



University of Colorado
Colorado Springs



University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

SPAN Meeting

November 20, 2024

Kailee Hoover, Sponsored Projects Accountant
Jessi Komrofske, Senior Sponsored Projects Accountant



Agenda

- Reporting responsibilities
- Journal entries (JEs & PETs)
 - Effective journal entries
 - Attachments
 - Cost Transfer Form
 - PET certification

Reporting

Types of Reports

- Closeout release/subcontract closeout request
- Financial
- Invention
- Patent/DD882
- Property
- Technical
- Other reports as required by sponsor
 - Occasionally a combination of information (ex: technical report with financials)

Who is Responsible?



UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH SUBRECIPIENT CLOSEOUT FORM

– Closeout release

Subrecipient: University of Colorado Colorado Springs
UCAR Subaward No: SUBAWD000867
Prime Award No: Gates Foundation P1129708

Final Financial Information

The amount of \$ 47,523.19 represents the total expenditures for reimbursement under this subaward to the subrecipient named above.

- There are no outstanding claims against this subaward. UCAR is not obligated to honor claims made after this certification is signed and returned.
- Only the amount included in the final invoice in the amount of \$ 7,986.15 is due. When the final invoice is paid by UCAR, there will be no further claims against this subaward.

Final Technical Performance

- Attach a copy of the final technical report; or
- Check this box to certify that the subrecipient has completed this subaward's full statement of work.

Final Patent/New Technology Reporting

- Yes No Are there any patents or new inventions to report?

If yes, please contact your UCAR Contract Administrator for additional instructions.

Lower-Tier Subaward(s)

- Yes No Were lower-tier subawards issued under this subaward by the subrecipient?

Final Property Report

- Yes No Under this subaward, is the subrecipient in possession of equipment that is UCAR, government, or sponsor titled?

Who is Responsible?



UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH SUBRECIPIENT CLOSEOUT FORM

– Closeout release: SPA

Subrecipient: University of Colorado Colorado Springs
UCAR Subaward No: SUBAWD000867
Prime Award No: Gates Foundation P1129708

Final Financial Information

The amount of \$ 47,523.19 represents the total expenditures for reimbursement under this subaward to the subrecipient named above.

- There are no outstanding claims against this subaward. UCAR is not obligated to honor claims made after this certification is signed and returned.
- Only the amount included in the final invoice in the amount of \$ 7,986.15 is due. When the final invoice is paid by UCAR, there will be no further claims against this subaward.

Final Technical Performance

- Attach a copy of the final technical report; or
- Check this box to certify that the subrecipient has completed this subaward's full statement of work.

Final Patent/New Technology Reporting

- Yes No Are there any patents or new inventions to report?

If yes, please contact your UCAR Contract Administrator for additional instructions.

Lower-Tier Subaward(s)

- Yes No Were lower-tier subawards issued under this subaward by the subrecipient?

Final Property Report

- Yes No Under this subaward, is the subrecipient in possession of equipment that is UCAR, government, or sponsor titled?



University of Colorado
Colorado Springs



University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

Who is Responsible?

Federal Financial Report (Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2025

- Closeout release: SPA
- Financial

1. Federal Agency and Organizational Element to Which Report is Submitted <input type="text"/>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <input type="text"/>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <input type="text"/>			
Street1: <input type="text"/>		Street2: <input type="text"/>	
City: <input type="text"/>		County: <input type="text"/>	
State: <input type="text"/>		Province: <input type="text"/>	
Country: <input type="text"/>		ZIP / Postal Code: <input type="text"/>	
4a. UEI <input type="text"/>	4b. EIN <input type="text"/>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <input type="text"/>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <input type="text"/> To: <input type="text"/>	9. Reporting Period End Date <input type="text"/>
10. Transactions			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			<input type="text"/> 0.00
b. Cash Disbursements			<input type="text"/> 0.00
c. Cash on Hand (line a minus b)			<input type="text"/> 0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			<input type="text"/> 0.00
e. Federal share of expenditures			<input type="text"/> 0.00
f. Federal share of unliquidated obligations			<input type="text"/> 0.00
g. Total Federal share (sum of lines e and f)			<input type="text"/> 0.00
h. Unobligated balance of Federal Funds (line d minus g)			<input type="text"/> 0.00
Recipient Share:			
i. Total recipient share required			<input type="text"/> 0.00
j. Recipient share of expenditures			<input type="text"/> 0.00
k. Remaining recipient share to be provided (line i minus j)			<input type="text"/> 0.00

Who is Responsible?

