LATE COST TRANSFER EXCEPTION REQUEST WEB FORM GUIDE

- The Office of Research Administration (ORA) has updated their Late Cost Transfer Exception
 Request Form to a web form. This web form is accessible under the "Financial Management"
 section of the following ORA website: https://research.iu.edu/forms/research-administration.html
- An overview of the entire web form is provided below. Please note that all fields on this request form are required for successful submission.

	**************************************	100 100 100 100 100 100 100 100 100 100			
Non–Salary Late Cos	st Transfer Excep	tion Request For	m		
the three month limit as described in the C	Cost Transfer Policy SPA-11-003 (ht	ttp://policies.iu.edu/policies/catego	ories/research/Sponsored-Programs-	red on or off a federal or federal-pass-through sponsored program accor -Administration/Cost_Transfers_on_Cost_Reimbursable_Grants_and_Con ts must be moved to a non-grant account.	unt beyond ntracts.shtml).
Costs included on the GEC being reviewed project on the "From" side and one project	by the committee shall be limited t t on the "To" side. If multiple accou	o late costs; please process a separa ants are involved in the project, plea	ate GEC for costs being transferred w se include those account details in th	within the three month limit. The GEC transferring late costs shall be limi he first question under the "Explanation and Justification" section.	ted to one
In order for the Cost Transfer Exception Co	ommittee to consider this request, p	please provide the information below	w. All fields in the form are required	prior to submission to the Office of Research Administration.	
Contact Information for Individu	ial Completing the Form:				
LCT Form Initiator Name*	Initiator Phone #*		Initiator Chart*		
Initiator Email *	1	_	Initiator Organization Code*		
By Completing This Form I Certif	fy that the Fiscal Officer and	l Principal Investigator Lister	d Below are Aware of and App	prove the Submission of this Request for Exception.	
Principal Investigator Name* Principal	incipal Investigator Email * Fi	iscal Officer Name*	Fiscal Officer Email*	ORA Contact Email *	
Transaction and Account Inform					
GEC Document Number*		KFS Document Number of Original	I Transaction*	Designated "To" Account - Account Number:	
	[
Total Amount of Transfer*		Designated "From" Account - Date	of Original Expenditure:	Dasignated "To" Account - Account Effective Date: *	
Expense Category*	i	Designated "From" Account - Acco	ount Number: *	Designated "To" Account - Account Expiration Date: *	
	i	Designated "From" Account - Acco	ount Expiration Date: *		
Explanation And Justification:	COLUMN CO	and a superior of the superior			
Why was the Expense Originally Charg	jud to the Account From Which it	is Being Transferred?*			
How Does This Expense Benefit or Rel	late to the Scope of Work of the R	acaiving Account? Describe in Det	ail the Expense and its Relationshi	ip to the Project. *	
Why is this Cost Transfer Being Reque	asted Over 90 Days From the Date	of its Origin?*			
What Will be Done to Prevent Future C	Cost Transfers Over 90 days From	the Date of Origin?*			
	5	Submit			

- The top section of the form provides additional information regarding the circumstances under which a Late Cost Transfer Exception Request Form should be completed. It also provides guidance on how the GEC including late costs should be processed.
- Please note: This form should only be filled out for cost transfers that:
 - Are on federal or federal-pass-through sponsored program accounts
 - o Include only costs being transferred beyond the three month limit
 - Have at least \$500 of late costs being transferred
 - o Include only one project on the "From" side and one project on the "To" side

Non-Salary Late Cost Transfer Exception Request Form

By completing and submitting the information below, you are requesting that the Cost Transfer Exception Committee review the costs being transferred on or off a federal or federal-pass-through sponsored program account beyond the three month limit as described in the Cost Transfer Policy SPA-11-003 (http://policies.iu.edu/policies/categories/research/Sponsored-Programs-Administration/Cost_Transfers_on_Cost_Reimbursable_Grants_and_Contracts.shtml). Cost Transfers under \$500.00 will not be considered by the Cost Exception Committee. If the costs should be moved off the current account, the costs must be moved to a non-grant account.

Costs included on the GEC being reviewed by the committee shall be limited to late costs; please process a separate GEC for costs being transferred within the three month limit. The GEC transferring late costs shall be limited to one project on the "From" side and one project on the "To" side. If multiple accounts are involved in the project, please include those account details in the first question under the "Explanation and Justification" section.

In order for the Cost Transfer Exception Committee to consider this request, please provide the information below. All fields in the form are required prior to submission to the Office of Research Administration.

• The next section of the form requests contact information for the individual completing the request form. The individual completing the form should provide their name, phone number, email address, and their chart and organization code.

Contact Information for Individual Completing the Form:		
LCT Form Initiator Name*	Initiator Chart *	
Initiator Phone #*	Initiator Organization Code *	
Initiator Email *		

• In the next section, the individual completing the form certifies that the fiscal officer and principal investigator of the grant account(s) associated with the request are aware of and approve of the request. The individual should provide the names and email addresses of the Principal Investigator and Fiscal Officer. The individual should also provide the email address of the ORA contact (the ORA Grant Consultant) for the account(s).

• •	eting This Form I Certify that the Fiscal Officer and Principal Investigator Listed Below are Aware of and the Submission of this Request for Exception.		
Principal Investigator Name*	Principal Investigator Email*	Fiscal Officer Name*	
Fiscal Officer Email*	ORA Contact Email*		

 The next section requests details regarding the transaction and the account(s) impacted by the GEC. Please note that the "GEC Document Number" is the KFS document number for the GEC under review.

