report of progress in achieving grant objectives. The reports are to be placed on the forms provided by the Title III Office. They will be due according to the schedule that follows. A copy of the form is included in this manual.

Report No. 1..... January 15,  
Report No. 2..... April 15,  
Report No. 3..... July 15,  
Report No. 4..... October 15,

Along with the quarterly report, each director will submit an evaluation of the extent to which objectives have been met. Ratings are to be placed on the "Activity Objectives and Evaluation Measures" report. Each performance evaluation measure should be rated as follows:

- 1 - No significant progress
- 2 - Performance less than 50 percent of the measure indicated
- 3 - Performance between 50 and 90 percent of the measure
- 4 - Performance within 10 percent + or - of measure
- 5 - Performance exceeds measure by more than 10 percent

Under summary rating, enter the overall rating of the level of achievement of the activity. Use the same 1 through 5 rating scale. The summarized rating should be a numerical average of equally weighted PEMs.

### **External Evaluation**

The evaluator conducts both a formative and a summative evaluation. Evaluators look at all aspects of grant activities, including a comparison of actual accomplishments to the goals established for the period, documentation, and project expenditures, as well as effect of the project on strengthening the University.

## **Certifications**

Each year the University is required to submit Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters and Drug-Free Workplace requirements as specified in CFR Parts 82 and 85 and by an Executive Order.

**Lobbying.** No funds can be used by the University to pay any person for influencing or attempting to influence any federal employee in awarding, extending, or amending any grant, contract, or lean.

**Debarment, Suspension, and Other Responsibility Matters.** The University must certify that it is not ineligible to receive funds because of debarment, suspension, or for other reasons.

**Drug-Free Workplace.** The University must certify that it will continue to provide a drug-free workplace.

### **OBLIGATION OF FUNDS DURING THE GRANT PERIOD**

The University may use grant funds only for obligations it makes during the grant period. All requisitions should be submitted in ample time for the obligation to be made within the grant period. The table below shows when obligations are made for various kinds of property and services.

#### **WHEN OBLIGATIONS FOR GOODS AND SERVICES ARE MADE**

<b>if the obligation is for</b>	<b>the obligation is made</b>
(a) Acquisition of real or personal property	On the date the University makes a binding written commitment to acquire the property
(b) Personal services by an employee of the University	When the services are performed
(c) Personal services by a contractor who is not an employee of the University	On the date which the University makes a binding written commitment to obtain the services
(d) Performance of work other than personal services	On the date which the University makes a binding written commitment to obtain the work
(e) Public utility service	When the University receives the service
(f) Travel	When the travel is taken
(g) Rental of real or personal property	When the property is used by the University

## **EXPANDED AUTHORITIES**

Some budget and programmatic revisions require the approval of the U.S. Department of Education; some revisions can be made without prior approval. The Education Department General Administrative Regulations (EDGAR) establishes a standard for budget increases in equipment and domestic travel at 125 percent of the approved amount. All travel and equipment purchases must be made within this 125 percent allowance.

### **EXPANDED AUTHORITIES - SUMMARY**

#### **Goals:**

- Increase flexibility
- Reduce paperwork burden
- Increase accountability
- Develop partnerships
- Promote successful project outcomes

#### **Expanding Authorities covers:**

- Pre-Award Costs
- Budget Transfers
- Carryover
- Time Extensions

#### **Pre-Award Costs (Incurred up to 90 days before budget):**

- No prior approval required
- Applies to new and NCC awards
- Reasonable expectation of receiving a grant
- Incurred at own risk
- ED funds are not available for draw-down until the budget period begins
- Not for cost over-runs

#### **Carryover:**

- Unexpended funds are carried over without prior approval, Title III funds are available for 5 years following the budget period. (Example: Budget period begins October 1, 2002; funds are available until September 30, 2007).
- For any allowable cost within the approved project scope to finish uncompleted activities or new activities within the scope.
- Program Office may require a written statement asking:
  - ▶ How will unexpended funds be used?
  - ▶ When: At time of funding decision?
  - ▶ In rare cases, new funds may be reduced

### **EDGAR Prior Approval Requirements:**

- ▶ Changes in project scope
- ▶ Changes in key personnel
- ▶ IHE and non-profit project directors:
  - ▶ Absence for more than 3 months
  - ▶ 25% reduction in time
- Need for additional Federal funds

### **Time Extensions - Final Year:**

- One-time extension require prior approval
- Grantees should carefully consider time extension needs
- Send written notice to Program Officer:
  - ▶ No later than 60 days before project ends
  - ▶ State reasons for extension
  - ▶ Include revised expiration date
- No additional Federal funds
- No change to scope or objectives

### **Important Reminders:**

- Check grant terms, conditions and grant attachment for possible exceptions
- In rare circumstances, some or all may be denied
- When in doubt, call your Program Officer

## **GRANTS ADMINISTRATION**

### **EDGAR- Part 74 Subpart L:**

- This part deals with the prior approval requirements for post-award programmatic changes.
- It is not necessary to write to the Program Officer for everything that you wish to change in your project--you only need to write the ED Grants Office for those things that require prior approval.

### **74.102 Prior Approval Procedures:**

- When requesting prior approval you **MUST** address your requests to your Grants Specialist--not to your Program Officer.
- Include your grant number on all requests.
- Approvals are not valid unless they are in writing and are signed by the authorized ED Grants Officer.
- To Speed up the Process, include one original and two (2) copies.

#### **074.105 Budget Revisions-Nonconstruction Projects Requiring Prior Approval:**

- A revision which involves a transfer of amounts previously budgeted for indirect costs to absorb increases in direct costs.
- A revision which involves a transfer of amounts previously budgeted for student support (tuition waivers, stipends and all other payments to trainees).
- A revision which results in the need for additional funds (supplemental awards).
- Those selected items of cost in OMB CIRCULAR A-21, or the appropriate OMB Circular, which have the statements such as "except with approval," or "approved in advance by the sponsoring agency" require approval.

#### **074.108 Authorized Funds Exceeding Needs:**

- As recipients you are required to notify the Grants Officer whenever the amount of the authorized funds are expected to exceed the needs of the funded project by more than \$5,000 or 5% of the grant, whichever is greater. This usually occurs in Personnel when you have a late start, personnel are hired at less than the budgeted amount or personnel resign.
- DO NOT wait until the end of the budget period to notify the Grants Office about these excess funds.
- Budget revisions, which require prior approval, if submitted late in the budget period, may be disapproved and subject to the provisions of EDGAR at section 75.253 for continuation grants. For grants in their terminal year, when a budget revision request is received by the Grants Officer he/she must consider the time remaining in the project period. If 90 days or less remain in the project period, the Grants Officer most likely will not approve the request. The request may be determined "not reasonable" because there is not sufficient time remaining, to benefit the project, before the grant expires.

#### **DON'T JUST BUY IT FOR NEXT YEAR!**

- a. Elements of an accounting system:** Accounting systems are made up of a series of operations which involve classifying, recording, summarizing, and reporting transactions. Elements of the system should consist of an account structure, accounting records, source documents, a system for coding financial transactions and written procedures prescribing the manner in which and by whom these operations are approved. A recipient's accounting system should include the following:
2. System coding or classification should permit summarization and reporting of grant expenditures by specific programs, projects, uniform receipt and expenditure classifications, and major steps funded in the approved budget cost categories.
  3. Accounting records, which should include a ledger and supporting books of account, should refer to subsidiary records or documentation which support each entry and which can be readily located and identified with the grant.

4. Accurate, current, and complete financial reporting information.

Systems integration with an adequate system of internal controls to safeguard grant funds and properties, check the accuracy and reliability of accounting data, promote operational efficiency and encourage adherence by the recipient to prescribed management policies.

**b. Accounting systems are generally one of three kinds:**

1. Cash basis - Expenses are recorded when cash is spent and revenues are recorded when cash is received. This system provides little information on which to base expenditure planning.
2. Obligation basis - Expenses are recorded when funds are obligated. This system is little used and not preferred.
3. Accrual basis - Revenues are recorded when goods or services are delivered and expenses are delivered (expenses when consumed) without regard to the timing of the exchange of cash. This system is preferred because it best matches revenues and expenses with the period in which they are actually earned or accrued. Accrual accounting also contains information on the receipt and disbursement of cash.

**c. Internal controls.** Appropriate internal controls are comprised of an organization plan (recipient policies, structure, division of staff functions, procedures, staff qualifications, etc.) designed to provide the recipient with effective financial and operational control over both its grant programs and projects. The recipient should establish and maintain a system of internal controls adequate to safeguard grant funds and resources, check the accuracy and reliability of the grant accounting and financial data, promote the operational efficiency of the recipient, and encourage adherence to the recipient's prescribed managerial policies.

The degree of internal control is dependent upon the size of the recipient and the funds and resources for which the recipient is responsible. The following criteria are basic to an adequate system of internal control:

ALL FUNDS, PROPERTY AND OTHER RESOURCES FOR WHICH THE RECIPIENT IS RESPONSIBLE SHOULD BE APPROPRIATELY SAFEGUARDED AND PERIODICALLY INVENTORIED TO PREVENT WASTE, FRAUD AND ABUSE.

1. Operating - policies should be clearly stated; systematically communicated throughout the organization; in conformance with applicable laws and external regulations and policies; and designed to promote the execution of authorized activities effectively, efficiently and economically.
2. Organizational structure should define and assign responsibility for the performance of all duties necessary to carry out the functions of the recipient.

3. Responsibility for assigned duties and functions of the recipients should be classified according to authorization, performance, record keeping, custody of resources and review to provide proper internal checks on performance and to minimize unauthorized fraudulent or otherwise irregular acts.
4. A system of forward planning, embracing all phases of the recipient's operation, should be developed to determine and justify financial, property and personnel requirements and to carry out grant operations effectively, efficiently and economically.
5. Grant procedures should be simple, effective and practical, giving due regard to the nature of the grant and applicable legal and regulatory requirements. Feasibility, cost, risk of loss or error and availability and suitability of personnel are factors that should be considered in formulating the procedures.
6. An adequate system of authorization, record keeping and transaction coding procedures should be designed to ensure compliance with the prescribed grant requirement and restrictions of applicable laws, regulations and internal management policies; to prevent illegal or unauthorized transactions; and to provide proper accounting records for the expenditure of grant funds.
7. An adequate and effectively operated information system should be designed to provide prompt, essential and reliable operating and financial data to the recipient for decision-making and performance review.
8. The performance of all duties and functions of the recipient personnel should be properly supervised. All performance should be subject to adequate review under an effective internal audit program to determine whether management policies are observed; applicable laws, prescribed regulations and grant conditions are obeyed; and unauthorized, fraudulent or otherwise irregular transactions or activities are prevented or discovered.
9. The qualifications of officials and employees with regard to education, training experience competence and integrity should be appropriate for the responsibilities duties and functions assigned them.
10. Each official and employee should be fully aware of his/her assigned responsibilities and understand the nature and consequences of his/her performance. Each should be held fully accountable for the honest and efficient discharge of his/her duties and functions, including, where applicable, the custody and administration of *funds and property*, and compliance with grant regulations and legal requirements.
11. Effective procedures should be implemented or expenditure control to ensure that the needed goods and services are acquired at the lowest possible cost; that the goods and services paid for are actually received; that the quality, quantity and prices are in accordance with applicable contracts or other authorizations by grant officials and that

such authorizations are consistent with applicable statutes, regulations, policies and grant requirements.

