

OFFICE OF SPONSORED PROGRAMS



OVERVIEW

The Office of Sponsored Programs is considered the Pre-Award phase which marks the start of the grant lifecycle that is responsible for reviewing and approving proposals for sponsored awards and accepting grants and contracts for externally funded activities. The primary mission of the Office of Sponsored Programs is to provide core services to faculty and the research administration community, including reviewing and approving proposals, accepting awards, and preparing and issuing agreements.

PRE-AWARD PROPOSAL PROCESS

- The purpose of the preliminary review is for the PI to receive a timeline to proceed with the submission. The preliminary review and approval phase is applicable to all solicited and unsolicited proposals for submission to a federal agency, a foundation, or an industry. The process is as follows:
- PI identifies agency and selects a topic
- The (PI) submits the following documents to the Grant Specialist designated for their department:
 - The Internal Proposal Routing Form (IPRF) signed by all parties (TU PI, TU Co-PI(s), Department Head, and Dean.
 - **Provost and CFO signature is required if cost-sharing is involved along with the complete and signed Cost Sharing and Matching Sources Form**
 - One Page abstract or program summary
 - Tentative Budget and Budget Justification
 - A copy of the funding announcement and instructions.
 - If subawards are included submit the OSP contact information for the sub-awardees.

PRE-AWARD PROPOSAL PROCESS CONTINUED...

- Review of the preliminary documents is completed and a timeline is issued to show dates and times for when documents are due and when the proposal review will begin.
 - The timeline will also include the required dates the proposal documents must be uploaded in the required system along with the OSP submission date and the agency's deadline date.
 - Upon final review and discussion, if needed, the proposal will be submitted by one of the OSP staff members prior to the agency's deadline date.
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- **ALL forms for OSP can be found on the TU website under Research and Sponsored Programs/Office of Sponsored Programs**

CONTACT INFORMATION/AVAILABILITY

- **Jasmine Jackson**

- Director, Office of Sponsored Programs, Kenney Hall, Room 70-218, 334.724.4472 (office), jjackson4@tuskegee.edu (email)

- **Deborah Spencer**

- Associate Director of Sponsored Programs, Kenney Hall, Room 70-217, 334.724.4478 (office), dspencerthornton@tuskegee.edu (email)

- **Jamillah McCray**

- Grants Specialist, Kenney Hall, Room 70-215, 334.724.4473 (office), jmccray@tuskegee.edu (email)

Availability: Monday-Friday (8:00 am – 4:30 pm)



DIVISION OF RESEARCH AND SPONSORED PROGRAMS
Office of Sponsored Programs

Proposal Submission Policy

The number of proposals submitted from Tuskegee University continues to grow steadily from year to year with an increase in the complexity of submissions. Taking into consideration the fact that staffing in the Office of Sponsored Programs has decreased, the workload has increased, and additional time is required to review proposals, properly. In order to ensure that all proposals are submitted in the best quality possible and more time is given to the staff to review, the guidelines below have been set and are effective immediately.

Proposal Submission Guidelines:

1. **Twenty-one business days** prior to the submission deadline, the Office of Sponsored Programs must be notified by the PI, of the **INTENT** to submit a proposal. The required documents to be submitted at that time are, the Internal Routing Form (complete and signed by the PI, all university Co-PI's, Department Head, and Dean), abstract, tentative budget, budget justification, and the solicitation. These documents are required for federal and state submissions, subcontracts, white paper submissions, desk submissions, etc. Proposals uploaded to the appropriate system **WILL NOT** be reviewed until **ALL** required documents are received.
2. **Fourteen business days** prior to the submission deadline, the Office of Sponsored Programs must have all required documents uploaded to the required electronic system such as (Research.gov, Fastlane, eRA Commons/Assist, and Grants.gov) for final review. **(This will also include white paper submissions, subcontracts, desk submissions, etc.) DO NOT** upload completed proposals more than **thirty days** prior to the deadline.
3. **ALL** proposals **WILL** be submitted by **close of business at 4:30 pm**, including proposals that are due by **11:59 pm** on the day of submission.
4. If cost-share is required, it must be recorded on the internal routing form with the appropriate source/colleague number. **ALL COST-SHARES MUST BE APPROVED BY THE DEAN, DEPARTMENT HEAD, VP FOR RESEARCH, AND PROVOST.**

If you have any questions or concerns, please contact the Office of Sponsored Programs.

