

16.0 GRANTS SPONSOR FORMS

PEOPLESOFT 8.4



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Grants Forms

1. Create a folder on your computer to store the standard Grants forms (i.e. C:\FORMS).
2. Download the PDF files for the forms you wish to create from the sponsor web sites. Place them in the folder you created in step 1. Links to websites for common forms are listed below.

- http://grants.nih.gov/grants/funding/2590/2590_forms.pdf
- http://grants.nih.gov/grants/funding/phs398/398_forms.pdf
- <http://grants.nih.gov/grants/funding/phs398/biosketch.pdf>
- <http://grants.nih.gov/grants/funding/phs398/continuation.pdf>
- <http://grants.nih.gov/grants/funding/phs398/fp4.pdf>
- <http://grants.nih.gov/grants/funding/2590/enrollmentreport.pdf>
- <http://www.whitehouse.gov/omb/grants/sf269a.pdf>
- <http://www.whitehouse.gov/omb/grants/sf272.pdf>
- <http://www.whitehouse.gov/omb/grants/sf272a.pdf>

3. Run the Grants Forms extract programs by navigating to the following pages in PeopleSoft.
 - **Grants > Reports > SF_269**

Create Form 269

Run Control ID: gm269 [Report Manager](#) [Process Monitor](#) Run

Report to be Submitted

*Business Unit: <input type="text" value="UND01"/>	*Award: <input type="text" value="UND0000002"/>
*Line Num: <input type="text" value="1"/>	*Submission Date: <input type="text" value="12/07/2004"/> <input checked="" type="checkbox"/> Final Report
*Certifying Official: <input type="text" value="0050443"/> Demke, Nicole A	
*Begin Date: <input type="text" value="01/01/2004"/>	*End Date: <input type="text" value="09/30/2005"/>
Comment: <input style="width: 90%;" type="text" value="This is a test comment for the SF269."/>	
<input checked="" type="checkbox"/> Preview	
Machine ID: <input type="text" value="RMMCDANIEL"/>	

Enter your User ID in the Machine ID field.

- Grants > Reports > SF_272

Example Run Control Page when run by Award Number

[Create Form 272](#)

Run Control ID: SF272 [Report Manager](#) [Process Monitor](#) Run

Report to be Submitted

*Business Unit: *Customer ID: Letter of Credit

*Institution ID: University of North Dakota

*Submission Date:

Award Number: Contract Line Num:

*Certifying Official: Anderson, Lacey Renae

*Begin Date: *End Date:

Comment:

Preview Machine ID:

Example Run Control Page when run by Letter of Credit ID

[Create Form 272](#)

Run Control ID: SF272 [Report Manager](#) [Process Monitor](#) Run

Report to be Submitted

*Business Unit: *Customer ID: Letter of Credit

*Institution ID: University of North Dakota

*Submission Date:

LOC ID:

*Certifying Official: Anderson, Lacey Renae

*Begin Date: *End Date:

Comment:

Preview Machine ID:

- Navigate to the **Process Monitor** by clicking on the hyperlink next to the Run button on the Run Control page. Click Refresh until the process has run to Success. Once the extract program has been run successfully, click on the hyperlink for the extract process and it will take you to the following page.

[Process List](#) | [Server List](#)

View Process Request For

User ID: Type: Last: Days
 Server: Name: Instance: to
 Run Status: Save On Refresh

[Customize](#) | [Find](#) | [View All](#) | 1-50 of 58

Instance	Seq.	Process Type	Process Name	User	Run Date/Time	Run Status	Details
178918		PSJob	GMF269	rmmcdaniel	12/15/2004 9:02:53AM CST	Processing	Details

- Click on the first process that has an 'EDI' description, to go to the **Process Detail** page.