**d. Management system:** A management system should include provisions to insure that:

1. Established state, local government and organizational administrative and fiscal practices and policies are followed by subordinate bodies in the administration of Federal grant funds.
2. When no established policies and practices govern, reasonable and prevailing administrative and fiscal practices in the area (preferably adapted from public practice) are formally adopted and made a matter of record. The record should contain documentation showing that the standards of reasonableness and prevailing practice have been met.
3. Administrative and fiscal policies are applied consistently regardless of the source of funds.

**e. Budget and Accounting:**

1. Indirect cost budgets should be established on a basis consistent with the way resources are to be consumed and accounted for.
2. All applied direct costs should be recorded in work accounts on a basis consistent with the budgets in a formal system that is controlled by the general books of account:

**f. Accounting System Analysis:** The accounting system should be reviewed to include the following:

1. Identify at the work account level on a monthly basis using data from or reconcilable with, the accounting system:
  - (a) Budgeted cost for work scheduled and for work performed.
  - (b) Budgeted cost for work performed and applied direct cost for the same work.
  - (c) Variances resulting from the above comparisons classified in terms of labor, materials or other appropriate elements together with the reasons for significant variances.
2. Identify in the detail needed by management for effective control, budgeted indirect costs and actual indirect costs:
  - (a) Summarize the data elements and associated variances listed in 1 and 2 above through the recipient organization and to the reporting level specified in the grant.
  - (b) Identify significant differences between planned and actual technical performance.

(c) Identify managerial actions taken as a result of the above.

3. Monitor the effectiveness of actions taken to resolve problems or correct deficiencies.

**g. Revisions and Access to Data:**

1. Provisions should be made in the accounting and management systems to incorporate grant changes in a timely manner recording the effects of such changes in budgets and schedules.
2. Prohibit retroactive changes to records pertaining to work performed that will change previously reported amounts for applied direct costs, or indirect costs, except for correction of errors and routine accounting adjustments.
3. Prevent revisions to the grant budget baseline except for Government-directed changes to the authorized effort, that is, scope, work and schedules.
4. The authorized representatives of the grantor agency shall be provided access to all of the foregoing information and records.

**h. Personnel and Compensation:**

1. The organization will operate under a comprehensive plan that includes a scale of rates or ranges based upon the responsibilities of each position and its relationship to other positions.
2. Compensation paid shall be reasonable. Compensation will be considered reasonable if it is a part of a public compensation plan prescribed for the recipient, or if it is comparable to that paid for similar work in the labor market in which the recipient should compete for the kind of employees involved.
3. The compensation plan should include provisions concerning weekly hours of work, payment, if any, for overtime work, prior approval of all overtime work, and provisions established for each authorized part-time position, with the number of hours to be served each pay period by the incumbent.
4. Fringe benefit plan, fringe benefits extended to employees should be reasonable and of general application. Fringe benefits will be considered reasonable if they are comparable to the benefits extended to the employees of similar organizations in the same area.

**i. Safeguarding Assets:** All funds, property and other resources for which the recipient is responsible shall be appropriately safeguarded and periodically checked under appropriate policies and procedures.

## **AUDIT READINESS FOR RECIPIENTS OF FEDERAL EDUCATION FUNDS**

When an organization receives Federal education funds, it assumes certain responsibilities along with those funds. "Audit Readiness" is a natural byproduct of the proper execution of these responsibilities. A recipient of Federal education funds can expect to reduce instances of audits that result in findings of material noncompliance if the overall management assumed with the funds is carried out properly. Thus audit readiness occurs when the recipient of Federal education funds is prepared to undergo an audit that will disclose that funds are used properly.

A recipient is responsible for using Federal education funds in accordance with applicable laws and regulations. The recipient must use fiscal control and fund accounting procedures to ensure the proper disbursement of and accounting for Federal funds.

### **An Audit of Federal Education Funds May be Conducted by:**

- The Office of Inspector General
- Non Federal government auditors
- Independent public accountants

### **The Work Performed May Include:**

- An examination of financial statements
- Review of compliance of applicable laws
- Economy and efficiency of operations
- Effectiveness in achieving program results

## **ONGOING MANAGEMENT ACTIVITIES**

In order to work toward audit readiness a number of activities can be performed by the recipients while carrying out the overall administrative responsibilities related to insuring that funds are used properly.

### **These Activities May Include:**

- Establishing internal controls
- Complying with Federal requirements
- Maintaining records
- Requesting internal audits

### **Internal Controls:**

"Internal controls" means the plan of organization and methods and procedures adopted by management to insure:

- Resource use is consistent with applicable laws, regulations, and policies

- Resources are safeguarded against waste, loss, and misuse
- Reliable data are obtained, maintained and fairly disclosed in reports. Internal controls include both administrative and accounting controls.

### **Administrative Controls**

Administrative controls are those practices needed to plan and carry out the organization's objectives in a manner that is efficient, effective, and in compliance with applicable Federal requirements.

Administrative controls include the plan of organization and the procedures and records related to the decision process leading to management's authorization of transactions.

### **Accounting Controls**

Accounting controls include the plan of organization and the procedures and records that are concerned with safe guarding assets and assuring financial records are reliable.

### **Characteristics of a Good Internal Control System:**

- A plan of organization that provides segregation of duties appropriate for safeguarding resources.
- A system of authorization and recording procedures adequate to provide effective accounting control over assets, liabilities, revenues, and expenses.
- An established system of practices to be followed by each organizational component in performing its duties and functions.
- Personnel of a quality commensurate with their responsibilities.
- An effective system of internal review.

## **COMPLIANCE WITH FEDERAL REQUIREMENTS**

The recipient of Federal funds is required to become familiar with all applicable Federal Requirements.

The recipient must also take steps to assure compliance with these requirements in carrying out its goal and objectives. Requirements may be general and apply, for example, to all financial reporting; or requirements may be unique to a certain type of grant.

Requirements may be stated in applicable statutes, (EDGAR) Program Regulations, Agency directives, OMB Circulars, or other materials.

Examples of the types of requirements applicable to different kinds of U.S. Department of Education programs include requirements relating to:

- Charges for direct labor to Federal grants
- Treatment of grant related income

- Reporting of financial status
- Eligibility of participants
- Monitoring of activities
- Allowability of activities

## **Records**

Recipients of Federal education funds are responsible for proper record retention and record keeping. Records retention of documents relating to Federal assistance should be for the appropriate time period, which is generally specified in the applicable Federal Regulations. Records are required to be retained beyond specified time periods if they relate to federally funded activities undergoing an audit, audit resolution, audit appeal or other such action initiated prior to the end of the record retention period. Record keeping should be sufficient to establish an audit trail for all transactions involving Federal funds.

As indicated, for most Federally funded activities, recipients are required to keep records to show compliance with program requirements. However, the types of records to be maintained are not always specified.

The types of records described in these examples are only recommended. Actual records maintained will, of course, vary according to the types of activities planned for and carried out dependent upon the individual program.

## **Internal Audits**

An organization that receives Federal education funds and has access to an internal audit staff might request an internal audit of its Federal education funds to help determine whether the organization has adequate administrative and accounting control. The results of an internal audit may indicate the results of the audit conducted by other auditors.

## **Common Audit Problems and Pitfalls**

The following are examples of areas commonly identified during audits that indicate a need for Federal education assistance recipients to establish or improve procedures for carrying out long range responsibilities. Proper attention to internal controls, compliance, and record keeping for these areas should preclude recipients from having costs questioned or recommended for disallowance in audit reports.

### **Payroll Distribution System**

Records of time distribution are required to be maintained for employees who perform functions chargeable to more than one Federal grant. Similarly, records are required to be kept if activities are chargeable to both Federal and non- Federal assistance. A system is also required to be in place to assure that time charged to each activity is accurate. Prior audits have disclosed instances of inadequate record keeping for payroll distribution and improper charging.

### **Supplanting/Maintenance of Effort**

Recipients of several types of education assistance are required to use Federal funds only to add to, and not to replace, funds or services that the recipient would provide in the absence of Federal assistance.

Prior audits have disclosed that the maintenance of effort, supplement not supplant, or matching requirements have not been met. In addition, prior audits have disclosed that compliance with these requirements has not been adequately documented.

### **Services/Funds for Intended Recipients**

Several types of Federal education assistance are for beneficiaries that meet specific requirements or have special needs. Recipients of Federal education assistance are required to have adequate controls in place to assure that specified, targeted beneficiaries are properly identified. Such controls might include procedures for distributing policies, training activities, and internal audits or monitoring activities. As required, documentation of eligibility determinations should be maintained.

Prior audits have disclosed that education funds have not been allocated based on counts of eligible program participants and/or that funds have not always been used to benefit the intended recipients. In addition, audits have shown a need to improve documentation which demonstrates that the appropriate eligibility determinations have been made.

### **Short Term Actions**

Recipients of Federal assistance that are scheduled to undergo an audit may take some action in order to facilitate an effective entrance conference, and provide information that would help the audit to proceed smoothly.

### **Conference**

An entrance conference, which is conducted by the auditors and is usually at the audit site, is to discuss the scope and objectives of the audit work, obtain preliminary data, and establish working arrangements. Once an entrance conference has been scheduled, it would be helpful if the recipient (auditee) would arrange for key officials who will be working with the auditors to attend the entrance conference. It would also be helpful if member of the auditee organization discussed with the auditors any unique problems or concerns that may affect the audit work.