Jasmine Jackson – jjackson4@tuskegee.edu, 334-724-4472

Deborah Spencer – dspencert Thornton@tuskegee.edu, 334-724-4478

Jamillah McCray – jmccray@tuskegee.edu, 334-724-4473

Kind Regards,

Jasmine Jackson

Digitally signed by Jasmine Jackson
DN: cn=Jasmine Jackson, o=Tuskegee
University, ou=Office of Sponsored Programs,
email=jjackson4@tuskegee.edu, c=US
Date: 2022.07.11 12:01:37 -05'00'

Jasmine Jackson

Interim Director, Office of Sponsored Programs

Shaik Jeelani

Digitally signed by Shaik Jeelani
DN: cn=Shaik Jeelani, o=Tuskegee
University, ou=Research and the Graduate
School, email=sjeelani@tuskegee.edu,
c=US
Date: 2022.07.12 09:36:29 -05'00'

Shaik Jeelani

VP for Research and Dean of Graduate School

Tuskegee University
Office for Sponsored Programs
Fact Sheet

Official University Contact Information

Name:	Tuskegee University
Address:	1200 West Montgomery Road Tuskegee, AL 36088-1923 Macon County
Telephone:	334-727-8011
Contact Information:	https://www.tuskegee.edu/research-innovation/office-of-sponsored-programs
Signing Official:	Dexter Odom VP for Business Affairs and CFO dodom@tuskegee.edu 334-727-8855
Authorized Official Representative:	Dr. Vijaya Rangari Interim, Associate VP for Research vrangari@tuskegee.edu 334-724-4875
Type of Organization:	HBCU (Historically Black College and University)
Tax Status:	Tax exempt under Section 501(c)(3) of the IRS code

Important Numbers			
EIN/Tax ID:	63-0288878	Congressional District:	AL-003
DUNS #:	128214178	SAM Registration	Active
UEI #:	U9JCYEXFEEU4	SAM Expiration	03/28/2025
NSF Institutional Code:	0010504000	Cage Code:	1P3Y2
ASAP Code:	0126940	NAICS Code:	923110
STARRS (State of Alabama Accounting and Resource Systems)	VC000130298	FICE Code: (Federal Interagency Committee on Education)	1050
Human Subjects FWA #:	FWA00003249	FWA # Expiration:	12/18/2028
Animal Welfare Assurance#	A393801	Animal Assurance Expiration:	06/30/2026
Radioactive Material License (Alabama Department of Public Health)	226	Expiration Date:	8/31/2024

Fringe Rates Used for Proposal Estimating Purposes:

University Fringe Rates	
Faculty & Regular Full-time Exempt Staff (salaried)	25%

Costs in Fringe Benefit Rate Include:

Medicare	Tuition Benefits (Employees Only)
Unemployment Insurance	Health Insurance
TIAA Retirement	Disability Insurance
Unemployment Compensation	Life Insurance

Facility and Administrative (F&A) Rates:

Agreement Date: 09/05/2023			
Activity Type	Rate	Location	Dates
Organized Research	38.00%	On-campus	07/01/2023- Until Amended
Organized Research	18.00%	Off-campus*	07/01/2023- Until Amended
Instruction	54.00%	On-campus	07/01/2023- Until Amended
Instruction	26.00%	Off-campus*	07/01/2023- Until Amended
Other Sponsored Activity	38.00%	On-campus	07/01/2023- Until Amended
Other Sponsored Activity	26.00%	Off-campus*	07/01/2023- Until Amended