Federal Financial Report (Follow form instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2025

- Closeout release: SPA
- Financial: SPA

1. Federal Agency and Organizational Element to Which Report is Submitted <input type="text"/>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <input type="text"/>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <input type="text"/>			
Street1: <input type="text"/>		Street2: <input type="text"/>	
City: <input type="text"/>		County: <input type="text"/>	
State: <input type="text"/>		Province: <input type="text"/>	
Country: <input type="text"/>		ZIP / Postal Code: <input type="text"/>	
4a. UEI <input type="text"/>	4b. EIN <input type="text"/>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <input type="text"/>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <input type="text"/> To: <input type="text"/>	9. Reporting Period End Date <input type="text"/>
10. Transactions			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			<input type="text"/> 0.00
b. Cash Disbursements			<input type="text"/> 0.00
c. Cash on Hand (line a minus b)			<input type="text"/> 0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			<input type="text"/> 0.00
e. Federal share of expenditures			<input type="text"/> 0.00
f. Federal share of unliquidated obligations			<input type="text"/> 0.00
g. Total Federal share (sum of lines e and f)			<input type="text"/> 0.00
h. Unobligated balance of Federal Funds (line d minus g)			<input type="text"/> 0.00
Recipient Share:			
i. Total recipient share required			<input type="text"/> 0.00
j. Recipient share of expenditures			<input type="text"/> 0.00
k. Remaining recipient share to be provided (line i minus j)			<input type="text"/> 0.00

Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention

DOE F 2050.11
(10/17)
(All Other Editions Are Obsolete)



OMB Control No.
1910-0800

Department of Energy

Invention Certification For Federal Award

Prime Contractor Name:

Prime Contract Number:

Task Order Number: Not Applicable

Certifying Entity Type: Certification by Prime Contractor

Certification Type: Final Certification

This certification is the final and complete patent certification submitted by the undersigned and covers all subject inventions developed or first reduced to practice in the performance of the above identified task order, subcontract or contract, except for any subcontracts listed below as not being included in this certification.

Contractor hereby certifies that all subject inventions have been identified and disclosed as required by the patent clause of the applicable subcontract or contract.

Subcontractor(s): Subcontractor(s) used to perform experimental, developmental or research work

Research and Development Subcontractor:

Subcontractor Name: _____

Subcontract Number: _____

Invention Certification Included in this certification

Listing of Subject Invention(s): Listed Below

Subject Invention:

DOE S-Number or iEdison Invention Report Number/EIR Number: _____

Corresponding Patent/Application Number(s): _____

Inventor(s): _____

Title: _____

Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention: OSPRI

DOE F 2050.11
(10/17)
(All Other Editions Are Obsolete)



OMB Control No.
1910-0800

Department of Energy

Invention Certification For Federal Award

Prime Contractor Name:

Prime Contract Number:

Task Order Number: Not Applicable

Certifying Entity Type: Certification by Prime Contractor

Certification Type: Final Certification

This certification is the final and complete patent certification submitted by the undersigned and covers all subject inventions developed or first reduced to practice in the performance of the above identified task order, subcontract or contract, except for any subcontracts listed below as not being included in this certification.

Contractor hereby certifies that all subject inventions have been identified and disclosed as required by the patent clause of the applicable subcontract or contract.