### **Feedback**

Information including explanations by officials or employees of the organization, program or activity under audit is to be provided to auditors of Federal education assistance in accordance with existing Federal requirements. It would also be helpful if the auditee had some preliminary information available when the auditor begins work. Examples of such information

include organizational charts, written policies and procedures, general ledger accounts, and prior audit reports.

It would also be helpful for the auditee to designate a liaison to work with the auditors on a regular basis to assist them in obtaining needed information.

### **Summary**

While a recipient notified of a scheduled audit can take a number of steps to help an audit run smoothly, a successful outcome for the auditee can best be realized if the recipient carries out the ongoing management responsibilities it assumes upon receipt of any Federal funds. The effective management of public funds should be the result of ongoing activities such as assuring that adequate internal controls are in place, Federal requirements are complied with proper records are established and retained and periodic internal audits are conducted. The effective management of public funds, in turn, should result in audit readiness.

## **PERSONNEL ACTIVITY REPORT DIRECTIONS**

In compliance with OMB Circular A-21, this form must be completed by all University employees with part or all of his salary allocated in a grant.

Estimate the allocation of your efforts among the activities which constitute your, as a regular employee, to the interest of the University. Consider only your regular budgeted salary, not extra compensation such as advisory salary, paid consulting, etc. Total effort reported must equal 100 percent.

1. **Instruction**  
Report effort, which is related to instructional programs for students. Instruction also includes all scholarly activities that are not separately budgeted and accounted for, such as departmental research writing, editing, and other creative work.
2. **Organized Research**  
Report effort related to all research activities that are separately budgeted and accounted for.
3. **Academic Support**  
Report effort related to the supporting service operations that benefit the instructional programs of the University.
4. **Student Services**  
Report effort related to the supporting service operations that benefit students.
5. **Institutional Support**  
Report effort is not directly related to instruction or research within the University, and includes administrative and supporting services that benefit the University in general.

Forms will be mailed to each activity director at the end of each quarter. This form must be completed and returned to the Title III office no later than the 7th day of the following month.

Each form must be signed by the employee, principal investigator, or responsible official having firsthand knowledge of the work.

If you have any questions, please call the Title III Office, at extension 5231.

# **APPENDIX**

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# **BUDGET PROCEDURES**

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- ▶ Request for Account Creation
- ▶ Grant Approval Letter
- ▶ Budget Sub-object Codes

**Virginia State University  
Request for Account Creation**

<b>Date</b>	<input type="text"/>	<b>Start Date</b>	<input type="text"/>	<b>End Date</b>	<input type="text"/>
<b>School and/or Department</b>	<input type="text"/>				
<b>Suggested Account Name</b>	<input type="text"/>				
<b>Responsible Person</b>	<input type="text"/>				
		<small>Name</small>		<small>Title</small>	
<b>Purpose of Account</b>	<input type="text"/>				
	<input type="text"/>				

**Account Type (Check One):**

<input type="checkbox"/>	<b>Restricted</b>
<input type="text"/>	Source of Revenue <input type="text"/>
<input type="text"/>	Expected Amount of Revenue <input type="text"/>
<input type="text"/>	Type of Restricted Revenue (check one):
<input type="text"/>	<input type="checkbox"/> Gift
<input type="text"/>	<input type="checkbox"/> Grant/Contract
<input type="text"/>	<input type="checkbox"/> Catalog of Federal Domestic Assistance (CFDA) <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Endowment earnings
<input type="text"/>	<input type="checkbox"/> Scholarship
<input type="text"/>	<input type="checkbox"/> Other (please explain) <input type="text"/>
<input type="checkbox"/>	<b>Unrestricted</b>
<input type="text"/>	Source of Revenue <input type="text"/>
<input type="text"/>	Expected Amount of Revenue <input type="text"/>
<input type="text"/>	Type of Unrestricted revenue (check one):
<input type="text"/>	<input type="checkbox"/> Sales and Services
<input type="text"/>	<input type="checkbox"/> Transfers
<input type="text"/>	<input type="checkbox"/> Auxiliary Enterprise Revenue
<input type="text"/>	<input type="checkbox"/> Other (please explain) <input type="text"/>
<input type="text"/>	<input type="checkbox"/> Endowment
<input type="text"/>	<input type="checkbox"/> Loan Fund
<input type="text"/>	<input type="checkbox"/> Plant Fund
<input type="text"/>	<input type="checkbox"/> Agency Fund

**Expense Purpose (check one):**

<input type="text"/>	<input type="checkbox"/> Instruction (including Academic Department Heads)
<input type="text"/>	<input type="checkbox"/> Sponsored Research (result of a formal agreement)
<input type="text"/>	<input type="checkbox"/> Department Research (private gifts, overhead)
<input type="text"/>	<input type="checkbox"/> Public Service (conference, lectures)
<input type="text"/>	<input type="checkbox"/> Academic Support (Dean's Office, Library, Audiovisual)
<input type="text"/>	<input type="checkbox"/> Student Services (Student Activities)
<input type="text"/>	<input type="checkbox"/> Institutional Support (Administration)
<input type="text"/>	<input type="checkbox"/> Operation and Maintenance of Plant
<input type="text"/>	<input type="checkbox"/> Student Financial Assistance (Scholarships/Fellowships)
<input type="text"/>	<input type="checkbox"/> Financial Assistance for E&G Services
<input type="text"/>	<input type="checkbox"/> Auxiliary Enterprises
<input type="text"/>	<input type="checkbox"/> Other (please explain) <input type="text"/>

**Supporting Documentation**

Copies of the documentation and correspondence which identifies the intended use of the funds, or the restriction on the funds are to be attached to this form.

Have you attached all available supporting documentation and information?

<input type="text"/>	Yes	<input type="text"/>	No
----------------------	-----	----------------------	----

If no, please explain \_\_\_\_\_

**Completed by:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Name</small>	<small>Date</small>	<small>Extension</small>

Approved by:

Dean or Director	Date	Extension
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Received by:

Manager of Financial Requirements and Procedures	Date	
--	------	--

**FOR FINANCIAL REQUIREMENTS AND PROCEDURES USE ONLY:**

Account Number \_\_\_\_\_

Account Description \_\_\_\_\_

Responsible Person (Name): \_\_\_\_\_

CARS Coding \_\_\_\_\_

General Ledger Mapping \_\_\_\_\_

Hard copies of the new account input screens are to be filled out by the Director of Accounting Operations. These forms include all the above information and more, and are to be attached to this form and forwarded to the Budget Director and Assistant Controller, respectively, for review.

Created by: \_\_\_\_\_

Manager of Financial Requirements and Procedures	Date	Extension
--	------	-----------

Budget Review by: \_\_\_\_\_

Budget Director	Date	Extension
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Approved by: \_\_\_\_\_

Assistant Controller	Date	Extension
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FRS Security Code Assigned by: \_\_\_\_\_

Controller	Date	Extension
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Input by: \_\_\_\_\_

Name	Date	Extension
------	------	-----------

The input edit report is to be attached to this form and forwarded to the Director of Accounting Operations to facilitate the review of the input.

Input verified by: \_\_\_\_\_

Manager of Financial Requirements and Procedures	Date	Extension
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Assistant Controller	Date	Extension
----------------------	------	-----------

Account Creation Complete: \_\_\_\_\_

Director of Accounting Operations	Date	Extension
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**Distribution:**

- Original            Manager of Financial Requirements and Procedures along with supporting documentation
- Copy                Responsible Person
- Copy                Financial Management
- Copy                Dean or Director's Office
- Copy                Controller's Office
- Copy                Budget Office

**MEMORANDUM**

**TO:** XXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXX

**FROM:** \_\_\_\_\_  
Hattie F. Wilkins, Director  
Title III Programs

**DATE:** XXXXXXXXXXXXXXXX

**RE:** Title III Funding for Fiscal Year XXXXXXXX

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The Title III Part B Historically Black Colleges and Universities Grant has been approved for fiscal year XXXXXXXX. Your activity, XXXXXXXXXXXXXXXXXXXX was funded in the amount of XXXXXXXX. Your index code is XXXXXX. The official grant year is XXXXXXXXXXXXXXXX. Please review your budget and make requests for expenditures according to your activity's plan of operation. Enclosed is a copy of the budget for your activity.

**All requests for expenditures from this account must be forwarded to the Title III Office for approval.**

Should you have questions, please feel free to contact me at extension 5231.

HFW/dhb

Enclosure

c:

Virginia State University  
FRS PLUS Subobject Quick Reference

<u>FRS</u> Expenditure Code	<u>FRS</u> Budget <u>Pool</u>	<u>DESCRIPTION</u>
	<b>1100</b>	<b>PERSONAL SERVICES</b>
1111	at subobject	Employer Retirement Contributions - VRS
1112	at subobject	Social Security - Classified
1113	at subobject	Social Security - Wage
1114	at subobject	Group Life Insurance
1115	at subobject	Medical Insurance
1116	at subobject	Retiree Credit
1117	at subobject	Long Term Disability Insurance
1118	at subobject	Teacher's Insurance Annuity
1119	at subobject	Employer Retirement Contributions-Defined/Copeland
1121	at subobject	Salaries, Administrative Higher Education
1122	at subobject	Salaries, Appointed Officials
1123	at subobject	Salaries, Classified
1124	at subobject	Salaries, Other Officials
1125	at subobject	Salaries, Overtime
1126	at subobject	Salaries, Teaching and Research
1127	at subobject	Salaries, Va Law Officers' Retirement System (VALORS)
1128	at subobject	Salaries, Information Technology Employees
1129	at subobject	Salaries, Overtime Information Technology Employees
1131	at subobject	Bonus and Incentives
1132	at subobject	Salaries, Armed Forces Pay Differential
1133	at subobject	Overseas Differential Compensation
1134	at subobject	Specified Per Diem Payments
1135	at subobject	Wages and Allowances
1136	at subobject	Work Programs
1137	at subobject	Employee Suggestion Awards
1138	at subobject	Deferred Compensation Match Payments
1139	at subobject	Special Payments for Academic Services
1141	at subobject	Wages, General
1142	at subobject	Wages, Graduate Assistant
1143	at subobject	Wages, Overtime
1144	at subobject	Wages, Student
1145	at subobject	Wages, Teaching and Research Part-Time
1146	at subobject	Wages, Federal Work Study - Student
1148	at subobject	Wages, State Work Study - Student
1149	at subobject	Wages, Information Technology Employees
1151	at subobject	Workers' Compensation Awards
1152	at subobject	Supplemental Workers' Compensation Awards
1153	at subobject	Short-term Disability Benefits
1154	at subobject	Supplemental Disability Benefits
1158	at subobject	Recoveries for Workers' Compensation Awards
1161	at subobject	Early Retirement Incentive Payments
1162	at subobject	Salaries, Annual Leave Balances
1163	at subobject	Salaries, Sick Leave Balances
1164	at subobject	Salaries, Compensatory Leave Balances
1171	at subobject	WTA-Payments for Transitional Severance Benefits
1172	at subobject	WTA-Federal Ol-Age Insurance for Salaried State Employees