F&A Rate Agreement:

<https://www.tuskegee.edu/Content/Uploads/Tuskegee/images/Research%20and%20Innovation/Indirect%20Cost%20Rate%20Agreement%20-%20TU%20--%207.1.2020%20-%207.1.2026.pdf>

Cognizant Agency Information

Cognizant Agency for F&A Cost Rates: Department of Health and Human Services
Darryl Mayes
Cost Allocation Services
(301) 492-4855

Financial Contact

Make Checks Payable To: Tuskegee University

Financial Contact Information: Ms. Moroline Washington, Director
Contract and Grant Accounting
204 Kresge Center
Tuskegee, AL 36088-1923
(334) 724-4474
mwashington2@tuskegee.edu

******Please contact the Contract and Grant Accounting Office for any financial information and invoicing.**

ACH and Accounting Contact

Accounting Contact Information: Ms. Christina Donner, Business and Finance
Accounting Manager
116 Kresge Center
Tuskegee, AL 36088-1923
(334) 724-4519
cdonner@tuskegee.edu

Office of Sponsored Programs Departmental Assignments

Jasmine Jackson – CAENS, Assisting with CVM, Assisting with CAS

Director of Sponsored Programs

John A. Kenny, Room 70-218

Phone: 334-724-4472

Email: jjackson4@tuskegee.edu

Deborah Spencer – CE, TSACS, CVM, Provost, VP for Research

Associate Director

John A. Kenney, Room 70-217

Phone: 334-724-4478

Email: dspencerthornton@tuskegee.edu

Jamillah McCray – CBIS, CAS, President, Bioethics, Library

Grants Specialist

John A. Kenny, Room 70-215

Phone: 334-724-4473

Email: jmccray@tuskegee.edu

Tuskegee University

Sponsored Programs Preliminary Checklist

PRE-AWARD PROCESS

Required preliminary documents when notifying OSP of your intent to submit: (MANDATORY)

- Internal Proposal Routing Form (IRF)
- Conflict of Interest Form (COI)
- Abstract/Project Summary/Statement Work
- Tentative Budget
- Tentative Budget Justification
- Solicitation
- Indirect Cost Rate Adjustment Form (if applicable)
- Cost Sharing and Matching Sources (CSMS) (if applicable)
- Subawardee's OSP Contact Information (OSP will send out the Subrecipient Form to be completed and signed and **MUST** be received **BEFORE** the submission takes place)
- Once **ALL** required documents are received the assigned Grants Specialist will send you a timeline to adhere to with all required deadline dates to submit and upload documents.

Desk Submissions: All documents outlined above are required however, OSP is only required to review and approve your budget and budget justification **BEFORE** submission. In addition, it is **MANDATORY** to send the assigned Grants Specialist a copy of the submission after the full proposal has been submitted.

Other information needed for a complete submission:

- Biographical Sketch – most agencies are requesting for submitters to use SciENCv
 - Current and Pending - most agencies are requesting for submitters to use SciENCv
- SciENCv website:** <https://www.ncbi.nlm.nih.gov/sciencv/>

POST-AWARD PROCESS (OSP)

If your proposal is funded OSP will contact you if any additional information is needed. OSP will complete the following steps:

- Budget/BAR setup
- Notify you of your GL account number once it has been assigned.
- Issue sub-agreement(s) to the sub-awardee(s) outlined in the proposal.

********Please refrain from signing ANY documents on behalf of the university. ONLY the CFO, VP for Research, or the President can sign on behalf of the university unless it stipulates the PI must sign. If you require clarity before signing, please contact your assigned Grants Specialist.***

Tuskegee University

Office of Sponsored Programs

Internal Proposal Routing Form

Complete, sign, and submit proposal documents to **OSP twenty-one (21) business days** prior to the submission deadline.