Process Detail

Process Name:

Main Job Instance:

[Left](#) | [Right](#)

- [178918 - GMF269 Success](#)
- [178919 - GM EDI 2 Success](#)
- [178920 - ECOUT001 Success](#)

6. Click on the **View Log/Trace** hyperlink to get the output file.

Process Detail

Process	
Instance: 178919	Type: Application Engine
Name: GM_EDI_2	Description:

Run	Update Process
Run Control ID: gm269	<input type="radio"/> Hold Request
Location: Server	<input type="radio"/> Queue Request
Server: PSNT	<input type="radio"/> Cancel Request
Recurrence:	<input type="radio"/> Delete Request
	<input type="radio"/> Restart Request

Date/Time	Actions
Request Created On: 12/15/2004 9:02:55AM CST	Parameters Transfer
Run Anytime After: 12/15/2004 9:02:53AM CST	Message Log Temp Tables
Began Process At: 12/15/2004 9:03:04AM CST	Batch Timings
Ended Process At: 12/15/2004 9:05:38AM CST	View Log/Trace

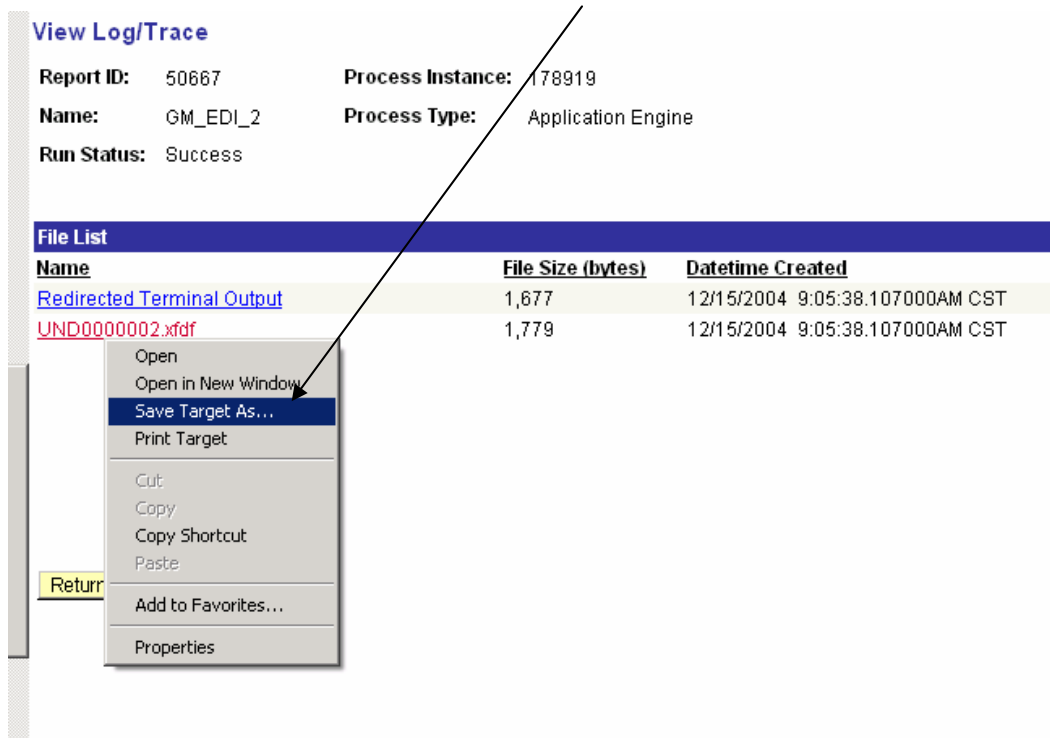
7. The file with the Award Number is the Sponsor Form extract file.

View Log/Trace

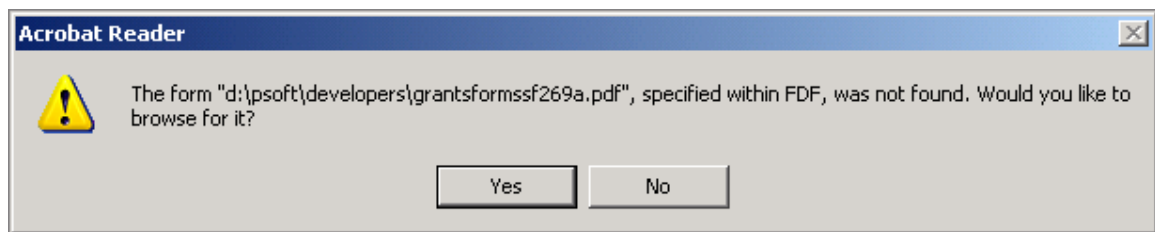
Report ID: 50667 **Process Instance:** 178919
Name: GM_EDI_2 **Process Type:** Application Engine
Run Status: Success

File List		
<u>Name</u>	<u>File Size (bytes)</u>	<u>Datetime Created</u>
Redirected Terminal Output	1,677	12/15/2004 9:05:38.107000AM CST
UND0000002.xfdf	1,779	12/15/2004 9:05:38.107000AM CST

- Right-click on the 'xdf' file and select 'Save Target As...' from the drop-down list.