Virginia State University  
FRS PLUS Subobject Quick Reference

<u>FRS</u> Expenditure Code	<u>FRS</u> Budget <u>Pool</u>	<u>DESCRIPTION</u>
1173	at subobject	WTA-Medical/Hospitalization Insurance
1174	at subobject	WTA-Group Life Insurance
1175	at subobject	WTA-Early Retirement Payments
1176	at subobject	WTA-Salaries, Annual Leave Balances
1177	at subobject	WTA-Salaries, Sick Leave Balances
1178	at subobject	WTA-Salaries, Compensatory Leave Balances
1179	at subobject	WTA-Unemployment Compensation Awards
1196	at subobject	Indirect Cost Recoveries from Auxiliary Progs for Personal Services
1197	at subobject	Indirect Cost Recoveries from Sponsored Progs for Personal Services
1198	at subobject	Inter-Agency Recoveries for Personal Services
1199	at subobject	Intra-Agency Recoveries for Personal Services
	<b>1200</b>	<b>CONTRACTUAL SERVICES/Pool Code</b>
1209	1200	Charge Card Purchases of Contractual Services
1211	1200	Express Services
1212	1200	Outbound Freight Services
1213	1200	Messenger Services
1214	1200	Postal Services
1215	1200	Printing Services
1216	1200	Telecommunications (DIT)
1217	1200	Telecommunications (non-state)
1218	1200	Telecommunications (state)
1219	1200	Inbound Freight Services
	<b>1220</b>	<b>CONTRACTUAL SERVICES – Other/Pool Code</b>
1221	1220	Organization Memberships
1222	1220	Publication Subscriptions
1224	1220	Employee Training Courses, Workshops, and Conferences
1225	1220	Employee Tuition Reimbursement
1226	1220	Employee Training Consulting Services
1227	1220	Employee Training-Transportation, Lodging, Meals, and Incidentals
1228	1220	Employee Information Technology Training Courses, Workshops and Conferences
1231	1220	Clinic Services
1232	1220	Dental Services
1233	1220	Hospital Services
1234	1220	Medical Services
1235	1220	Nursing Home Services
1236	1220	X-Ray and Laboratory Services
1237	1220	Insurance Premiums for Health Services for Individuals
1241	1220	Auditing Services
1242	1220	Fiscal Services
1243	1220	Attorney Services
1244	1220	Management Services
1245	1220	Personnel Management Services
1246	1220	Public Informational and Public Relations Services
1247	1220	Legal Services
1248	1220	Media Services
1251	1220	Custodial Services
1252	1220	Electrical Repair and Maintenance Services
1253	1220	Equipment Repair and Maintenance Services

Virginia State University  
FRS PLUS Subobject Quick Reference

<u>FRS</u> Expenditure Code	<u>FRS</u> Budget <u>Pool</u>	<u>DESCRIPTION</u>
1254	1220	Extermination/Vector Control Services
1255	1220	Highway Repair and Maintenance Services
1256	1220	Mechanical Repair and Maintenance Services
1257	1220	Plant Repair and Maintenance Services
1259	1220	Vehicle Repair and Maintenance Services
1261	1220	Architectural and Engineering Services
1263	1220	Clerical Services
1264	1220	Food and Dietary Services
1265	1220	Laundry and Linen Services
1266	1220	Manual Labor Services
1267	1220	Production Services
1268	1220	Skilled Services
	<b>1270</b>	<b>TECHNICAL SERVICES/Pool Code</b>
1271	1270	Information Management Design/Development-DIT
1272	1270	Information Management Design/Development – Non-State
1273	1270	Information Management Design/Development – State
1274	1270	Computer Hardware Maintenance Services
1275	1270	Computer Software Maintenance Services
1276	1270	Computer Operating Services - DIT
1277	1270	Computer Operating Services – Non-State
1278	1270	Computer Operating Services – State
1279	1270	Computer Software Development Services
	<b>1280</b>	<b>TRANSPORTATION SERVICES/Pool Codes</b>
1281	1280	Moving and Relocation Services
1282	1280	Travel, Personal Vehicle
1283	1280	Travel, Public Carriers
1284	1280	Travel, State Vehicles
1285	1280	Travel, Subsistence and Lodging
1287	1280	Travel, Meal Reimbursements – Reportable IRS
1288	1280	Travel, Meal Reimbursements – Non-Reportable IRS
	<b>1296</b>	<b>Indirect Cost Recoveries from Auxiliary Progs for Contractual Services</b>
	<b>1297</b>	<b>Late Payment Penalties for Contractual Services</b>
	<b>1298</b>	<b>Inter-Agency Recoveries for Contractual Services</b>
	<b>1299</b>	<b>Intra-Agency Recoveries for Contractual Services</b>
	<b>1300</b>	<b>SUPPLIES &amp; MATERIALS/Pool Code</b>
1309	1300	Charge Card Purchases of Supplies and Materials
1311	1300	Apparel Supplies
1312	1300	Office Supplies
1313	1300	Stationary and Forms
1321	1300	Coal
1322	1300	Gas
1323	1300	Gasoline
1324	1300	Oil
1325	1300	Steam
1326	1300	Wood Fuels
1331	1300	Alcoholic Beverages

Virginia State University  
FRS PLUS Subobject Quick Reference

<u>FRS</u> Expenditure Code	<u>FRS</u> Budget <u>Pool</u>	<u>DESCRIPTION</u>
1332	1300	License Tags
1333	1300	Manufacturing Supplies
1334	1300	Merchandise
1335	1300	Packaging and Shipping Supplies
1341	1300	Laboratory Supplies
1342	1300	Medical and Dental Supplies
1343	1300	Field Supplies
1344	1300	Pharmaceutical Drugs
1351	1300	Building Repair and Maintenance Materials
1352	1300	Custodial Repair and Maintenance Materials
1353	1300	Electrical Repair and Maintenance Materials
1354	1300	Mechanical Repair and Maintenance Materials
1355	1300	Vehicle Repair and Maintenance Materials
1361	1300	Clothing Supplies (Residential)
1362	1300	Food and Dietary Supplies (Residential)
1363	1300	Food Service Supplies (Residential)
1364	1300	Laundry and Linen Supplies (Residential)
1365	1300	Personal Care Supplies
1371	1300	Agricultural Supplies
1372	1300	Architectural and Engineering Supplies
1373	1300	Computer Operating Supplies
1374	1300	Educational Supplies
1375	1300	Fish and Wildlife Supplies
1376	1300	Law Enforcement Supplies
1377	1300	Photographic Supplies
1378	1300	Recreational Supplies
	<b>1396</b>	<b>INDIRECT COST RECOVERIES FROM AUXILIARY PROGRAMS FOR SUPPLIES AND MATERIALS</b>
	<b>1397</b>	<b>LATE PAYMENT PENALTIES FOR SUPPLIES AND MATERIALS</b>
	<b>1398</b>	<b>INTER-AGENCY RECOVERIES FOR SUPPLIES AND MATERIALS-OTHER AGENCIES</b>
	<b>1399</b>	<b>INTER-AGENCY RECOVERIES FOR SUPPLIES AND MATERIALS-SAME AGENCY</b>
	<b>1400</b>	<b>TRANSFER PAYMENTS/Pool Code</b>
1411	1400	Individual Claims and Settlements
1413	1400	Premiums
1415	1400	Unemployment Compensation
1418	1400	Incentives
	<b>1420</b>	<b>EDUCATIONAL AND TRAINING ASSISTANCE/Pool Code</b>
1421	1420	Graduate Scholarships and Fellowships
1422	1420	Student Loans
1423	1420	Tuition and Training Aids
1424	1420	Tuition Waiver
1425	1420	Undergraduate Scholarships
1431	1420	Categorical Aid to Local Governments and Constitutional Officers

Virginia State University  
FRS PLUS Subobject Quick Reference

<u>FRS</u> Expenditure Code	<u>FRS</u> Budget <u>Pool</u>	<u>DESCRIPTION</u>
1432	1420	Payments in Lieu of Taxes
1433	1420	General Revenue Sharing
1434	1420	Disaster Recovery Categorical Aid to Local Governments
1435	1420	Special Payments to Localities
1441	1420	Payments to Substate Entities
1442	1420	Payments to Individuals
1451	1420	Grants to Intergovernmental Organizations
1452	1420	Grants to Nongovernmental Organizations
1453	1420	Out-of-State Political Entities
1455	1420	Disaster Recovery Grants to Other State Agencies
1456	1420	Disaster Recovery Grants to Nongovernmental Organizations
1461	1420	Administrative Costs/Local Programs
1462	1420	Cost Containment/Local Programs
1463	1420	Health Care Claims/Local Programs
1464	1420	Health Maintenance Organizations (HMO) Costs/Local Programs
1465	1420	Consulting Costs/Local Programs
1481	1420	Statewide Indirect Cost Recoveries
1482	1420	Agency Indirect Cost Recoveries
	<b>1496</b>	<b>INDIRECT COST RECOVERIES FROM AUXILIARY PROGRAMS FOR TRANSFER PAYMENTS</b>
	<b>1498</b>	<b>INTER-AGENCY RECOVERIES FOR TRANSFER PAYMENTS – OTHER AGENCIES</b>
	<b>1499</b>	<b>INTER-AGENCY RECOVERIES FOR TRANSFER PAYMENTS – SAME AGENCY</b>
	<b>1500</b>	<b>CONTINUOUS CHARGES/Pool Code</b>
1509	1500	Charge Card Purchase of Continuous Charges
1511	1500	Aircraft Insurance
1512	1500	Automobile Liability
1513	1500	Flood Insurance
1514	1500	Inland Marine Insurance
1516	1500	Property Insurance
1517	1500	Boiler and Machinery
1521	1500	Computer Capital Leases
1522	1500	Central Processor Capital Leases
1523	1500	Computer Software Capital Leases
1524	1500	Equipment Capital Leases
1525	1500	Building Capital Leases
1526	1500	Land Capital Leases
1527	1500	Land and Building Capital Leases
1531	1500	Computer Rentals
1532	1500	Computer Processor Rentals
1533	1500	Computer Software Rentals
1534	1500	Equipment Rentals
1535	1500	Building Rentals
1536	1500	Land Rentals