OSP No: _____

Proposal Title: _____

Principal Investigator: _____

Co-PI 1: _____

Department: _____

Department: _____

Campus Address: _____

Co-PI 2: _____

Campus Phone: _____

Department: _____

Campus Fax: _____

Co-PI 3: _____

E-mail Address: _____

Department: _____

Project Type:

- ☐ Instruction
☐ Research
☐ Public Service
☐ Student Services
☐ Fin. Aid/ Scholarships

Award Term:

- ☐ New
☐ Continuation
☐ Competing Renewal
☐ Supplement
☐ Resubmission

Award Type:

- ☐ Grant
☐ Contract
☐ Subcontract
☐ MOA/MOU

CFDA: _____

Protocol consent form must be routed to an IRB

Project Involves:

- ☐ Human Subjects
☐ Animal Subjects
☐ Biohazards
☐ Radiation

Sponsor/Funding Agency: _____

Program to which you are applying: _____

Sponsor Contact Name & Title: _____

Sponsor Mailing Address: _____

Sponsor Phone: _____

FAX: _____

Is electronic submission required? ☐ Yes ☐ No

Deadline: _____

Receipt date? ☐

Postmark? ☐

Begin Date: _____

End Date: _____

Sponsor Type:

- ☐ Federal
☐ State
☐ Local Government
☐ Private
☐ International
☐ Federal Flow-thru
☐ Appropriation

PROJECT BUDGET SUMMARY

Indirect Cost Information		Period	Direct \$	Indirect \$	Total \$	Match \$** M/CS requires completion of the M/CS Form
Applicable Federal Rate*		Year 1				
Requested Rate*		Year 2				
<input type="checkbox"/> Sponsor restricted rate (attach guidelines)		Year 3				
		Year 4				
*If reduced or waived, attach an Indirect Cost Waiver Form		Year 5				
		Total				

University Match**

- ☐ Cash ☐ In-Kind
☐ Mandatory ☐ Voluntary

**Please list source of matching funds (if applicable):

1) Unit: _____ GL No: _____

2) Unit: _____ GL No: _____

Is there equipment budgeted? ☐ Yes ☐ No

Is tuition budgeted for students? ☐ Yes ☐ No

Are subawards included in budget? ☐ Yes ☐ No

If yes, list number of subgrants included here: _____

To: _____

*Please attach Subrecipient Commitment Form(s)

Project Space Requirements: A "Yes" answer on either of these items requires consultation with VP for Capital Projects. (a)

Project requires new space/construction? ☐ Yes ☐ No

(b) Project requires renovations of existing space? ☐ Yes ☐ No

Conflict of Interest Certification

If "yes" to either or both questions, please explain on an attached sheet.

Will/do you or any member of your household or grant staff benefit in cash exceeding \$5,000 a year from, or own more than 5% of the voting stock or controlling interest in the above sponsor?

☐ Yes
☐ No

☐ Yes
☐ No

☐ Yes
☐ No

☐ Yes
☐ No

Are you or any member of your household or grant staff affiliated with the above sponsor or with an external agency in any way that will hinder your abilities to fulfill obligations to TU, its students or your colleagues?

☐ Yes
☐ No

☐ Yes
☐ No

☐ Yes
☐ No

☐ Yes
☐ No

Time and Effort (Use current salary/fringes) on Project

Name	Academic Yr or Summer?	Time and Effort	Annual Salary	Requested Salary	Current Fringes	Total Salary
					19.50%	
					19.50%	
					19.50%	
					19.50%	
					19.50%	
					19.50%	

Approvals (PI should secure signatures before requesting administrative approval from Sponsored Programs)

Principal Investigator:	Co-PI 1:	
Co-PI 2:	Co-PI 3:	

In signing this IPRF, I understand and accept responsibility for the design, execution, and management of this project, including the project budget, and any applicable reports in accordance with funding program guidelines and the policies of the University, if awarded; I have provided complete disclosure of any financial interests that present an actual or potential conflict of interest; and I am not delinquent in submitting final project reports to sponsors from previous grants I have received; and **I will ensure that all staff and students working on the project have read, understand, and comply with the University's policies on Intellectual Property, the Drug Free Workplace, Conflict of Interest, Risk Management and other University Research requirements, as well as all federal, state and local regulatory agency requirements related to the project.**

