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# Grant Administration

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**College of Engineering and Architecture**



1867

**HOWARD**  
**UNIVERSITY**

# Grant Coordinator Duties

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- Expense tracking
- Audit Accounts
- Process Requisitions
- Assist with Travel Arrangements
- Assist with re-budgets
- Liaison for you with HU administration
- General Administrative Support

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# Pre-Proposal

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**College of Engineering and Architecture**



**College of Engineering and Architecture Pre-Proposal Form**  
This form should be submitted no later than **five business days before submitting to DocuSign.**  
Submit this form to [CEA\\_Processing\\_Center@Howard.edu](mailto:CEA_Processing_Center@Howard.edu).

Today's Date  Due to RAS  Due to Agency

| PRINCIPAL INVESTIGATOR INFORMATION |                      |             |                      |
|------------------------------------|----------------------|-------------|----------------------|
| PI Name:                           | <input type="text"/> | Department: | <input type="text"/> |
| Co-PI (s) Name:                    | <input type="text"/> | Department: | <input type="text"/> |
| Co-PI (s) Name:                    | <input type="text"/> | Department: | <input type="text"/> |

  

| PROPOSAL INFORMATION  |  |  |  |
|---|--|--|--|
| 1. Title of Proposal:   | <input type="text"/>                               |  |  |
| 2. Agency:  | <input type="text"/>                               |  |  |
| 3. Is Howard the sole institution on the proposal?  | <input type="radio"/> Yes <input type="radio"/> No | If no, is Howard the lead institution?       | <input type="radio"/> Yes <input type="radio"/> No |
| Proposal Partner institution(s): <input type="text"/>   |  |  |  |
| 4. Estimated amount for Howard:   | <input type="text"/>                               | Total estimated amount for all institutions: | <input type="text"/>                               |
| 5. Grant Period Start Date:   | <input type="text"/>                               | Grant Period End Date:                       | <input type="text"/>                               |
| 6. Is this for an amendment, modification, or continuation of an existing award?                  | <input type="radio"/> Yes <input type="radio"/> No |  |  |
| If yes, provide grant# <input type="text"/> then <input type="button" value="SAVE &amp; SUBMIT"/> |  |  |  |

| IF NEW PROJECT, CONTINUE COMPLETING THE FORM.    |  |   |
|--|--|---|
| 7.   | Does this proposal involve Academic Programs in the Department or College? | <input type="radio"/> Yes <input type="radio"/> No  |
|  | If yes, Pre-approval of the Department Chair is required:                  | Select <input type="button" value="SEARCH"/>  |
| 8.   | Is cost-share requested?   | <input type="radio"/> Yes <input type="radio"/> No If yes, state source: <input type="text"/>   |
| 9.   | Is space requested in Mackey or Downing?                                   | <input type="radio"/> Yes <input type="radio"/> No If yes, state location: <input type="text"/> |
|  | Signature of Associate Dean of Academic Affairs is required:               | <input type="button" value="SEARCH"/>   |
| 10.  | Will this project support students?  | <input type="radio"/> Yes <input type="radio"/> No  |
|  | # of Students:   | <input type="text"/> Stipends: <input type="text"/> Tuition: <input type="text"/>               |
| Brief Description:<br><input type="text"/>       |  |   |
| Date Received:                                   | Dean/Designee:   | <input type="button" value="SEARCH"/> Date approved: <input type="text"/>                       |
| <input type="button" value="SAVE &amp; SUBMIT"/> |  | <input type="button" value="RESET FORM"/>   |

# DocuSign Entry

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Role: Dean/Director  
Name: John M.M. Anderson  
Email: [CEAGrants@howard.edu](mailto:CEAGrants@howard.edu)

Your Role:

**Department Chair/Head**

Your Name:

John M M Anderson, Ph.D.