Virginia State University  
FRS PLUS Subobject Quick Reference

<u>FRS</u> Expenditure Code	<u>FRS</u> Budget <u>Pool</u>	<u>DESCRIPTION</u>
1537	1500	Land and Building Rentals
1541	1500	Agency Service Charges
1542	1500	Electrical Service Charges
1543	1500	Refuse Service Charges
1544	1500	Water and Sewer Service Charges
1545	1500	DGS Parking Charges
1546	1500	Small Purchase Charge Card Check Fee
1551	1500	General Liability Insurance
1552	1500	Money and Securities Insurance
1553	1500	Medical Malpractice Insurance
1554	1500	Surety Bonds
1555	1500	Worker's Compensation
1561	1500	Computer Peripheral Installment Purchases
1562	1500	Computer Processor Installment Purchases
1563	1500	Computer Software Installment Purchases
1564	1500	Equipment Installment Purchases
1565	1500	Building Installment Purchases
1566	1500	Land Installment Purchases
	<b>1596</b>	<b>INDIRECT COST RECOVERIES FROM AUXILIARY PROGRAMS FOR CONTINUOUS CHARGES</b>
	<b>1597</b>	<b>LATE PAYMENT PENALTIES FOR CONTINUOUS CHARGES</b>
	<b>1598</b>	<b>INTER-AGENCY RECOVERIES FOR CONTINUOUS CHARGE – OTHER AGENCIES</b>
	<b>1599</b>	<b>INTER-AGENCY RECOVERIES FOR CONTINUOUS CHARGE – SAME AGENCY</b>
	<b>2100</b>	<b>PROPERTY &amp; IMPROVEMENTS/Pool Code</b>
2111	2100	Acquisition, Property
2112	2100	Acquisitions, Rights-of-Way
2113	2100	Acquisitions, Waterways and Improvements
2121	2100	Animals
2122	2100	Minerals
2123	2100	Plants
2131	2100	Site Improvements
2132	2100	Site Preparation
2133	2100	Utilities
	<b>2196</b>	<b>INDIRECT COST RECOVERIES FROM AUXILIARY PROGRAMS FOR PROPERTY AND IMPROVEMENTS</b>
	<b>2197</b>	<b>LATE PAYMENT PENALTIES FOR PROPERTY AND IMPROVEMENTS</b>
	<b>2198</b>	<b>INTER-AGENCY RECOVERIES FOR PROPERTY AND IMPROVEMENTS – OTHER AGENCIES</b>
	<b>2199</b>	<b>INTER-AGENCY RECOVERIES FOR PROPERTY AND IMPROVEMENTS – SAME AGENCY</b>
	<b>2200</b>	<b>EQUIPMENT - COMPUTER/Pool Code</b>
2209	2200	Charge Card Purchases of Equipment
2211	2200	Desktop Client Computers (microcomputers)

Virginia State University  
FRS PLUS Subobject Quick Reference

<u>FRS</u> Expenditure Code	<u>FRS</u> Budget <u>Pool</u>	<u>DESCRIPTION</u>
2212	2200	Mobile Client Computers (microcomputers)
2213	2200	Personal Computing Systems and Components/NOT A VALID CODE 07/01/03
2214	2200	Mainframe Computers and Components
2215	2200	Network Servers
2216	2200	Network Components
2217	2200	Other Computer Equipment
2218	2200	Computer Software Purchases
2219	2200	Development Tools Purchases
	<b>2220</b>	<b>EQUIPMENT-OTHER (EDUCATIONAL &amp; CULTURAL)/Pool Code</b>
2221	2220	College Library Books
2222	2220	Educational Equipment
2223	2220	Exhibit Equipment
2224	2220	Reference Equipment
2228	2220	Educational and Cultural Equipment Improvements
2231	2220	Electronic Equipment
2232	2220	Photographic Equipment
2233	2220	Voice and Data Transmission Equipment
2238	2220	Electronic and Photographic Equipment Improvements
2241	2220	Laboratory Equipment
2242	2220	Medical and Dental Equipment
2243	2220	Field Equipment
2248	2220	Medical and Laboratory Equipment Improvements
2251	2220	Agricultural Vehicular Equipment
2253	2220	Construction Equipment
2254	2220	Motor Vehicle Equipment
2255	2220	Power Repair and Maintenance Equipment
2256	2220	Watercraft Equipment
2258	2220	Motorized Equipment Improvements
2261	2220	Office Appurtenances
2262	2220	Office Furniture
2263	2220	Office Incidentals
2264	2220	Office Machines
2268	2220	Office Equipment Improvements
2271	2220	Household Equipment
2272	2220	Law Enforcement Equipment
2273	2220	Manufacturing Equipment
2274	2220	Non-Power Repair and Maintenance Equipment
2275	2220	Recreational Equipment
2278	2220	Specific Use Equipment Improvements
2281	2220	Built-in Equipment
2282	2220	Fixtures
2283	2220	Mechanical Equipment
2288	2220	Stationary Equipment Improvements

Virginia State University  
FRS PLUS Subobject Quick Reference

<u>FRS</u> Expenditure Code	<u>FRS</u> Budget <u>Pool</u>	<u>DESCRIPTION</u>
	<b>2296</b>	<b>INDIRECT COST RECOVERIES FROM AUXILIARY PROGRAMS FOR EQUIPMENT</b>
	<b>2297</b>	<b>LATE PAYMENT PENALTIES FOR EQUIPMENT</b>
	<b>2298</b>	<b>INTER-AGENCY RECOVERIES FOR EQUIPMENT-OTHER AGENCIES</b>
	<b>2299</b>	<b>INTER-AGENCY RECOVERIES FOR EQUIPMENT-SAME AGENCY</b>
	<b>2300</b>	<b>PLANT &amp; IMPROVEMENTS/Pool Code</b>
2321	2300	Construction, Bridges
2322	2300	Construction, Buildings
2323	2300	Construction, Highways
2324	2300	Construction, Water Ports
2327	2300	Construction, Bridges and Highways Improvements
2328	2300	Construction, Buildings and Improvements
	<b>2396</b>	<b>INDIRECT COST RECOVERIES FROM AUXILIARY PROGRAMS FOR PLANT AND IMPROVEMENTS</b>
	<b>2397</b>	<b>LATE PAYMENT PENALTIES OF PLANT AND IMPROVEMENTS</b>
	<b>2398</b>	<b>INTER-AGENCY RECOVERIES FOR PLANT AND IMPROVEMENTS-OTHER AGENCIES</b>
	<b>2399</b>	<b>INTER-AGENCY RECOVERIES FOR PLANT AND IMPROVEMENTS-SAME AGENCY</b>
	<b>3100</b>	<b>OBLIGATIONS/Pool Code</b>
3111	3100	Bond Issuance Expenses
3112	3100	Bond Issuance Fees
3113	3100	General Obligation Bond Financing
3114	3100	General Obligation Bond Interest Retirement
3115	3100	Revenue Bond Financing
3116	3100	Revenue Bond Interest Retirement
3117	3100	Revenue Bond Principal Retirement
3131	3100	Anticipation Loan Interest Retirement
3196	3100	Indirect Cost Recoveries from Auxiliary Pgms for Obligations
	<b>8700</b>	<b>INDIRECT COSTS</b>

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# INVENTORY

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- ▶ Title III Inventory Records
- ▶ Transfer of Property Form
- ▶ Surplus Property Form





**VIRGINIA STATE UNIVERSITY (212)  
FIXED ASSET ACCOUNTING CONTROL SYSTEM (FAACS)**

**EQUIPMENT RELOCATION FORM**

This form is to be used to **REPORT THE RELOCATION, REASSIGNMENT OR TRANSFER OF EQUIPMENT FROM ONE DEPARTMENT TO ANOTHER.** The form is to be submitted to FAACS immediately upon transfer. If not submitted, the transferring department will be responsible for all equipment. The form is to be submitted to FAACS Department Room 45 Physical Plant Building or mailed to box 9208 or FAXED to 5314.

**DEPARTMENT TRANSFERRING EQUIPMENT**

\_\_\_\_\_  
**DEPARTMENT/ACTIVITY**

\_\_\_\_\_  
**RESPONSIBLE PERSON  
(VP, DEAN, DIRECTOR, CHAIR)**

\_\_\_\_\_  
**BUDGET CODE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF RESPONSIBLE PERSON**

**DEPARTMENT RECEIVING EQUIPMENT**

\_\_\_\_\_  
**DEPARTMENT/ACTIVITY**

\_\_\_\_\_  
**RESPONSIBLE PERSON  
(VP, DEAN, DIRECTOR, CHAIR)**

\_\_\_\_\_  
**BUDGET CODE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF RESPONSIBLE PERSON**

<u>I.D #</u>	<u>EQUIPMENT DESCRIPTION</u>	<u>FROM BUILDING/ ROOM #</u>	<u>TO BUILDING/ ROOM</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Virginia State University (212)  
Fixed Asset Accounting Control System (FAACS)  
Form 2**

**SURPLUS PROPERTY FORM**

This form is to be used to **REMOVE SURPLUS PROPERTY**. The form is to be submitted to FAACS Department, Box 9208 or faxed to 524-5314.

**DEPARTMENT NAME:**

**BUILDING NAME:**

**TELEPHONE NUMBER:**

**BUDGET CODE:** \_\_\_\_\_ **DATE:**

**SIGNATURE OF RESPONSIBLE PERSON:** \_\_\_\_\_  
**V.P., DEANS, DIRECTORS, CHAIRPERSON**

The equipment listed below is surplus to the above department. Request the equipment be removed from the FAACS Inventory for the above department. The following details are understood:

1. If another department can use the equipment, it will be transferred to that department and added to their inventory.
2. If space is available, the FAACS staff will remove the equipment to the FAACS Warehouse, however, if space is not available and another department cannot use the equipment, the equipment will be put up for sale in its present location.