Subcontractor(s): Subcontractor(s) used to perform experimental, developmental or research work

Research and Development Subcontractor:

Subcontractor Name: _____

Subcontract Number: _____

Invention Certification Included in this certification

Listing of Subject Invention(s): Listed Below

Subject Invention:

DOE S-Number or iEdison Invention Report Number/EIR Number: _____

Corresponding Patent/Application Number(s): _____

Inventor(s): _____

Title: _____

Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention: OSPRI
- Patent

REPORT OF INVENTIONS AND SUBCONTRACTS (Pursuant to "Patent Rights" Contract Clause) (See Instructions on back)								Form Approved OMB No. 9000-0095 Expires February 28, 2026	
The public reporting burden for this collection of information is estimated to average 3 hours per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (9000-0095). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.									
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE CONTRACTING OFFICER.									
1.a. NAME OF CONTRACTOR/SUBCONTRACTOR			c. CONTRACT NUMBER		2.a. NAME OF GOVERNMENT PRIME CONTRACTOR			e. CONTRACT NUMBER	
b. ADDRESS (include ZIP Code)			d. AWARD DATE (YYYYMMCC)		b. ADDRESS (include ZIP Code)			d. AWARD DATE (YYYYMMCC)	
3. TYPE OF REPORT (X one)									
a. INTERIM b. FINAL									
4. REPORTING PERIOD (YYYYMMDD)									
a. FROM									
b. TO									
SECTION I - SUBJECT INVENTIONS									
5. "SUBJECT INVENTIONS" REQUIRED TO BE REPORTED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)									
NAME(S) OF INVENTOR(S) <i>(Last, First, Middle Initial)</i>		TITLE OF INVENTION(S)		DISCLOSURE NUMBER, PATENT APPLICATION SERIAL NUMBER OR PATENT NUMBER		ELECTION TO FILE PATENT APPLICATIONS (X)		CONFIRMATORY INSTRUMENT OR CONTRACTING OFFICER (X)	
a.		b.		c.		d.		e.	
						(1) UNITED STATES (a) YES (b) NO		(2) FOREIGN (a) YES (b) NO	
						<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
f. EMPLOYER OF INVENTOR(S) NOT EMPLOYED BY CONTRACTOR/SUBCONTRACTOR					g. ELECTED FOREIGN COUNTRIES IN WHICH A PATENT APPLICATION WILL BE FILED				
(1) (a) NAME OF INVENTOR <i>(Last, First, Middle Initial)</i>			(2) (a) NAME OF INVENTOR <i>(Last, First, Middle Initial)</i>		(1) TITLE OF INVENTION			(2) FOREIGN COUNTRIES OF PATENT APPLICATION	
(b) NAME OF EMPLOYER			(b) NAME OF EMPLOYER						
(c) ADDRESS OF EMPLOYER <i>(Include ZIP Code)</i>			(c) ADDRESS OF EMPLOYER <i>(Include ZIP Code)</i>						
SECTION II - SUBCONTRACTS (Containing a "Patent Rights" clause)									
6. SUBCONTRACTS AWARDED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)									
NAME OF SUBCONTRACTOR(S)		ADDRESS (include ZIP Code)		SUBCONTRACT NUMBER(S)		FAR "PATENT RIGHTS"		SUBCONTRACT DATES (YYYYMMDD)	
a.		b.		c.		d.		f.	
						(1) CLAUSE NUMBER (2) DATE (YYYYMM)		(1) AWARD (2) ESTIMATED COMPLETION	
SECTION III - CERTIFICATION									
7. CERTIFICATION OF REPORT BY CONTRACTOR/SUBCONTRACTOR (Not required if: (X as appropriate)) <input type="checkbox"/> SMALL BUSINESS or <input type="checkbox"/> NONPROFIT ORGANIZATION									
I certify that the reporting party has procedures for prompt identification and timely disclosure of "Subject Inventions," that such procedures have been followed and that all "Subject Inventions" have been reported.									
a. NAME OF AUTHORIZED CONTRACTOR/SUBCONTRACTOR OFFICIAL <i>(Last, First, Middle Initial)</i>			b. TITLE			c. SIGNATURE			d. DATE SIGNED (YYYYMMDD)

DD FORM 882, JUL 2005

PREVIOUS EDITION IS OBSOLETE.