Your Email:

CEAgrants@howard.edu

Role: Optional CC  
Name: Sherri Chandler  
Email: [sherri.chandler@howard.edu](mailto:sherri.chandler@howard.edu)

Your Role:

**CC (optional)**

Your Name:

Sherri Chandler

Your Email:

sherri.chandler@howard.edu

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College of Engineering and Architecture



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# Post-Award

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**College of Engineering and Architecture**



# Be Mindful

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- Send all request to [cea\\_processing\\_center@howard.edu](mailto:cea_processing_center@howard.edu)
- If it's not in the budget justification, RAS spending will push it back. This can solved with written approval from the sponsor.
- Students can only receiving salary/wages from one fund source at a time. (The only exception is if they are RA's in the dorms)
- All processing times are given in business days
- Scheduled campus closures do not count as business days
- Busiest times of years for processing for AP/OPC
  - Beginning and End of Term
  - Around Homecoming and Commencement



# Spending Timeframes

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All spending on the grant must occur within the budget period. For example, if the budget period is from Jan. 1, 2017 to June 30, 2017, all spending must occur within this timeframe.

You will receive a notification ninety (90) days prior to the expiration of your award.

Please ensure all expense-related paperwork is filed early enough so that the approval and payout process may be completed prior to the end date of the award.

# Post Docs (C512) & Staff Hiring (C513)

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Howard University requires that these positions be processed through Human Resources. The position must be posted and up to 3 candidates must be interviewed prior to selecting a candidate. The offer letter and onboarding will be completed through Human Resources and not the Office of the Dean. No one can start working until they have completed the Human Resources Hiring process.

## **Required Documents:**

- Provisional Offer Form to request position
- Position Description

After the candidate has been selected, it can take up to **10 business days** to have the candidate vetted and onboarded.

To extend in an extending salaried position only the Provisional Offer Form

**HOWARD**  
**UNIVERSITY**  
College of Engineering and Architecture

Provisional Offer

|                          |              |      |         |  |
|--------------------------|--------------|------|---------|--|
| Name                     |              |      |         |  |
| Student ID / Employee ID |              |      |         |  |
| Position Title           |              |      |         |  |
| Job description          |              |      |         |  |
| Reports to               |              |      |         |  |
| Start date               |              |      |         |  |
| End date                 |              |      |         |  |
| Grant Funded (yes/no?)   |              |      |         |  |
| Department / Project #   | Account Code | Fund | Program |  |
| Salary or Hourly rate    |              |      |         |  |
| Status                   |              |      |         |  |
| Comments                 |              |      |         |  |
| Requester's name         |              |      |         |  |
| Requester's title        |              |      |         |  |
| Requester's signature    |              |      |         |  |

| For Office of the Dean Use Only |  |
|---------------------------------|--|
| Funding availability            |  |
| Verified by                     |  |
| Amount                          |  |
| Date                            |  |
| Position Number                 |  |
| ePAR Number                     |  |



# Assistantships (Hourly Workers)

## Graduate Teacher/Research (C514) or Undergraduate Research C516

These positions are paid through payroll thus require onboarding through HR and are not permitted to start working until the process is complete.

### **Required Documents:**

- Draft Offer Letter
- Provisional Offer Form or Payment Request
- If awarding Financial Aid, Financial Aid Requisition form for the current school year

Note: students will not be funded until the provisional offer and financial aid forms are received.

Please allow **10 business days** for completion of this process

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**College of Engineering and Architecture**



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# Assistantship Offer Letter

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College of Engineering and Architecture

DATE

Student Name

RE: Assistantship appointment

Dear XXXXXX,

This is an offer of appointment as a < POSITION NAME > in the College of Engineering and Architecture from < DATE > to < DATE >. The appointment includes a stipend of \$X,XXX and a remission of tuition in the amount of \$X,XXX. You will work on funded project < PROJECT NUMBER >. Responsibilities associated with this position include XXXXXXXXXXXXXXXX. Dr. XXXXXX, Principal Investigator (PI) of the project, will supervise you in your assistantship responsibilities.

Your academic and research advisor is Dr. XXXX. Your appointment is contingent on favorable progress in the graduate program in the Department of < DEPARTMENT NAME > as certified by your research advisor, Graduate Program Director and Department Chair.

Please note that the renewal of this appointment in any form should not be assumed. However, subsequent appointment occurs based, in part, on satisfactory academic and research performance and funding availability. Please also note that no reason needs to be given to you for non-renewal.

Please indicate your acceptance of this position by signing below. Please email a copy of this signed letter to Dr. Kimberly Jones at [kljones@howard.edu](mailto:kljones@howard.edu), Associate Dean for Research and Graduate Studies within three business days, and copy Ms. Rebeca Pannick at [rpannick@howard.edu](mailto:rpannick@howard.edu), Director of Administration.