Transaction and Account Information			
GEC Document Number* Total Amount of Transfer*	KFS Document Number of Original Transaction*	Designated "To" Account – Account Number: *	
Expense Category*	Designated "From" Account – Date of Original Expenditure: *	Designated "To" Account – Account Effective Date: *	
	Designated "From" Account – Account Number:*	Designated "To" Account – Account Expiration Date: *	
	Designated "From" Account – Account Expiration Date: *		

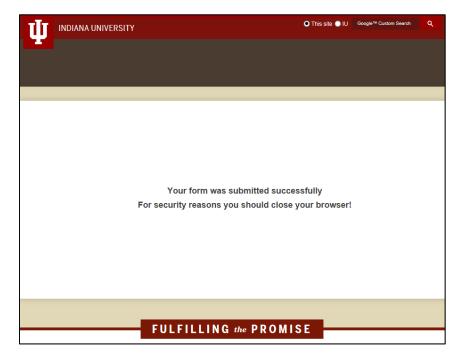
- The final section of the request form requests additional information regarding the circumstances that led to the late cost transfer. Please provide thorough responses to these questions.
- **Note:** If there are multiple accounts involved in the cost transfer under review, please include any account details not listed in the above Transaction and Account Information section as part of the response to the first question in this Explanation and Justification section.

Explanation And Justification:	
Why was the Expense Originally Charged to the Account From Which it is Being Transferred?*	
How Does This Expense Benefit or Relate to the Scope of Work of the Receiving Account? Describe in Detail the Expense and its	
Relationship to the Project. *	
Why is this Cost Transfer Being Requested Over 90 Days From the Date of its Origin?*	
What Will be Done to Prevent Future Cost Transfers Over 90 days From the Date of Origin?*	

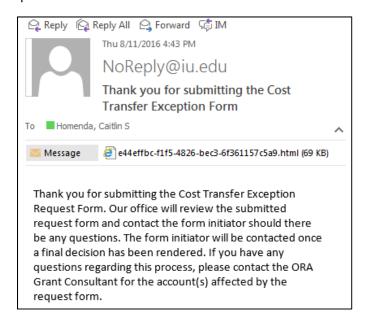
• Once all fields on the request form have been completed, press the Submit button at the bottom of the web form to route the request form to ORA:



• If the request form was successfully submitted, the individual completing the form should be redirected to the following web page:



• Additionally, the individual completing the form should receive the following email message upon successful completion:



This email will also include a copy of the submitted request form as an attachment:

Non–Salary Late Co	st Transfer Exception	Request Form		
three month limit as described in the Co-		.iu.edu/policies/categories/research/S	ponsored-Programs-Administration/Cost_	eral or federal-pass-through sponsored program account beyor Transfers_on_Cost_Reimbursable_Grants_and_Contracts.shtml non-grant account.
Costs included on the GEC being reviewe	d by the committee shall be limited to late co	sts; please process a separate GEC for	costs being transferred within the three mo	onth limit. The GEC transferring late costs shall be limited to or
	Committee to consider this request, please p			nder the "Explanation and Justification" section. on to the Office of Research Administration.
Contact Information for Individ	ual Completing the Form:			
LCT Form Initiator Name*	Initiator Phone #*	Initiato	r Chart*	
JANE DOE	555-555-5555	UA		
Initiator Email * CODYAØIU.EDU	1	Initiato RSCH	r Organization Code*	
CODYABIU.EDU		KSCH		
By Completing This Form I Cert	ify that the Fiscal Officer and Princi	oal Investigator Listed Below ar	e Aware of and Approve the Subn	nission of this Request for Exception.
	vestigator Name* Principal Investigat		Fiscal Officer Email*	ORA Contact Email*
06/20/2016 JOHN DOE	EMAIL1@IU.EDU	JOHN SMITH	EMAIL2@IU.EDU	EMAIL3@IU.EDU
Transaction and Account Inform	nation			
GEC Document Number*	KFS Doc 876543	ument Number of Original Transaction	Designated "7 7654321	o" Account - Account Number: *
Total Amount of Transfer*	The second secon	ted "From" Account - Date of Origina	The second second	Fo" Account - Account Effective Date: *
\$5,000.00	01/01/		01/01/2016	
Expense Category*	Design: 123456	ted "From" Account - Account Numb	Designated 1 12/31/2016	o" Account - Account Expiration Date: *
	Designa	ted "From" Account - Account Expira	tion Date: *	
	12/31/	2015		
Explanation And Justification:				
	ged to the Account From Which it is Being	Transferred?*		
	entered explaining why the expense was or		hich it is being transferred.	^
				<u> </u>
	alate to the Scope of Work of the Receiving			
This is where a justification would be	entered explaining how the expense under	eview benefits or relates to the scope	of work on the account the expense is be	ing moved to.
				Ų
		J. 27729		
	ested Over 90 Days From the Date of its O entered explaining why the cost is being tra		original date of expenditure.	
				<u> </u>
	Cost Transfers Over 90 days From the Date			
This is where a justification would be expenditure in the future.	entered explaining what processes the depa	rtment is implementing in order to pro	event costs from being transferred over 9	0 days from the original date of
20				Ÿ
	Submit	N The second sec		

- The Principal Investigator and Fiscal Officer will also be notified via email when a request form
 has been successfully submitted. This email will include a copy of the submitted request form as
 an attachment and provide them an opportunity to contact the ORA Grant Consultant should
 they have any questions or concerns regarding the submitted request form.
- Please note: The initiator of the web form will be contacted via email should any additional
 information be needed. Additionally, the form initiator will be contacted via email once the ORA
 Cost Transfer Exception Committee has reviewed the request and rendered a decision. Should
 you have any questions regarding this process or a pending request form, please contact the
 ORA Grant Consultant for the account(s) affected by the request.