<u>I.D #</u>	<u>EQUIPMENT DESCRIPTION</u>	<u>ROOM #</u>	<u>SERIAL #</u>	<u>CONDITION</u>

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# PERSONNEL

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## Classified/Hourly

- ▶ Application for Employment (See VSU Website)
- ▶ Departmental Request for Personnel Action
- ▶ Position Activity Request Form
- ▶ Reference Sheet/Confidential Information
- ▶ Authorization for Release of Information
- ▶ Criminal History Record Request

## Student Workers

- ▶ Application for Employment
- ▶ Request for Student Worker

# Commonwealth of Virginia

*An Equal Opportunity Employer*

## Application for Employment



Position Number:	Job Title:
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### Personal Information

First Name:		Middle Name:		Last Name:		Suffix:	
Address:				City:		State:	Zip Code:
Country:		Primary Contact Number:	Alternate Contact Number:	Other Contact Number:	Email Address:		
Check which shift you will accept: Day Evening Night Rotating Weekends			Specify shift hours:				
Check all employment statuses you will accept: Full-time Part-time Hourly/Wage Weekends					If Part-Time, specify:		
Are you willing to accept employment which requires you to travel?							
No		Yes, during the day only		Yes, occasionally overnight		Yes, frequently overnight	Weekends
Indicate the geographic locations in which you are willing to work.							
All		Central Virginia	Northern Virginia	Hampton Roads	Southwest Virginia	Southside Virginia	
Are you willing to provide your own transportation if necessary for your employment?:				For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?:			
Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so?				If no, state reason:			
For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active- duty in the armed forces of the United States or reserve components thereof, including the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?							
If yes, did you serve during the Vietnam Conflict 22861-3775?:		Are you a veteran who has been honorably discharged and has a service-connected disability rating fixed by the U.S. Veterans Affairs?:			When will you be available to start work?:		

## Educational Information

Indicate highest grade completed grade school and high school:	If you did not complete high school, do you have a high school equivalency diploma?:	Indicate number of years of post high school education:
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## Educational Institutions

Name of College / University / Vocational School:	Credit/Hours:	Degree if applicable:
Major or Specialty if applicable:	Minor if applicable:	
Begin Date:	End Date leave blank if still attending:	

Name of College / University / Vocational School:	Credit/Hours:	Degree if applicable:
Major or Specialty if applicable:	Minor if applicable:	
Begin Date:	End Date leave blank if still attending:	

Name of College / University / Vocational School:	Credit/Hours:	Degree if applicable:
Major or Specialty if applicable:	Minor if applicable:	
Begin Date:	End Date leave blank if still attending:	

Name of College / University / Vocational School:	Credit/Hours:	Degree if applicable:
Major or Specialty if applicable:	Minor if applicable:	
Begin Date:	End Date leave blank if still attending:	

## Work Experience

Employer Name:	Dates Employed:	Job Title:	Starting Salary:	Most Recent/Ending Salary:
Duties:				
Supervisor Name:	Supervisor Title:	Phone:	Hours/week:	Type of Business:
Your name if different from present:	Number and titles of employees you supervised:	Equipment used:	Type of Employment:	
Reason for Leaving:				

Employer Name:	Dates Employed:	Job Title:	Starting Salary:	Most Recent/Ending Salary:
Duties:				
Supervisor Name:	Supervisor Title:	Phone:	Hours/week:	Type of Business:
Your name if different from present:	Number and titles of employees you supervised:	Equipment used:	Type of Employment:	
Reason for Leaving:				
Employer Name:	Dates Employed:	Job Title:	Starting Salary:	Most Recent/Ending Salary:
Duties:				
Supervisor Name:	Supervisor Title:	Phone:	Hours/week:	Type of Business:
Your name if different from present:	Number and titles of employees you supervised:	Equipment used:	Type of Employment:	
Reason for Leaving:				
Employer Name:	Dates Employed:	Job Title:	Starting Salary:	Most Recent/Ending Salary:
Duties:				
Supervisor Name:	Supervisor Title:	Phone:	Hours/week:	Type of Business:
Your name if different from present:	Number and titles of employees you supervised:	Equipment used:	Type of Employment:	
Reason for Leaving:				
Employer Name:	Dates Employed:	Job Title:	Starting Salary:	Most Recent/Ending Salary:
Duties:				
Supervisor Name:	Supervisor Title:	Phone:	Hours/week:	Type of Business:
Your name if different from present:	Number and titles of employees you supervised:	Equipment used:	Type of Employment:	
Reason for Leaving:				
Employer Name:	Dates Employed:	Job Title:	Starting Salary:	Most Recent/Ending Salary:
Duties:				
Supervisor Name:	Supervisor Title:	Phone:	Hours/week:	Type of Business:
Your name if different from present:	Number and titles of employees you supervised:	Equipment used:	Type of Employment:	
Reason for Leaving:				
Employer Name:	Dates Employed:	Job Title:	Starting Salary:	Most Recent/Ending Salary:
Duties:				
Supervisor Name:	Supervisor Title:	Phone:	Hours/week:	Type of Business:

				Business:
Your name if different from present:	Number and titles of employees you supervised:	Equipment used:	Type of Employment:	
Reason for Leaving:				
Employer Name:	Dates Employed:	Job Title:	Starting Salary:	Most Recent/Ending Salary:
Duties:				
Supervisor Name:	Supervisor Title:	Phone:	Hours/week:	Type of Business:
Your name if different from present:	Number and titles of employees you supervised:	Equipment used:	Type of Employment:	
Reason for Leaving:				

## References

May we contact your present supervisor?:				
Name of Reference:	Address:	Phone Number:	E-mail Address:	Relationship:
Name of Reference:	Address:	Phone Number:	E-mail Address:	Relationship:
Name of Reference:	Address:	Phone Number:	E-mail Address:	Relationship:

## Conviction Question

<p>Have you ever been convicted* for any violation(s) of law, including moving traffic violations?  *Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged. A conviction does not automatically disqualify you from all jobs. A conviction will be judged on its own merits with respect to time, circumstances, seriousness, and the extent to which it is related to the job for which you are applying.</p>
--



Supplementary Experience Form

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Announcement Number \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and title of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and title of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and title of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and title of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and title of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_ Your name if different from present \_\_\_\_\_

**VIRGINIA STATE UNIVERSITY  
DEPARTMENTAL REQUEST FOR PERSONNEL ACTION**

HR OFFICE USE ONLY A21 Log # \_\_\_\_\_

DATE: \_\_\_\_\_

1. PERSONNEL DATA	2. DEPARTMENT DATA
Employee Name: _____ Identification Number: _____	Department Name: _____ Mailing Address: _____ Contact Name: _____ Location: _____ Phone Ext: _____
<b>HR OFFICE USE ONLY</b>	
Effective Date of Action: _____	

**3. TYPE OF ACTION**

<input type="checkbox"/> Original Appointment	<input type="checkbox"/> Separation	<input type="checkbox"/> Supplemental Pay/Overload	<input type="checkbox"/> BONUS (enter reason code)
<input type="checkbox"/> Reemployment	Last day worked: _____	(enter reason code): _____	
<input type="checkbox"/> Promotion	<input type="checkbox"/> Leave Without Pay	<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> Position Action: _____
<input type="checkbox"/> Demotion	<input type="checkbox"/> Leave With Pay	<input type="checkbox"/> Transfer (Person Transfer)	(enter reason code & attach PARF)
<input type="checkbox"/> Other (specify below)	_____	<input type="checkbox"/> Salary Increase (enter reason code)	<input type="checkbox"/> Request for Recruitment

4. POSITION TYPE (Check Only One)	5. PAY	6. ASSIGNMENT STATUS
<input type="checkbox"/> Faculty <input type="checkbox"/> Faculty-Adj. End Date _____ <input type="checkbox"/> Graduate Asst. <input type="checkbox"/> Faculty-Adm. <input type="checkbox"/> Classified <input type="checkbox"/> Hourly <input type="checkbox"/> Student <input type="checkbox"/> Other	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Single Pay. <input type="checkbox"/> Student	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary

**7a. SOURCE OF FUNDS**

**BUDGET OFFICE USE ONLY**

Funding Available: \$ \_\_\_\_\_ - \_\_\_\_\_

Budget Office Approval (signature required)

Present Position No.: \_\_\_\_\_  
Present Position Title: \_\_\_\_\_

Fund	Org	Account	Program	Exp. Date Mo. / Yr.	%	Annual Salary or Hourly Rate
<b>TOTAL</b>					<b>0%</b>	<b>\$ -</b>

**8. HR OFFICE USE ONLY**

Process Date	HR Approval Signature		
Proposed New Position Number			
Proposed New Position/Title			
PMS Date/Initial	BANNER Date/Initial		
<b>Leave Balances Hours</b>			
Annual	Sick	Comp	Disability

**7b. PROPOSED or NEW POSITION/ACTION**

Fund	Org	Account	Program	Exp. Date Mo. / Yr.	%	Annual Salary or Hourly Rate
<b>TOTAL</b>					<b>0%</b>	<b>\$ -</b>

**9. BUDGET OFFICE USE ONLY**

Final Budgeted Amt. \$ \_\_\_\_\_ - \_\_\_\_\_

Budget Office Approval (signature required)

**10. SIGNATURES (as applicable)**

Department Chairperson / P.I./Supervisor	Date	Dean / Director	Date
Vice President	Date	Title II Coordinator	Date
Grants and Contracts	Date	President (as required)	Date
		Human Resources	Date

VSU Form A-21  
MP-84-2 (Rev. 09/10/00)

COMMONWEALTH OF VIRGINIA  
Virginia State University



**POSITION ACTIVITY REQUEST FORM**

Name of Unit/Person Requesting Change:

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Phone #:

**I. Position Action Requested (Check Appropriate Action.)**

- Establish New Position
- Abolish Position
- Reallocate Position
- Redefine Position Duties
- Change Position Funding
- Change Position Department Discipline
- Other (Explain)
- Transfer with no change in classification

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

**II. Current Position Information**

Position \_\_\_\_\_ Role/Work \_\_\_\_\_

Number: \_\_\_\_\_ Titles: \_\_\_\_\_

Pay Band: \_\_\_\_\_

\_\_\_\_\_ Location: \_\_\_\_\_

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

**III. Requested Classification**

Position \_\_\_\_\_ Role/Work \_\_\_\_\_

Number: \_\_\_\_\_ Titles: \_\_\_\_\_

Pay Band: \_\_\_\_\_

\_\_\_\_\_ Location: \_\_\_\_\_

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

**IV. What Specific Changes Are Requested?**

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

V. **What Are the Reasons and/or Justification for This Request?**

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VI. **Indicate what FTE will be used to fund this position (if applicable; any positions to be abolished as a result of this action; and, if the position requested will be restricted, the source of funds and expiration date.**

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VII. **Indicate how any change in pay which this action may generate will be funded.**

---

**FOR BUDGET UNIT USE ONLY**

Noted by Budget Office. Analysis of fiscal impact for one personnel action has little bearing on the expenditures of an entire program. Fiscal responsibility for this action is the responsibility of the organizational unit which initiated the request.