Congratulations on your appointment.

Sincerely,

<PI SIGNATURE>

Dr. < XXXXXXX >

Title

|  |       |
|--|-------|
| Office of the Dean<br>Verification of funds availability |       |
| _____  | _____ |
| Name   | Date  |

# Financial Aid (C552)

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Financial Aid can only be awarded per the terms of the grant. If the grant ends prior to the end of the semester the award must be prorated.

The grant must state if the funds are to be used for tuition only, all educational expense, or institutional charges only

## **Required Documents:**

- Financial Aid Requisition for the current school year

Please allow **15 business days** to post the student account.

2019-20 Financial Aid Requisition (Non-Cost Sharing)

This form is used to report all scholarship and grant awards from University funds that are not part of a cost-sharing agreement. **NO AWARD RECIPIENTS SHOULD BE NOTIFIED OF AWARDS UNTIL THE AWARD HAS BEEN APPROVED BY THE OFFICE OF FINANCIAL AID.** Note: Scholarship and Grant funds may not be awarded in exchange for work or current participation performance.

|                |                            |
|----------------|----------------------------|
| Account Name   | Name of Fund to be Charged |
| Account Number | Fund Code                  |
| <<Select One>> |                            |
| School/College | Department                 |
| <<Select One>> | <<Select One>>             |
| Semester       | Fund Source                |
| <<Select One>> | <<Select One>>             |
| Fund Type      | Eligibility Type           |

| HU ID Number                 | Name of Student | Award Amount        |         |         |
|------------------------------|-----------------|---------------------|---------|---------|
|                              |                 | Fall                | Spring  | Summer  |
|                              |                 |                     |         |         |
|                              |                 |                     |         |         |
|                              |                 |                     |         |         |
|                              |                 |                     |         |         |
|                              |                 |                     |         |         |
|                              |                 |                     |         |         |
|                              |                 |                     |         |         |
|                              |                 |                     |         |         |
|                              |                 |                     |         |         |
|                              |                 |                     |         |         |
| <b>Total:</b>                |                 | \$ 0.00             | \$ 0.00 | \$ 0.00 |
| Stipulations: <<Select One>> |                 | <b>Grand Total:</b> |         | \$ 0.00 |

|   |               |                                      |
|---|---------------|--------------------------------------|
| Submitted By  | Email Address | Telephone Number                     |
| Chairperson, Scholarship Committee/<br>Principal Investigator | Date          | Office of the Controller             |
|   |               | Date                                 |
| Dean, Reporting School / Unit Head                            | Date          | Approved/Financial Aid Administrator |
|   |               | Date                                 |

# Stipend Payments (C552)

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The processing of stipends is contingent upon the student's status as a current or former employee of Howard University.

Please see the chart below:

| <b>Non-Employee</b>  | <b>Current/Former Employee</b> |
|----------------------|--------------------------------|
| Payment Request Form | Provisional Offer Form (E-Par) |

Stipend payments can only be paid to students for participation in research. The justification cannot indicate that the student is working on a project; this will be interpreted as a wage hire.