- Save the file in the folder you created in step 1 that has the original Sponsor Forms.
- Once the file has been saved, open it by double-clicking on it. You will be presented with the following dialog box. Click 'Yes' and navigate to the folder you created in step 1. Double-click on the appropriate Sponsor Form PDF file (i.e. sf269a.pdf). The sponsor form is then displayed with the extracted data from PeopleSoft.



- Examples of the SF269A and SF272/272A Sponsor Forms are shown on the following pages. Note that you can edit the values in any of the fields by clicking on detail values.

SF269A

FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Defense		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CUG 123456		OMB Approval No. 0348-0038	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) University of North Dakota, 264 CENTENNIAL DRIVE , GRAND FORKS, ND 58202, USA					
4. Employer Identification Number 456002491		5. Recipient Account Number or Identifying Number UND0000002		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/1/2004		To: (Month, Day, Year) 9/30/2005		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004	
To: (Month, Day, Year) 9/30/2005					
10. Transactions:			I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00	9,034.89	9,034.89
b. Recipient share of outlays			0.00	0.00	0.00
c. Federal share of outlays			0.00	9,034.89	9,034.89
d. Total unliquidated obligations					0.00
e. Recipient share of unliquidated obligations					0.00
f. Federal share of unliquidated obligations					0.00
g. Total Federal share(Sum of lines e and f)					9,034.89
h. Total Federal funds authorized for this funding period					343,936.00
i. Unobligated balance of Federal funds(Line h minus line g)					334,901.11
11. Indirect Expense					
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate 40.2		c. Base 9042		d. Total Amount 3,634.89	
				e. Federal Share 3,634.89	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. This is a test comment for the SF269.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Demke, Nicole A. Student Gen Office				Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official				Date Report Submitted December 15, 2004	

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

FINANCIAL STATUS REPORT
(Short Form)

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (3348-0038), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry	Item	Entry
1, 2 and 3.	Self-explanatory.		
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.		the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
5.	Space reserved for an account number or other identifying number assigned by the recipient.		
6.	Check <i>yes</i> only if this is the last report for the period shown in item 8.	10b.	Self-explanatory.
7.	Self-explanatory.	10c.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."	10d.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10d that have been included on lines 10a, b, or c. On the final report, line 10d must be zero.
9.	Self-explanatory.	10e.	f, g, h and i. Self-explanatory.
10.	The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in the same funding period. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.	11a.	Self-explanatory.
10a.	Enter total program outlays less any rebates, refunds, or other credits. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred,	11b.	Enter the indirect cost rate in effect during the reporting period.
		11c.	Enter the amount of the base against which the rate was applied.
		11d.	Enter the total amount of indirect costs charged during the report period.
		11e.	Enter the Federal share of the amount in 11d.
		Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

SF272

FEDERAL CASH TRANSACTIONS REPORT		OMB APPROVAL NO. 0348-0003	
<i>(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)</i>		1. Federal sponsoring agency and organizational element to which this report is submitted U.S. Department Of Agriculture	
2. RECIPIENT ORGANIZATION <i>Name:</i> University of North Dakota <i>Number and Street:</i> 264 CENTENNIAL DRIVE <i>City, State and ZIP Code:</i> GRAND FORKS, ND58202, USA		4. Federal grant or other identification number	5. Recipient's account number or identifying number
		6. Letter of credit number 12-14-3802	7. Last payment voucher number
		<i>Give total number for this period</i>	
		8. Payment Vouchers credited to your account 1	9. Treasury checks received (whether or not deposited) 0
3. FEDERAL EMPLOYER IDENTIFICATION NO. 456002491		10. PERIOD COVERED BY THIS REPORT FROM (month, day, year) 01/01/1900 TO (month, day, year) 12/08/2004	
11. STATUS OF FEDERAL CASH <i>(See specific instructions on the back)</i>	a. Cash on hand beginning of reporting period	\$	0.00
	b. Letter of credit withdrawals		0.00
	c. Treasury check payments		0.00
	d. Total receipts (Sum of lines b and c)		0.00
	e. Total cash available (Sum of lines a and d)		0.00
	f. Gross disbursements		2,681,899.22
	g. Federal share of program income		
	h. Net disbursements (Line f minus line g)		2,681,899.22
	i. Adjustments of prior periods		
	j. Cash on hand end of period	\$	-2,681,899.22
12. THE AMOUNT SHOWN ON LINE 11) ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING <i>Days</i>	13. OTHER INFORMATION		
	a. Interest income	\$	
	b. Advances to subgrantees or subcontractors	\$	
14. REMARKS <i>(Attach additional sheets of plain paper, if more space is required)</i> This is a test comment for the SF272.			
15. CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED
	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE Anderson, Lacey Renae	12/08/2004 TELEPHONE (Area Code, Number, Extension)