Reset

Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention: OSPRI
- Patent: OSPRI

REPORT OF INVENTIONS AND SUBCONTRACTS (Pursuant to "Patent Rights" Contract Clause) (See Instructions on back)							Form Approved OMB No. 9000-0095 Expires February 28, 2006			
The public reporting burden for this collection of information is estimated to average 3 hours per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (9000-0095). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.										
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE CONTRACTING OFFICER.										
1.a. NAME OF CONTRACTOR/SUBCONTRACTOR			c. CONTRACT NUMBER		2.a. NAME OF GOVERNMENT PRIME CONTRACTOR		e. CONTRACT NUMBER			
b. ADDRESS (include ZIP Code)			d. AWARD DATE (YYYYMMCC)		b. ADDRESS (include ZIP Code)		d. AWARD DATE (YYYYMMCC)			
3. TYPE OF REPORT (X one)										
a. INTERIM b. FINAL										
4. REPORTING PERIOD (YYYYMMDD)										
a. FROM										
b. TO										
SECTION I - SUBJECT INVENTIONS										
5. "SUBJECT INVENTIONS" REQUIRED TO BE REPORTED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)										
NAME(S) OF INVENTOR(S) <i>(Last, First, Middle Initial)</i>		TITLE OF INVENTION(S)		DISCLOSURE NUMBER, PATENT APPLICATION SERIAL NUMBER OR PATENT NUMBER		ELECTION TO FILE PATENT APPLICATIONS (X)		CONFIRMATORY INSTRUMENT OR CONTRACTING OFFICER (X)		
a.		b.		c.		d.		e.		
						(1) UNITED STATES (a) YES (b) NO (2) FOREIGN (a) YES (b) NO)		(a) YES (b) NO (a) YES (b) NO		
f. EMPLOYER OF INVENTOR(S) NOT EMPLOYED BY CONTRACTOR/SUBCONTRACTOR					g. ELECTED FOREIGN COUNTRIES IN WHICH A PATENT APPLICATION WILL BE FILED					
(1) (a) NAME OF INVENTOR <i>(Last, First, Middle Initial)</i>			(2) (a) NAME OF INVENTOR <i>(Last, First, Middle Initial)</i>		(1) TITLE OF INVENTION		(2) FOREIGN COUNTRIES OF PATENT APPLICATION			
(b) NAME OF EMPLOYER			(b) NAME OF EMPLOYER							
(c) ADDRESS OF EMPLOYER <i>(include ZIP Code)</i>			(c) ADDRESS OF EMPLOYER <i>(include ZIP Code)</i>							
SECTION II - SUBCONTRACTS (Containing a "Patent Rights" clause)										
6. SUBCONTRACTS AWARDED BY CONTRACTOR/SUBCONTRACTOR (If "None," so state)										
NAME OF SUBCONTRACTOR(S)		ADDRESS (include ZIP Code)		SUBCONTRACT NUMBER(S)		FAR "PATENT RIGHTS"		SUBCONTRACT DATES (YYYYMMDD)		
a.		b.		c.		d.		f.		
						(1) CLAUSE NUMBER (2) DATE (YYYYMM)		(1) AWARD (2) ESTIMATED COMPLETION		
SECTION III - CERTIFICATION										
7. CERTIFICATION OF REPORT BY CONTRACTOR/SUBCONTRACTOR (Not required if: (X as appropriate)) <input type="checkbox"/> SMALL BUSINESS or <input type="checkbox"/> NONPROFIT ORGANIZATION										
I certify that the reporting party has procedures for prompt identification and timely disclosure of "Subject Inventions," that such procedures have been followed and that all "Subject Inventions" have been reported.										
a. NAME OF AUTHORIZED CONTRACTOR/SUBCONTRACTOR OFFICIAL <i>(Last, First, Middle Initial)</i>			b. TITLE			c. SIGNATURE			d. DATE SIGNED (YYYYMMDD)	

DD FORM 882, JUL 2005

PREVIOUS EDITION IS OBSOLETE.