Department Head:	Date:
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In signing this IPRF, I certify that the project's activities and purpose are consistent with the mission of the University and academic unit; **PI and/or Co-PI(s) workloads are within 100% of effort; facilities and space, and other unit resources necessary to complete the proposed project are available***** to the project or provisions have been arranged within the unit to make such space or other institutional resources available in the event an award is made (**enclose signed agreement**).

Center Director/Dean:	Date:
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In signing this IPRF, I certify that the project's activities and purpose are consistent with the mission of the University and academic unit, and that approval by the Department Head and/or Center Director, or me in absence of such **signatures, signifies that adequate support and resources will be available in the event an award is made including provisions for expensive service contracts **** required of sensitive and specialized instrumentation (enclose signed agreement).**

Sponsored Programs Use Only

VP for University Advancement/Development (only if foundation, etc)	Date:
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Chief Information Officer: (only if IT infrastructure is involved)	Date:
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Provost: (only if cost-sharing and matching is involved)	Date:
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OSP Staff:	Date:	In signing this IPRF, I certify that the budget, format, representations, and other requirements are correct. I certify that the project meets the standards of federal, state, and/or local requirements, that the application will be submitted in accordance with University policy, that all appropriate signatures have been obtained, and that all compliance requirements have been met.
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VP for Research	Date:	In signing this IPRF, I certify that the proposal meets the requirements and standards of the University.
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Return to the Provost office electronically a pdf with copy of final IPRF, abstract, and Aims of submission

*Projects submitted at the last minutes will be automatically placed on a queue for processing at the following cycle.

**Projects that require matching must be accompanied by appropriate documentation of assurance

***Approved and signed agreements for

****Projected defrayment % by users, or institutional guarantees must be demonstrated



Conflict of Interest Disclosure form

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the employee's material interests or relationships (especially economic), particularly if those interests or commitments are not disclosed. The conflict of interest form should indicate whether the employee has an economic interest in or acts as an officer or a director of any outside entity whose financial interest would reasonably appear to be affected. The employee or board member should also disclose any personal, family business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant federally and organizationally established regulations and guidelines in financial conflicts must be strictly followed.

Date _____ Employee's Name _____
Position _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

_____ I have no conflict of interests to report.

_____ I have the following conflict of interest to report. Please specify other nonprofit and for-profit boards you and your spouse sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or your family member own:

1. _____
2. _____
3. _____

_____ I have the following relatives [**Relative includes a current or former spouse; domestic partner; or (whether by blood adoption, "step-" half-, or foster relationship, marriage, legal action or domestic partnership, (including in-laws), the child, parent, grandparent, sibling, grandchild, cousin, aunt or uncle, niece or nephew, or any person in a romantic or consensual sexual relationship or residing (or previously residing) in the immediate household (or the household of the spouse or domestic partner of any of these relatives) of the University employee or his or her spouse or domestic partner, or person in a romantic relationship]** that currently work for the university (if more space is needed please use back of this page to continue the list):

1. _____
2. _____
3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I understand that if it is determined that I have knowingly given false information on this form disciplinary action up to and including termination may occur.

Employee's Signature _____

Cost Sharing and Matching Sources (CSMS)

Tuskegee University Office of Sponsored Programs

Date: _____

Principal Investigator: _____ Phone: _____

Proposed Project Title: _____ Proposed Dates of Activity: _____

Funding Agency: _____ Deadline: _____

Instructions: Please type or print clearly, and complete all applicable boxes. Use additional sheets if necessary.