PMIS Fund Codes:	Program	Sub-Program	Project	Cost	Fund	Activity
------------------	---------	-------------	---------	------	------	----------

Explanation: \_\_\_\_\_

\_\_\_\_\_  
Budget Office

\_\_\_\_\_  
Date

VIII. **Attachments:**

**Please attach a current Employee Work Profile, organizational chart, and any other related material to this request. This form, with attachments, must be reviewed and endorsed by the appropriate managers before it is forwarded to the VSU's Compensation/Classification unit (Human Resource Office).**

IX. **Endorsements:**

If you endorse the proposed request, please sign and date below and forward to the next appropriate level of review. Endorsement authorizes the Compensation/Classification Unit to review the request and make an appropriate classification determination.

\_\_\_\_\_  
Chair/P.I.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP

\_\_\_\_\_  
Date

\_\_\_\_\_  
President (for Abolishment and/or Establishments)

\_\_\_\_\_  
Date

Attachments

**REFERENCE SHEET  
CONFIDENTIAL INFORMATION**

1. Candidate's Name: \_\_\_\_\_

2. Employment History:

Name of Organization \_\_\_\_\_

Dates of Employment:        From: \_\_\_\_\_ To: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Salary:                        Starting \_\_\_\_\_ Final \_\_\_\_\_

Attendance Record: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Would you rehire this former employee?        \_\_\_ Yes        \_\_\_ No

3. Training Completed:

Identify any training completed by this individual while in your employ

\_\_\_\_\_

4. Work Habits:

Describe the quality of work performed by this individual: \_\_\_\_\_

\_\_\_\_\_

5. Verification of special requirements:        (Identify date issued)

Licensed Held        \_\_\_\_\_

Certificate        \_\_\_\_\_

Degree        \_\_\_\_\_

6. Name and Title of Individual providing reference:

\_\_\_\_\_

7. Additional reference comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Questions 1-6 are in compliance with DHRM Hiring Policy 2.10

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_



**VIRGINIA STATE UNIVERSITY**  
**PETERSBURG, VIRGINIA 23806**

**TDD (804) 524-5487**

**Office of Human Resources**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Virginia State University, Commonwealth of Virginia, to investigate my background in connection with my application for employment. This may include information from any schools attended, personal and/or professional references, previous/present employers, or other sources deemed necessary for my employment.

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Position Number

*"VSU: Education, Research and Community Service in Central and Southside Virginia..."  
An Equal Opportunity Employer/Equal Access Institution*



REQUEST FORM  
FOR  
STUDENT WAGE EMPLOYMENT

BUDGET CODE:  DATE:

STUDENT'S NAME:  GEN ID#

ENROLLMENT STATUS DURING EMPLOYMENT:  FULL-TIME- Enrolled  PART-TIME-Enrolled  
 FULL-TIME - Not Enrolled  PART-TIME- Not Enrolled

JOB TITLE:  SUPERVISOR:

DEPT:  TELEPHONE #  P.O. BOX:

The purpose of this form is to request the employment of a Virginia State University student in the Student Wage Employment Program. Please complete and submit this form to the Office of Student Financial Aid, Gandy Hall, Room 102-F, **AT LEAST FIVE (5) WORKING DAYS BEFORE** the projected beginning date of employment. Upon approval, you will receive a Regular Student Employment Contract. Upon completion of the contract, distribute the copies per the instructions at the bottom. It is important that Financial Aid and Payroll receive copies of the contract.

**NOTE:** The I-9 form MUST be completed IN the office of Human Resources before employment begins. Since earnings from employment directly affect the eligibility of a student for Federal financial aid (Title IV funds), the Office of Student Financial Aid must approve the employment. If a student is not eligible for any earnings, you will be notified. If a student is eligible for an amount less than that listed on this form, you will be sent a contract certifying the revised amount of earnings.

In addition, the beginning and ending dates of employment must fall within the same academic term. If you wish a student's employment to extend into a second academic period, you must submit an additional request at the appropriate time.

A STUDENT CAN WORK ONLY ONE JOB ON CAMPUS DURING THE EMPLOYMENT PERIOD. If a student is employed elsewhere on campus without the knowledge of The Financial Aid Office, **this contract becomes null and void. UNDER NO CIRCUMSTANCES IS A STUDENT TO WORK MORE THAN TWENTY-FIVE (25) HOURS PER WEEK!!!!**

Period of employment:  /  /  TO  /  /

Maximum Funding Available: \$

Hourly Rate: \$

Requestor's Signature:

Please return completed request form to: **ZELDA TUCKER-DUGGER**  
OFFICE OF STUDENT FINANCIAL AID  
P. O. BOX 9031  
CAMPUS

**TELEPHONE: 524-5329 FAX - 524-6818**

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DO NOT WRITE BELOW THIS LINE

RSE CONTRACT RECEIVED  /  /

RSE CONTRACT SENT  /  /

Revised 07/27/2007

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# TRAVEL

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- ▶ Request for Travel Authorization
- ▶ Workshop Authorization Form
- ▶ Travel Expense Reimbursement Voucher
- ▶ Workshop Evaluation Form
- ▶ Travel Report Form

## Virginia State University REQUEST FOR TRAVEL AUTHORIZATION (TO)

*Please complete this form in its entirety. (Use [Tab] to move from cell to cell.)*

Traveler's Name:  Title:  SSN:   
 Department:  Box No.  Telephone Number   
 Destination or Itinerary:   
 Departure Date:  Departure Time:  Return Date:  Return Time:   
 Purpose For This Trip (Include dates of meeting, convention, institute, or other activity. Please attach all supporting documentation.)

*Estimated Expenses (Where possible, please enter exact amounts.)*

Enter "X" in only  - Travel for professional development, presentations, seminars or conferences, or employee training.  
 ONE box.  - Any other authorized employment-related travel.

	Amount	Object	Object
REGISTRATION FEES	_____	1224	1224
LODGING (specific description: _____) <small style="color: red;">A letter of explanation MUST be attached for all lodging over the State's per-diem rate.</small>	_____	1227	1285
MEALS (Number of meals: _____)	_____	1227	1288
TRANSPORTATION			
Private Personal Car _____	_____	1227	1282
State Car _____	_____	1284	1284
Airplane _____	_____	1227	1283
Other (specific description: _____)	_____	1227	_____
Tolls/Parking _____	_____		
Gas _____	_____		1323
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$ -</b>		

TRAVEL ADVANCE REQUESTED (If an amount is entered, a completed Check Request Form MUST be attached.)  Advances are only issued for travel involving students.

CHARGE ALL TRAVEL EXPENDITURES TO FR8+ ACCOUNT NUMBER:

Arrangements made for missed classes or other responsibilities. \_\_\_\_\_

By signing this form, I acknowledge being currently enrolled into the Commonwealth's "Electronic Reimbursement Program." I understand that enrollment is mandatory BEFORE I can be reimbursed for any travel costs, and that forms and procedures are available on [www.vsu.edu/travel](http://www.vsu.edu/travel).

Signature of Traveler	Admin & Program Spec III	Date Signed
	Title	
Signature of Traveler's Direct Supervisor	Title III Director	Date Signed
	Title	
Signature of Traveler's Dean or Director	Title	Date Signed
	Title	
Vice President's Signature (required if total over \$600 and/or international travel)	Date Signed	
	Date Signed	
President's Signature (required if total over \$600 and/or international travel)	Date Signed	
	Date Signed	

- Reimbursement amount cannot exceed originally requested amount.  
 - Invoice Processing must receive requests for travel advances 14 days before the date on which the check is needed.  
 - The traveler must repay any advance within 30 days for the date the advance was issued.  
 - For group travel arrangements, a complete list of names of persons traveling MUST be attached.

*To be completed by the Travel Coordinator in the VSU Purchasing Office.*

Travel Coordinator's Signature	Date Signed
Approval for Payment	Travel Order Number
	American Airline Number
	Motor Pool Number

**WORKSHOP ATTENDANCE AUTHORIZATION FORM**

\_\_\_\_\_ is hereby authorized to  
attend the \_\_\_\_\_  
workshop to be held at \_\_\_\_\_  
in \_\_\_\_\_ (Location)  
\_\_\_\_\_ (City/State)  
on \_\_\_\_\_  
\_\_\_\_\_ (Date)

Justification for Attendance/Benefit to University: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For travelers who are faculty members, the following signatures are required.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Chairperson  
\_\_\_\_\_ Date \_\_\_\_\_  
Dean  
\_\_\_\_\_ Date \_\_\_\_\_  
Provost

For travelers who are administrators, administrative staff, or classified personnel, the following signatures are required.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor  
\_\_\_\_\_ Date \_\_\_\_\_  
Vice President

**TRAVEL EXPENSE REIMBURSEMENT VOUCHER**

DEPARTMENT, INSTITUTION, OR AGENCY

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
 Vendor ID: S- \_\_\_\_\_ Suffix: \_\_\_\_\_

**PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY**

- PERSONAL VEHICLE - COST BENEFICIAL TO THE STATE - PERSONAL MILEAGE RATE
- STATE VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE RATE
- STATE VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE

I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS.

STATE EMPLOYEE?  YES  NO  
 SIGNATURE OF TRAVELER \_\_\_\_\_ DATE \_\_\_\_\_  
 TITLE \_\_\_\_\_

I HEREBY CERTIFY THAT THE TRAVEL UNDERTAKEN IN THIS REIMBURSEMENT VOUCHER HAS BEEN REVIEWED AND APPROVED AS NECESSARY FOR THE CONDUCT OF BUSINESS OF THE COMMONWEALTH.