THIS SPACE FOR AGENCY USE

INSTRUCTIONS

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0003), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. Items 1, 2, 8, 9, 10, 11d, 11e, 11h, and 15 are self explanatory, specific instructions for other items are as follows:

<u>Item</u>	<u>Entry</u>	<u>Item</u>	<u>Entry</u>
3	Enter Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service or the FICE (institution) code.		benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.
4	If this report covers more than one grant or other agreement, leave items 4 and 5 blank and provide the information on Standard Form 272A, Report of Federal Cash Transactions - Continued. Enter Federal grant number, agreement number, or other identifying numbers if requested by sponsoring agency.	11g	Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.
5	This space reserved for an account number or other identifying number that may be assigned by the recipient.	11i	Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.
6	Enter the letter of credit number that applies to this report. If all advances were made by Treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.	11j	Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line i).
7	Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.	12	Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements are on hand, provide an explanation under "Remarks" as to why the drawdown was made prematurely, or other reasons for the excess cash. The requirement for the explanation does not apply to prescheduled or automatic advances.
11a	Enter the total amount of Federal cash on hand at the beginning of the reporting period including all of the Federal funds on deposit, imprest funds, and undeposited Treasury checks.	13a	Enter the amount of interest earned on advances of Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal sponsoring agency for over 60 days, explain under "Remarks." Do not report interest earned on advances to States.
11b	Enter total amount of Federal funds received through payment vouchers (Form TUS 5401) that were credited to your account during the reporting period.	13b	Enter the amount of advance to secondary recipients included in item 11h.
11c	Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.	14	In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space is required.
11f	Enter the total Federal cash disbursements, made during the reporting period, including cash received as program income. Disbursements as used here also include the amount of advances and payments less refunds to subgrantees or contractors; the gross amount of direct salaries and wages, including the employee's share of		

STANDARD FORM 272 (Rev. 7-97) Back

SF272A

FEDERAL CASH TRANSACTIONS REPORT CONTINUATION <i>(This form is completed and attached to Standard Form 272 only when reporting more than one grant or assistance agreement.)</i>		OMB APPROVAL No. 0348-0003	
2. RECIPIENT ORGANIZATION <i>(Give name only as shown in Item 2, SF-272)</i>		1. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED	
		3. PERIOD COVERED BY THIS REPORT <i>(As shown on SF-272)</i> FROM <i>(month, day, year)</i> TO <i>(month, day, year)</i>	
4. List information below for each grant or other agreement covered by this report. Use additional forms if more space is required.			
FEDERAL GRANT OR OTHER IDENTIFICATION NUMBER <i>(Show a subdivision by other identifying numbers if required by the Federal Sponsoring Agency)</i> <i>(a)</i>	RECIPIENT ACCOUNT NUMBER OR OTHER IDENTIFYING NUMBER <i>(b)</i>	FEDERAL SHARE OF NET DISBURSEMENTS	
		NET DISBURSEMENTS <i>(Gross disbursements less program income received)</i> FOR REPORTING PERIOD <i>(c)</i>	CUMULATIVE NET DISBURSEMENTS <i>(d)</i>
		\$	\$
5. TOTALS <i>(Should correspond with amounts shown on SF 272 as follows: column (c) the same as line 11h; column (d) the sum of lines 11h and 11i of the SF-272 and cumulative disbursements shown on last report. Attach explanation of any differences.)</i>		\$	\$

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STANDARD FORM 272A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110