Category	Source	Account No.	Use	% of Time Use	Value Calculation	Amount of Value (\$)
Tuskegee University Personnel (Name and title)	Basic budget or funded project title and funding agency	Account # and line item	Description of the Contribution made to the Proposed project.		Please indicate how you arrived at the \$ value	
Other Personnel (Name and Employer)						
Consultants (Name and capacity)						
Volunteer Service (Name and/or agency)						

Category	Source	Account No.	Use	% of Use	Value Calculation	Amount of Value (\$)
Supplies	Basic budget or funded project title and funding agency	Acct. # and line item	Description of the contribution made to the proposed project		Please indicate how you arrived at the \$ value	
Property (Land, buildings, etc.)						
Equipment	Please indicate how, where and when purchased					
Other						
Unrecovered Indirect Cost						
					TOTAL	

Approvals

Notes/Comments

Principal Investigator

Business and Fiscal Affairs

Dean

Provost/Academic Affairs

Vice President of Research & Sponsored Programs

Agency/Organization:
Project Director:
Co-Project Directors:
Project Title:

PROPOSED BUDGET

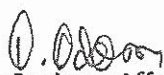
Category	Year I	Year II	Year III	Total
Section 1: Personnel				
<i>Senior/Key Personnel:(include project and co-project director)</i>				
	-	-	-	-
	-	-	-	-
	-	-	-	-
<i>Other Personnel: (include support staff and student workstudy)</i>				
Post-Doctoral	-	-	-	-
	-	-	-	-
<i>Student Workstudy:</i>				
Graduate Students No. of Student	-	-	-	-
Undergraduate Students No. of Student	-	-	-	-
Total Salaries and Wages	-	-	-	-
Salaries and Wages excluding Student Workstudy	-	-	-	-
Fringe Benefits, 25.00%	-	-	-	-
Total Personnel and Fringe Benefits	-	-	-	-
Section 2: Participant/Trainee Support Costs				
Participant Support				-
Student Tuition				-
Student Stipend				-
Student Travel				-
Student Subsistence				-
Total Participant/Trainee Support Costs	-	-	-	-
Section 3: Equipment (equipment ≥ \$5K)				
Scientific Equipment				-
Computer Equipment				-
				-
Total Equipment	-	-	-	-
Section 4: Travel				
Domestic Travel				-
Foreign Travel				-
Total Travel	-	-	-	-
Section 5: Other Direct Costs				
Materials and Supplies				-
Non-Capital Equipment (equipment ≤ \$5K)				-
Subscription and Publication				-
Other				-
Subawards				-
Consultants/Professional Service				-
Total Other Direct Cost	-	-	-	-
TOTALS				
Total Direct Cost	-	-	-	-
Total Modified Direct Cost	-	-	-	-
**Indirect Cost, 47% TMDC ct Cost Rate Agreement.pdf	-	-	-	-
Total Award	-	-	-	-



TUSKEGEE UNIVERSITY

OFFICE OF FINANCE

TO: Deans
Department Heads
Director, Office of Sponsored Programs

FROM: Dexter Odom 
Vice President for Business Affairs/CFO

DATE: March 16, 2023

SUBJECT: FRINGE BENEFITS RATE INCREASED TO 25%

Effective March 16, 2023, Fringe Benefits calculations used in proposals are based on the following University's Rates:

<u>Benefit Type:</u>	<u>Current Rate:</u>
Medicare	1.45%
OASI	6.20%
TIAA Retirement	3.00%
Unemployment Compensation	0.50%
Half Tuition Benefits	0.28%
Health Insurance	13.19%
Disability Insurance	0.26%
Life Insurance	<u>0.12%</u>
Total	25.00%

cc: Debriena Gardner
Assistant VP of Budget and Planning

Moroline Washington
Director of Grants and Contracts

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1630288878A1
ORGANIZATION:
Tuskegee University
116 Kresge Center
Tuskegee, AL 36088-