# PAYMENT REQUEST FORM

Is this transaction Grant Related?  
 YES  NO

|  |  |   |  |
|--|--|---|--|
| School/College/Division Name   |  | Department Name   |  |
| <i>What type of transaction is this? Please select ONE (1) option only:</i>  |  |   |  |
| <input type="checkbox"/> Subscriptions and Membership Dues   |  | <input type="checkbox"/> Administrative Fees  |  |
| <input type="checkbox"/> Honorariums, Prizes, Awards and Scholarships  |  | <input type="checkbox"/> Tuition  |  |
| <input type="checkbox"/> Temporary Staffing Agency   |  | <input type="checkbox"/> Legal Settlements  |  |
|  |  | <input type="checkbox"/> Reimbursements   |  |
|  |  | <input type="checkbox"/> Stipends   |  |
|  |  | <input type="checkbox"/> Services (one time)  |  |
| <i>Please provide the purpose or nature of the payment. Include all applicable dates of service and be as specific as possible.</i>  |  |   |  |
| <b>FOR U.S. CITIZENS AND PERMANENT RESIDENT ALIENS</b>   |  | <b>FOR NON RESIDENT ALIENS</b>  |  |
| Is a completed and signed W-9 form already on file with the Office of Procurement and Contracting?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><small>If "No", please submit a W-9 Form via e-mail to <a href="mailto:accountspayable@howard.edu">accountspayable@howard.edu</a>.</small> |  | ~ This section is to be completed by the HU Non Resident Alien Tax Specialist ~<br>Is this payment to a Non-Resident Alien Taxable OR Non-Taxable?<br><input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable |  |
| REQUESTOR - TYPE or PRINT  |  | REQUESTOR - SIGNATURE   |  |
| MONTH / DAY / YEAR   | TELEPHONE NUMBER   | E-MAIL ADDRESS  |  |
| <b>VENDOR NAME/ADDRESS</b>   |  | <b>AMOUNT</b>   |  |
| VENDOR I.D. NUMBER   |  | ACCOUNT NUMBER  |  |
| DEPARTMENT/PROJECT NUMBER  |  |   |  |
| <b>APPROVAL LEVEL</b>  | <b>AMOUNT</b>  | <b>TYPED/PRINTED NAME</b>   | <b>SIGNATURE(s)</b>  |
| <b>1</b>   | ANY AMOUNT   | AUTHORIZOR NAME   | AUTHORIZOR SIGNATURE   |
| <input checked="" type="checkbox"/>  | ALL GRANT RELATED TRANSACTIONS                                 | RESEARCH ADMINISTRATIVE SERVICES CONTACT  | RESEARCH ADMINISTRATIVE SERVICES CONTACT SIGNATURE             |
| <b>2</b>   | \$ 5,000.00 and above  | AVP FINANCE LEAD  | FINANCE LEAD SIGNATURE   |
| <b>3</b>   | \$ 50,000.00 and above   | CONTROLLER  | CONTROLLER SIGNATURE   |
| <input checked="" type="checkbox"/>  | ALL GRANT RELATED TRANSACTIONS THAT ARE \$ 50,000.00 and above | EXECUTIVE DIRECTOR, RESEARCH ADMINISTRATIVE SERVICES  | EXECUTIVE DIRECTOR, RESEARCH ADMINISTRATIVE SERVICES SIGNATURE |
| <b>4</b>   | \$ 250,000.00 and above  | CHIEF FINANCIAL OFFICER/ TREASURER  | CHIEF FINANCIAL OFFICER/TREASURER SIGNATURE                    |
| <b>5</b>   | \$ 1,000,000.00 and above                                      | UNIVERSITY PRESIDENT  | UNIVERSITY PRESIDENT SIGNATURE                                 |

Effective SEPTEMBER 16, 2014

## College of Engineering and Architecture



# Stipend (C552) part 2

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All Stipend Payment Request require a payment memo that includes the following information:

- Grant number
- Short description of student's duties
- Dates the student(s) participated
- Payment Schedule
- Student Name
- Student ID Number
- Student's Vendor ID
- Amount of payment

First time recipients need to submit a Substitute W-9 & ACH payment form to Accounts Payable at [accountspayable@howard.edu](mailto:accountspayable@howard.edu). It can take up to 7 business days for the vendor number to be created.

Please allow **10 business days** for payment to process.

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**College of Engineering and Architecture**

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# HOWARD UNIVERSITY

**(Date of submission)**

## MEMORANDUM

**TO:** Accounts Payable

**FROM:** Dr. **Principal Investigator**

**RE:** Authorization of Payment of Stipends **(date of payment)**

I respectfully request(s) payment of the following stipend(s) in the amount(s) listed below for the following students for the payment date of **(date of payment)**

**JUSTIFICATION PRF's Grant (number) Grant Name**

These students are involved in

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The amount represents a stipend payment for the period from **(dates students participated)** The students have been verified as eligible.

| Name           | Student ID | Vendor # | Amount |
|----------------|------------|----------|--------|
| Howard Varsity | 0211111    | 111111   | 500.00 |
| Howard Uni     | 0111111    | 222222   | 700.00 |

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## College of Engineering and Architecture



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# Travel

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If travel is included on the grant, contact HU Travel at [HU\\_Travel@howard.edu](mailto:HU_Travel@howard.edu) to ensure the account is loaded into the system prior to traveling.

Once you receive the signed approved form, request your travel through [www.concursolutions.com](http://www.concursolutions.com). Concur approvals can take up to 48 hours from submission. Please refrain from booking new travel request into Concur on Fridays to prevent cancellation during the approval flow.