TRAVELER'S SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

1. DATE	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRANSPORTATION USED AND MILEAGE RATE ALLOWED. EACH DAY'S EXPENSES MUST BE SHOWN SEPARATELY.	3. TOTAL MILES TRAVELED	4. LESS COMMUTING MILEAGE	5. REIMBURSIBLE MILEAGE	6. MILEAGE	7. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	8. MEAL PER DIEM AMOUNT	9. LODGING	10. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
2008		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
I certify all computations are correct and that all necessary and required receipts are attached. Initial _____		<b>TOTALS</b>		0	0.00	0.00	0.00	0.00	0.00	0.00

VOUCHER NUMBER \_\_\_\_\_ DATE/TIME COPY \_\_\_\_\_

**PURPOSE OF TRIP**

CONFERENCE  PRESENTATION  EXTRADITIONS  
 ATHLETICS  INVESTIGATIONS  FIELD WORK  
 RECRUITMENT  EDUCATION  OTHER (EXPLAIN)

TOTAL SHEET 2	0.00
TOTAL SHEET 3	0.00
<b>GRAND TOTAL</b>	0.00
<b>AMOUNT ADVANCED</b>	0.00
<b>Payment (Due to Agency)</b>	0.00

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE			DUE DATE		REFERENCE DOC			
			DATE	NUMBER		MM	DD	YY	NUMBER		SX			
DESCRIPTION						CURRENT DOCUMENT NUMBER		SX	SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	<input type="checkbox"/> CHECK IF CONTINUATION SHEET ATTACHED		

## TITLE III WORKSHOP EVALUATION FORM

Part of the required evaluation for the Title III HBCU grant involves documenting the effectiveness of the various workshops and other events taking place with Title III funds. As a participant in this activity, please take a moment to complete this brief questionnaire to aid us in the grant's evaluation process. You need not sign your name.

**Title of the Workshop:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Directions:* Please rate the effectiveness of the workshop by placing a check ( ) after each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The topic of the workshop was appropriate to the needs of the program					
2. The content of the workshop session was/will be useful to me					
3. The method of presentation was stimulating					
4. Facilities and arrangements were adequate					
5. Overall, the session was a worthwhile use of my time					

Please feel free to expand upon your responses to the above statements or to comment on the workshop in the space below.

---



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Kindly note any suggestions you may have for future workshops on this topic.

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Thank you for your cooperation.

**TITLE III TRAVEL REPORT FORM**

DATE \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title III Activity: \_\_\_\_\_

Account No. \_\_\_\_\_

Name of convention, conference, or meeting: \_\_\_\_\_

Place held \_\_\_\_\_

Date(s) held \_\_\_\_\_

Purpose \_\_\_\_\_

Highlights of meeting\* \_\_\_\_\_

How will the results of the meeting help to accomplish Title III goals?\* \_\_\_\_\_

How will the information gained be disseminated?\* \_\_\_\_\_

\_\_\_\_\_  
Signature

\*Attach additional pages if necessary

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# **PURCHASE REQUEST**

---

- ▶ Title III Purchase Request
- ▶ Check Request
- ▶ Request for Stipend/Honorarium/Prizes/Human Research Subjects
- ▶ Central Stores Receiving Verification Form

**TITLE III PROGRAM - PURCHASE REQUEST  
VIRGINIA STATE UNIVERSITY**

Activity Name & Delivery Address \_\_\_\_\_

**Vendor Information**

(Give name and full address; contact person, telephone, fax and Tax ID)

Attach quotes, if any, to this request, sources of supply and bids

Thirty days or more should be allowed to explore sources of supply, receive and analyze bids, make awards and effect delivery

	Description	Qty	Unit	Unit Price	Total Price

INDEX CODE \_\_\_\_\_

**This Purchase Request is for Title III use ONLY**

I certify that the items called for in this requisition are for official use of the University.

Requested by \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Title III Activity Director or Person In Charge

Telephone No. \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Title III Director

# Virginia State University

## Check Request

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

Banner Account FOAPAL: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Funding Source (check one)

State Funds \_\_\_\_\_

University Funds \_\_\_\_\_

\_\_\_\_\_  
(School, Department or Activity)

\_\_\_\_\_  
(P.O. Box)

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Payee: \_\_\_\_\_  
\_\_\_\_\_

Bill / Supporting documentation Attached (check one): Yes  No

Were goods and/or services received (check one): Yes  No

Requested by \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

(School, Department or Activity Head)

\*\*\*\*\*

**For Cash Management Use Only:**

**Issuance of Funds:**

Check # \_\_\_\_\_ of bank account \_\_\_\_\_  
(Bank Name)

Issued to \_\_\_\_\_ on \_\_\_\_\_  
(Date)

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
(Manager of Cash & Investments or Authorized Designee)

Trans	Agency	GLA	FUND/FDT	FFY	PROG	SUB	ELE	OBJ.	Source	AMOUNT
										\$

Virginia State University  
Request for Stipend/Human Research Subjects

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

Fund: \_\_\_\_\_  
Program: \_\_\_\_\_

Orgn: \_\_\_\_\_

Used prefix 7 for Non-Grant Accounts  
Used prefix 8 for Grant Accounts  
Account: \_\_\_\_\_

- \_\_\_\_\_ 1421 Graduate
- \_\_\_\_\_ 1423 Tuit & Train Aid
- \_\_\_\_\_ 1425 Undergraduate
- \_\_\_\_\_ 1413 Prem, Honor, Prizes
- \_\_\_\_\_ 1418 Incent, Hum, Res Subj.

Vendor #: V0 \_\_\_\_\_

Payment Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Social Security #: XXX-XX- \_\_\_\_\_

\_\_\_\_\_  
(School, Department or Activity)

Name of Payee: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Request (Check all that apply)

- Payment for Performing research, teaching, or other services without guidance
- Payment for room, board and living expenses
- Payment for Upward Bound students tuition
- Payment for Human subjects for research

Completed W9 Form attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Copy of Grant approval payment page attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Have services been rendered: Yes \_\_\_\_\_ No \_\_\_\_\_

Period services rendered: From: \_\_\_\_\_ To: \_\_\_\_\_

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

School Dean/Department Chair/Project Director

CENTRAL STORES  
RECEIVING VERIFICATION  
FOR NON-PURCHASE ORDER GOODS

C.S. CONTROL NUMBER \_\_\_\_\_

DATE RECEIVED IN CENTRAL STORES \_\_\_\_\_

VENDOR \_\_\_\_\_

FREIGHT COMPANY \_\_\_\_\_

FREIGHT NUMBER \_\_\_\_\_

NUMBER OF PACKAGES RECEIVED \_\_\_\_\_

*DESCRIPTION OF GOODS*

- 1. EDUCATIONAL MATERIALS
- 2. ADMINISTRATIVE MATERIALS
- 3. BOOKS
- 4. TAPES, CD'S RECORDS
- 5. OTHER \_\_\_\_\_

ORDERING DEPARTMENT \_\_\_\_\_

PERSON RECEIVING GOODS

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE RECEIVED BY DEPARTMENT \_\_\_\_\_

TIME OF DAY \_\_\_\_\_

PERSON DELIVERING PACKAGE

NAME \_\_\_\_\_

COMMENTS \_\_\_\_\_

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# QUARTERLY REPORTS

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- ▶ Personnel Activity Report
- ▶ Quarterly Report

**VIRGINIA STATE UNIVERSITY  
PERSONNEL ACTIVITY REPORT  
RESEARCH-FACULTY-HOURLY-CLASSIFIED STAFF**

**NAME:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**PERIOD:** \_\_\_\_\_  
                     **FROM**                      **TO**

ACCOUNT NUMBER	TEACHING PERCENT	SEM. HRS.	ADMINISTRATION GENERAL RESEARCH	PERCENT RESEARCH	PERCENT OTHER	TOTAL PERCENT
					100%	100%

\_\_\_\_\_  
**Faculty or Staff**                      **Date**

\_\_\_\_\_  
**Activity Director**                      **Date**

\_\_\_\_\_  
**Title III Director**                      **Date**

**NOTE:** This form must be completed **ONCE** every three months. It must be submitted to the Title III Director's Office no later than the 7th of the month following the end of the previous three-month period.

**TITLE III GRANT  
QUARTERLY REPORT**

**Date Submitted:** \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_

**Activity Director:** \_\_\_\_\_

**Report Period:** \_\_\_\_\_

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**SUMMARY OF CONTENTS**

1. Description of Program
  
2. Major Objectives in Measurable Terms (use attached form)
  
3. Results Attained During Project Period (use attached form)
  
4. Inventory Report
  
5. Support
  
6. Documentation

**SIGNATURES**

Activity Director \_\_\_\_\_ Date \_\_\_\_\_

Dean/Grant Director \_\_\_\_\_ Date \_\_\_\_\_

## I. DESCRIPTION OF PROGRAM

1. What is the rationale for this activity?

Discuss and substantiate any changes. If none, indicate that, and no further discussion is needed.

2. Activities

- (1) Describe any changes in personnel and give rationale for same.

- (2) Institutional Impact:

- (1) Describe the positive impacts, direct as well as indirect, that grant activities are having on other areas of the University. The intent is to describe the “ripple effect” of your activity within the institution.
- (2) Catalogue the ways the University is contributing to the grant, particularly the expertise of non-grant personnel. Some contributions are specified in the grant e.g. the deans time at meetings, etc.) Other contributions, however, are not so specified and yet occur both naturally and frequently: a consultation with a curriculum expert, or technical assistance rendered in preparing a report.
- (3) Describe any cooperative activities with other units of the University (non-Title III) and/or with other Title III activities, and indicate their impact on the institution.

## II. MAJOR OBJECTIVES IN MEASURABLE TERMS

1. List the major objectives that the activity was designed to address.
2. Identify the specific and measurable improvement(s) or anticipated result(s) the activity was designed to address.
3. Indicate, succinctly, the situation that existed prior to the initiation of the objective. For example, if the activity was to improve retention among freshmen, what was the freshman attrition rate the year before the grant was awarded?

### **III. RESULTS ATTAINED DURING PROJECT PERIOD**

1. Describe the difference(s) or improvement(s) that were realized as a result of the activity.
2. Provide any evidence or documentation to support the conclusion that the improvement/difference realized in the procedure(s), program(s), or service(s) were beneficial to the institution.
3. Describe any objective(s) designated for completion past originally proposed date and or project period.

### **IV. INVENTORY REPORT**

#### **V. SUPPORT**

1. Budget Analysis

Are you on target in utilizing grant funds? If not, explain any discrepancies.

2. Institutional Support

Describe any expenditure(s) from your division (or comparable administrative unit) that directly supports Title III activities. This could include the loan of personnel; purchase of equipment or supplies; purchases of services; provision of travel funds, etc.

### **VI. DOCUMENTATION**

Attach to your report materials to document anything you have described in parts I and III, i.e., minutes of meetings, brochures, paperwork (purchase requisitions, etc.).

**ACTIVITY OBJECTIVES AND PERFORMANCE INDICATORS FORM**

<b>NAME OF APPLICANT INSTITUTION</b>	<b>ACTIVITY TITLE</b>
<b>OBJECTIVES IN MEASURABLE TERMS</b>	<b>PERFORMANCE INDICATORS</b>





*The Education of Your Life*