Date: 09/05/2023
FILING REF.: The preceding
agreement was dated
09/26/2017

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:		FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)
EFFECTIVE PERIOD					
TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FINAL	07/01/2020	06/30/2023	36.50	On-Campus	Organized Research
FINAL	07/01/2020	06/30/2023	18.00	Off-Campus	Organized Research
FINAL	07/01/2020	06/30/2023	54.00	On-Campus	Instruction
FINAL	07/01/2020	06/30/2023	26.00	Off-Campus	Instruction
FINAL	07/01/2020	06/30/2023	38.00	On-Campus	Other Sponsored Activities
FINAL	07/01/2020	06/30/2023	26.00	Off-Campus	Other Sponsored Activities
PRED.	07/01/2023	06/30/2026	38.00	On-Campus	Organized Research
PRED.	07/01/2023	06/30/2026	18.00	Off-Campus	Organized Research
PRED.	07/01/2023	06/30/2026	54.00	On-Campus	Instruction
PRED.	07/01/2023	06/30/2026	26.00	Off-Campus	Instruction
PRED.	07/01/2023	06/30/2026	38.00	On-Campus	Other Sponsored Activities
PRED.	07/01/2023	06/30/2026	26.00	Off-Campus	Other Sponsored Activities
PROV.	07/01/2026	Until Amended			Use same rates and conditions as those cited for fiscal year ending Jun 30, 2026

***BASE**

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

OFF-CAMPUS DEFINITION: The off-campus rate will apply for all activities: a) Performed in facilities not owned by the institution and where these facility costs are not included in the F&A pools; or b) Where rent is directly allocated/charged to the project(s). Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

Fringe Benefits include: FICA, Retirement and Unemployment Compensation. However, Group Insurance and Workers' Compensation applicable to all employees are included in the indirect cost pool.

A proposal for fiscal year ending 06/30/2025 is due in our office by 12/31/2025.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost pools as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:

Tuskegee University

(INSTITUTION)



(SIGNATURE)

Dexter Odom

(NAME)

VPBA/CFO

(TITLE)

11/3/23

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People, 0.9.2342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes -S
Date: 2023.09.20 08:18:08 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

09/05/2023

(DATE)

HHS REPRESENTATIVE: Lucy Siow

TELEPHONE: (301) 492-4855

How to register a Grants.gov account for workspace

1. Click the Register link in the top-right corner of the Grants.gov banner.
2. Click the Get Registered Now button on the Register page.
3. Complete the Contact Information and Account Details. All fields with a red asterisk (*) are required.
 - Email Address: When entering an email address, please keep in mind that all correspondence with Grants.gov will be sent to that email address.
 - Username: Enter a username to log in to Grants.gov. It may only contain alphanumeric characters, question marks, periods, dashes, underscores, and the @ symbol. Your username cannot contain a space, nor can it only include numbers. Select a username you will remember.
 - Password: The password you choose must contain at least eight (8) characters including at least one (1) uppercase letter (A-Z); at least one (1) lowercase letter (a-z); at least one (1) number (0-9); and at least one (1) special character (e.g. ! @ # \$ % ^ & *). Do not write down your account information.
 - Secret Question/Answer: Enter a question only you would be able to answer and will be able to remember in the future. Do not write down your account information.
4. Select whether to subscribe or unsubscribe from Grants.gov Communications. The Alerts are important messages about time-sensitive or major system changes. The Newsletter features training, system enhancement updates, and other resources to help the federal grants community.
5. Click Continue.
6. Click Send Temporary Code. A message from Grants.gov will be sent to your email account with the temporary code. This Temporary Code will be active for 96 hours only.
7. Enter the code into the Temporary Code field and click Continue.
8. Add an Organization Applicant Profile.
 - Complete the Grants.gov account registration process.
 - Under the How would you like to proceed? heading, select the Add Organization Applicant Profile.
 - Enter the TU DUNS Number: 128214178. UEI Number: U9JCYEXFEEU4
 - Create a profile name that will distinguish this organization profile from any other profiles you may have within your Grants.gov account.
 - Enter your job title for this organization in the Job Title.
 - Click the Save button to complete the profile creation process.
9. OSP staff will be notified of your registration and will add the Manage Workspace Role to your account



To submit proposals to the National Science Foundation (NSF) and conduct other award-related activities using NSF systems, you must have an NSF ID. You may only have one NSF ID. This ID is a unique numerical identifier assigned to users by NSF through the registration process outlined below. The NSF ID is yours for you to use no matter your affiliation(s) in the future. Follow the step-by-step process to create a new NSF account.