*Please Note: It is mandatory that all Howard University business travel be reserved through HU travel agency Christopherson Business Travel (CBT). CBT is unable to prepay for any reservations that are not booked directly through CBT. Also, please note that CBT is not able to book rooms for conference hotels that are through a housing bureau or house authority, contact HU travel for assistance with facilitating these arrangements. If unable to comply with this, an exception must be approved by HU Travel in advance.*

# Travel Part 2:

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## **Domestic Required Documents:**

- CEA Pre-Travel Authorization form
- Faculty Absence Form if travel occurs during academic year
- Documentation of travel such as the conference flyer

**Please submit 10 days prior to traveling**

## **International Required Documents:**

- Domestic Travel Documents Plus
- International Travel Information Request Form Compliance Statement
- Event Participation Release This form is required for all members of the traveling party regardless of their affiliation with Howard.

**Must be submitted at least 60 days prior to departure no later than 30 days prior.**

College of Engineering and Architecture  
Pre-Approval Form  
Domestic Travel

|  |                           |                         |
|--|---------------------------|-------------------------|
| Date   | <input type="text"/>      |                         |
| Employee Name                                  | <input type="text"/>      |                         |
| Telephone                                      | <input type="text"/>      |                         |
| Department Name                                | <input type="text"/>      |                         |
| Room   | <input type="text"/>      |                         |
| Building                                       | <input type="text"/>      |                         |
| Activity Dates                                 | From <input type="text"/> | To <input type="text"/> |
| Purpose of Travel                              | <input type="text"/>      |                         |
| Special authorization<br>(e. students, guests) | <input type="text"/>      |                         |
| Transportation                                 | <input type="text"/>      |                         |
| Lodging  | <input type="text"/>      |                         |
| Meals  | <input type="text"/>      |                         |
| Registration Fee                               | <input type="text"/>      |                         |
| Miscellaneous                                  | <input type="text"/>      |                         |
| Total Requested                                | <input type="text"/>      |                         |
| Department Account                             | <input type="text"/>      |                         |
| Expense Code                                   | <input type="text"/>      |                         |
| Authorized by:                                 | Department Chair          |                         |
| Name   | <input type="text"/>      |                         |
| Signature                                      | <input type="text"/>      |                         |
| Date   | <input type="text"/>      |                         |
|  | Office of the Dean        |                         |
| Name   | <input type="text"/>      |                         |
| Signature                                      | <input type="text"/>      |                         |
| Verification of funding                        | <input type="text"/>      |                         |
| Date   | <input type="text"/>      |                         |

## REQUEST FOR TRAVEL AUTHORIZATION

HOWARD UNIVERSITY · OFFICE OF THE ASSISTANT TREASURER  
2214 10<sup>th</sup> Street, N.W., Washington, D.C. 20059

|  |
|--|
| Payment to Nonresident Alien is: <input type="checkbox"/> Taxable <input type="checkbox"/> Not Taxable |
| (To be Completed by NRATS) By: _____   |

**Important** – See Travel Regulations for Procedures

|  |                 |                   |          |  |           |  |
|--|-----------------|-------------------|----------|--|-----------|--|
| Division Name  | Department Name | Room              | Building | Employee Name  | Telephone | Employee Account No.   |
| Activity Dates                                       |                 | Purpose of Travel |          |  |           |  |
| From   | To              |                   |          |  |           | <input type="checkbox"/> Yes <input type="checkbox"/> Check<br><input type="checkbox"/> No <input type="checkbox"/> Cash |
| Estimated Expenditures – To Be Completed by Employee |                 |                   |          | Special Authorization Requested (Attach Supplement if Necessary) |           |  |
| Transportation                                       |                 |                   |          |  |           |  |
| Lodging  |                 |                   |          |  |           |  |
| Meals  |                 |                   |          |  |           |  |
| Miscellaneous  |                 |                   |          |  |           |  |
| Total Requested                                      |                 |                   |          |  |           |  |