Step 1: Confirm you do not have an existing NSF account

- Access the [NSF ID Lookup](#) page to search for an existing NSF account.
- If you forgot your password for an established NSF account, [click here](#) to retrieve it. Note that your email address can only be associated with one NSF account (i.e., only one NSF ID per person).
- If you do have an existing NSF account and you know your password, you can edit your account profile information by selecting the “My Profile” option located on the top right of [Research.gov](#) homepage after signing in. [Click here](#) for detailed information on “My Profile” functions.
- If you do not have an existing NSF account, proceed to Step 2.

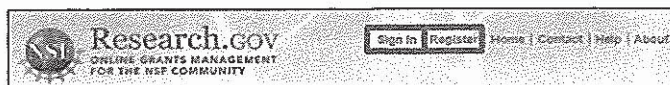


Figure 1

Step 2: Access the Account Registration page

- Open [Research.gov](#)
- Click “Register” located at the top of the screen. (Figure 1)

Account Registration

NSF Profile & Account Information: Complete this page to create your NSF account. Use a valid email address that you have access to for the next step: NSF ID. [Click here for help.](#)

Required

Name: First Name, Middle Name(s), Last Name, Suffix

Email: Select Email

Alternate Email(s) (You may have more than one)

Primary Email Address (This will be used for account verification)

Confirm Primary Email Address

Secondary Email Address (Optional)

Confirm Secondary Email Address

ORCID ID (Optional: Link your ORCID iD to your NSF account)

Phone Number

Extension

☐ Confirm that I am at least 13 years of age

Figure 2

Step 3: Create a new NSF account

- Input the requested account registration information. (Figure 2)

Important Note: Your primary email address will be used for NSF account notifications including password resets. Please make sure you have ongoing access to this email account (e.g., a Gmail address). It is critical that you have continued access to this email account, even if you were to ever change organizations.

- Check the box to confirm that you are at least 13 years of age. (Figure 2)
- Click “Save & Preview.” (Figure 2)
- Verify that your account registration information is correct on the Preview Account Registration screen. (Figure 3)
- If you need to update your account registration information, select the “Edit” button to return to the previous screen.
- Check the box to confirm you are not a robot and click “Submit.” (Figure 3)
- You will receive an Account Registration Confirmation on the screen. (Figure 4)
- Check the primary email account that you just used for two messages: one containing your new NSF ID and another containing your temporary password.
- Click “Sign In” on [Research.gov](#) and enter your new NSF ID and temporary password. (Figure 1)
- Follow the instructions to change your temporary password.
- You have successfully registered for a new NSF account!

Preview Account Registration

Review your information for accuracy:

Name
Dr John L Doe Sr

Alternate Name(s)
None Provided

Primary Email Address
john.doe@testemail.com

Secondary Email Address
john@abc.net

ORCID ID
None Provided

Phone Number
(123) 456 - 7890 ext. 2

☐ I'm not a robot

Figure 3

Step 4: Add a new organization role

- Now that you have an NSF account, you can add organizational roles to your account profile. [Click here](#) for detailed instructions.

Important Note: Reviewers, GRFP Applicants, and GRFP Fellows will not add an organizational role. GRFP-specific Account Management training resources including guides and FAQs are available [here](#).

Account Registration Confirmation

☒ Your account has been successfully created.

An activation email was sent to: [john.doe@testemail.com](#)

Your NSF ID is:

Activation of the account is required to sign in. To activate your account, please go to your email to complete the registration process and obtain your temporary password.

Figure 4