**Shaded Areas to Be Completed by Assistant Treasurer Office**

| E.C. | Dept. Account No. | Exp. Code | Authorization Code | Today's Date | Employee Name | Amount |
|------|-------------------|-----------|--------------------|--------------|---------------|--------|
|      |                   |           | T                  |              |               |        |

|  |                               |   |
|--|-------------------------------|---|
| <b>Amount Advanced</b>   | <b>Employee Soc. Sec. No.</b> | <b>Is Payee or the Beneficiary of the Payment a U.S. Citizen or Permanent Resident Alien?</b>                         |
|  |                               | Yes <input type="checkbox"/> No <input type="checkbox"/> If "no" refer to HU Nonresident Alien Payment Manual         |
| I hereby certify that I will file a settlement report, with supporting receipts, within ten (10) days after date of travel. I further understand and authorize the Office of the Assistant Treasurer as a condition of receiving an advance, to deduct the amount advanced from my payroll check if the settlement report is not submitted within the ten (10) days as stated above. |                               | Check here if Nonresident Alien information has been previously submitted <input type="checkbox"/>                    |
| Payee  | Report Due Date               | Responsible Person – Typed Name _____<br>Telephone Number _____<br>Responsible Person – Signature _____<br>Date _____ |

Authorized By: Dean/Department Head (Type and Sign Name)

Authorized by: Vice President (Type and Sign Name)

Authorized Expenditures: Dean/Department Head Check One

Total Requested \$ \_\_\_\_\_  Limit of \$ \_\_\_\_\_

Foreign Travel Approved By: President (Type and Sign Name)

|               |                |                         |             |
|---------------|----------------|-------------------------|-------------|
| Approval Date | Rejection Date | Dept. Notification Date | Return Date |
| Explanation   |                |                         |             |





### INTERNATIONAL TRAVEL INFORMATION REQUEST FORM COMPLIANCE STATEMENT

This International Travel Information Request Form must be completed by faculty/staff at least 60 days prior to the date of international travel. This form must be completed if you are planning to travel internationally: (a) on University business, (b) on a University-affiliated activity, (c) as part of a University-sponsored activity, (d) with University funds, or (e) with donor or grant funds secured through the University. The completed form should be submitted to the Office of the Provost (via e-mail to [Internationaltravel@howard.edu](mailto:Internationaltravel@howard.edu)). *Not all information on this Form will be relevant or required for every activity or every instance of foreign travel. Any questions should be directed to Cudore Snell, Ph.D., Assistant Provost for International Programs.*

#### I. GENERAL INFORMATION

Today's Date: \_\_\_\_\_  
 Trip Facilitator/Leader: \_\_\_\_\_ Status:  Faculty  Staff  Other(specify)  
 Title: \_\_\_\_\_ School/Department: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Program/Project Title: \_\_\_\_\_  
 Purpose of the Travel (e.g., research, international service, study abroad, etc.): \_\_\_\_\_

#### II. TRAVEL INFORMATION

*Attach a copy of trip itinerary and other related trip details (detailed itinerary of scheduled destinations and activities while in host country). Please include a separate document with responses as needed.*

1. Destination(s) of Travel (city, country): \_\_\_\_\_
2. Proposed Dates of Travel: Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_  
(please break out dates if traveling to multiple destinations)
3. Description of Accommodation Arrangements: \_\_\_\_\_
  - Name of Lodging (e.g. hotel, dormitory) \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Telephone Number: \_\_\_\_\_
4. Brief Description of travel arrangements to and from the United States: (Please provide copy of trip itinerary) \_\_\_\_\_
5. Description of mode of transportation at destination site: \_\_\_\_\_

#### HOWARD UNIVERSITY EVENT PARTICIPATION RELEASE AGREEMENT

##### TERMS AND CONDITIONS

This agreement pertains to the proposed participation by the undersigned \_\_\_\_\_ in a Howard University event, known as the \_\_\_\_\_, scheduled for \_\_\_\_\_ (date) at the \_\_\_\_\_ (location of event). In consideration for being allowed to participate, participant and participant's parent or legal guardian, if participant is a minor or otherwise without capacity (hereafter, "Participant"), hereby agrees to and accept all of the provisions herein.

1. **General Release:** Participant understands and acknowledges that participation in the Event has inherent risks and is entirely voluntary. Additionally, components of the Event, including travel to and from the Event involve some element of risk. Participant shall assume such risks and not attempt to hold Howard University, its trustees, officers, employees, faculty members, or agents or any other person or entity involved with conducting the Event financially responsible or otherwise liable for any personal injury or death, or for the loss of or damage to any personal property arising out of, during, or in connection with the Event or Participant's participation therein.
2. **Event Changes, Cancellation or Termination:** Participant understands and acknowledges that the University reserves the right to make cancellations, changes, or substitutions as it may deem necessary. Should the University cancel the Event for any reason, at its sole discretion, full refunds of Event fees (if any) will be made to those having paid such fees in accordance with current published University policies.
4. **Voluntary or Involuntary Withdrawal or Dismissal:** The undersigned acknowledges that all Participants are subject to University regulations, Event guidelines, and laws of the local jurisdiction. In the event of a violation of these or behavior deemed by the University to be detrimental to the interests of the University, other Participants, or the Event, the University, through its agents conducting the Event, shall have the right at its sole discretion to dismiss Participant from the Event. Such decision to dismiss shall be final.

If applicable participant agrees to pay for all costs arising out of Participant's voluntary or involuntary withdrawal from the Event prior to its completion for whatever reason, including withdrawal caused by illness or disciplinary action, as set forth above. Participant shall not assert claims for or hold the University, its trustees, employees, officers, faculty, or agents or others involved in conducting the Event responsible for any costs or losses resulting from said Participant's participation or withdrawal.

5. **Pledge:** Participant hereby agrees to comply fully with the rules of the University and directions by its administrators or agents. Participant further agrees that the University has the right to enforce its standards of conduct and that should Participant fail to comply with them, the University has the right to terminate the Participation in the Event with no refund of money paid, if any. Participant further agrees that the policies of the University may be applied to Participant and that the University shall have the right to exercise the policies of the University.

I, THE PARTICIPANT, HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

## College of Engineering and Architecture





# Travel Reimbursements to Students

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## Non Wage Students (C552)

For travel reimbursements please include

- Payment Request Form
- Pre-approved travel authorization form
- Copies of all receipts excluding tips
- Complete Uber/Lyft receipt or proof of mileage, if the student used their personal vehicle.

Please allow **10 business days** for completion of this process

## Salary/Wage Students C512/C514

Processed through Concur

# Consultants/Sub-contractors

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If you will be engaging the services of a consultant, contractor or other outside vendors, Howard University policy states “***no vendors are permitted to provide goods or services without an executed purchase order from the Office of Procurement and Contracting.***” Furthermore, having an executed purchase order ensures that the vendor will be paid in a timely manner.

## Required Documents:

- Completed New Sub-Agreement Information Form
- Contractor/Vendor Justification/Price Verification Form (CVJ/PVF)
- Statement of Work

Obtaining an executed PO and contract for a consultant can take **45 to 60 days**. Please submit the required documents as soon as possible and prior to the consultant starting work.

**NEW SUB-AGREEMENT INFORMATION FORM**

PEOPLESOFT PROJCT ID: [ ] REQUISITION NUMBER: [ ]

PRIME AWARD NUMBER: [ ] CFDA NUMBER: [ ]

AMOUNT: \$ [ ]

MANDATORY COST SHARE (if applicable)

CASH MATCH AMOUNT: \$ [ ]  IN-KIND VALUATION: \$ [ ]

SUBCONTRACTOR /INDEPENDENT CONSULTANT: [ ]

OFFICIAL ADDRESS: [ ]

SPONSOR/AGENCY: [ ]

TITLE OF PROJECT: [ ]

PERIOD OF PERFORMANCE: START [ ] END [ ]

HOWARD'S PI [ ]

SUBCONTRACTOR'S PI/KEY PERSONNEL [ ]

SUBCONTRACTOR/INDEPENDENT CONSULTANT/ADMINISTRATIVE CONTACT\*:  
[\*Name of person(s) authorized to negotiate contracts]

NAME: [ ]  
TITLE: [ ]  
ADDRESS: [ ]  
PHONE : [ ]  
FAX: [ ]  
E-MAIL : [ ]

**SUBCONTRACTOR'S AUTHORIZED SIGNATORY AND TITLE**

NAME: [ ] TITLE: [ ]

**REQUIRED ATTACHMENTS :**

1. CURRENT STATEMENT OF WORK
2. SUBCONTRACTOR'S BUDGET & JUSTIFICATION
3. PEOPLESOFT REQUISITION SCREEN
4. PRIME AWARD DOCUMENT
5. SUBCONTRACTOR'S/INDEPENDENT CONSULTANT'S W-9
6. SUBCONTRACTOR'S A-133 AUDIT REPORT OR AUDITED FINANCIAL REPORT/ TAX RETURN

**RESEARCH ADMINISTRATIVE SERVICES  
CONTRACTOR/VENDOR JUSTIFICATION/PRICE VERIFICATION FORM (CVJ/PVF)**  
A contractor/vendor is a supplier providing goods or services to Howard University.

All purchases made with Federal funds may be subject to a Federal audit at any time. All such purchases should be made prudently and are subject to fair and reasonable pricing. Internal documentation such as purchase orders, invoices, copies of competitive quotes or proposals, or cost/price analysis should be retained as justification of reasonable pricing for items >\$10,000. A justification for non-competitive bid/sole source selection should also be retained.

PEOPLESOFT NO: \_\_\_\_\_

REQUISITION/PO#: \_\_\_\_\_ Date: \_\_\_\_\_

CONTRACTOR/SUPPLIER NAME: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

SPONSOR/AGENCY: \_\_\_\_\_

FUNDING SOURCE: Federal Funds Non-Federal Funds (State, etc.)

| Order Thresholds   |   |
|--|---|
| Check appropriate boxes, complete required fields and file this form with your department with a copy to RAS |   |
| <input type="checkbox"/>   | ≤\$10,000 (The micro purchase threshold for procurement under the <a href="#">Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards</a> (or uniform guidance) increased from \$3,500 to \$10,000 for fiscal year 2017 under Section 217(b) of the National Defense Authorization Act (NDAA). - Vendor Justification Form not required. No further requirements. If purchasing supplies or services from the same vendor where the aggregate dollar amount exceeds \$10,000 then use this CVJF based on the aggregate dollar amount. |
| <input type="checkbox"/>   | >\$10,000-\$250,000 (Select vendor and bid type below)  |
| <input type="checkbox"/> Used a Preferred Vendor – Contact OPC for preferred vendor list                     |   |
| <input type="checkbox"/>   | Did not use a Preferred Vendor - Purchaser must complete sections below and include documentation as noted below.   |
| <input type="checkbox"/>   | Non-competitive purchase/bid: Procurement through solicitation of a proposal from only one source, therefore not allowing vendor & price competition. Indicate bidder in Section A and complete sections B & C.   |
| <input type="checkbox"/>   | Competitive purchase/bid: Same items priced differently by several vendors. Minimum of two written quotes/bids required, three preferred. Please forward copies of bids/quotations in for RAS file upload for audit purposes. Complete Sections A & C. If only one bid is received, indicate bidder & complete Sections A, B and C  |

# Requisitions

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## **Required Documents:**

- Supply Request or Funding Request
- Quotes, if applicable
- Competitive quotes or sole source justification
- Contact information for the vendor

Any requisitions processed in PeopleSoft will require your approval. If you are unsure if you have approver rights in PeopleSoft please contact Sanjay Shrestha at [sanjay.shrestha@howard.edu](mailto:sanjay.shrestha@howard.edu) in the Office of Procurement and Contracting.

If you must be away from campus during the grant period, please designate an alternate PeopleSoft approver.

College of Engineering and Architecture

Funding Request Form

Please EMAIL the completed and signed *Funding Request Form* to [CEA\\_Processing\\_Center@Howard.edu](mailto:CEA_Processing_Center@Howard.edu)

| Department | Requestor Name | Date |
|------------|----------------|------|
|            |                |      |

| Funding is requested for:                             |  |  |
|---|--|--|
| <input type="checkbox"/> Travel or Conference Support | <input type="checkbox"/> Supplies        | <input type="checkbox"/> Membership, Dues or Subscriptions |
| <input type="checkbox"/> Student Tuition              | <input type="checkbox"/> Student Stipend | <input type="checkbox"/> Reimbursement                     |
| <input type="checkbox"/> Other                        |  |  |

Is this transaction Grant or Research related? YES  NO

| Please provide purpose or justification for request: |
|--|
|  |

| Amount | Project / Department | Expense Account |
|--------|----------------------|-----------------|
| \$     |                      |                 |

|                    | Print Name | Signature and Date |
|--------------------|------------|--------------------|
| Requestor          |            |                    |
| Chair              |            |                    |
| Office of the Dean |            |                    |



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**College of Engineering and Architecture**