Reset

Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention: OSPRI
- Patent: OSPRI
- Property

TANGIBLE PERSONAL PROPERTY REPORT Final Report SF-428- B

Federal Grant or Other Identifying Number Assigned by Federal Agency (Block 2 on SF-428).	
<p>1. Report (Select all that apply)</p> <p>a. <input type="checkbox"/> Federally-owned Property (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2a below.)</p> <p>b. <input type="checkbox"/> Acquired Equipment with acquisition cost of \$5,000 or more for which the awarding agency has reserved the right to transfer title (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2b below.)</p> <p>c. <input type="checkbox"/> Residual Unused Supplies with total aggregate fair market value exceeding \$5,000 not needed for any other Federally sponsored programs or projects. (Complete Section 2c below)</p> <p>d. <input type="checkbox"/> None of the above</p>	
2. Complete relevant section(s)	
<p>2a. Federally-owned Property (Select one or more.)</p> <p>(i) <input type="checkbox"/> Request transfer to Award _____</p> <p>(ii) <input type="checkbox"/> Request Federal Agency disposition instructions</p> <p>(iii) <input type="checkbox"/> Other (Provide detail in Block 3 or attach request)</p>	<p>For Agency Use Only</p> <p>Agency response to requested disposition of Federally owned property:</p> <p>(i) Recipient request approved <input type="checkbox"/> denied <input type="checkbox"/></p> <p>(ii) Dispose in accordance with attached instructions <input type="checkbox"/></p>
<p>2b. Acquired Equipment (Select one or more.)</p> <p>(i) <input type="checkbox"/> Request unconditional transfer of title with no further obligation to the Federal Government.</p> <p>(ii) <input type="checkbox"/> Request Federal Agency disposition instructions</p> <p>Note: If the awarding agency does not provide disposition instructions within 120 days the recipient may continue to use the equipment for Federally supported projects or dispose in accordance with the applicable property standards.</p>	<p>Agency response to requested disposition of acquired equipment:</p> <p>(i) Recipient request approved <input type="checkbox"/> denied <input type="checkbox"/></p> <p>(ii) Dispose in accordance with attached instructions <input type="checkbox"/></p>
Authorized Awarding Agency Official	
Signature:	Date:
Name:	Phone:
Title	Email

Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention: OSPRI
- Patent: OSPRI
- Property: SPA

TANGIBLE PERSONAL PROPERTY REPORT Final Report SF-428- B

Federal Grant or Other Identifying Number Assigned by Federal Agency (Block 2 on SF-428).							
<p>1. Report (Select all that apply)</p> <p>a. <input type="checkbox"/> Federally-owned Property (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2a below.)</p> <p>b. <input type="checkbox"/> Acquired Equipment with acquisition cost of \$5,000 or more for which the awarding agency has reserved the right to transfer title (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2b below.)</p> <p>c. <input type="checkbox"/> Residual Unused Supplies with total aggregate fair market value exceeding \$5,000 not needed for any other Federally sponsored programs or projects. (Complete Section 2c below)</p> <p>d. <input type="checkbox"/> None of the above</p>							
2. Complete relevant section(s)							
<p>2a. Federally-owned Property (Select one or more.)</p> <p>(i) <input type="checkbox"/> Request transfer to Award _____</p> <p>(ii) <input type="checkbox"/> Request Federal Agency disposition instructions</p> <p>(iii) <input type="checkbox"/> Other (Provide detail in Block 3 or attach request)</p>	<p style="text-align: center;">For Agency Use Only</p> <p>Agency response to requested disposition of Federally owned property:</p> <p>(i) Recipient request approved <input type="checkbox"/> denied <input type="checkbox"/></p> <p>(ii) Dispose in accordance with attached instructions <input type="checkbox"/>.</p>						
<p>2b. Acquired Equipment (Select one or more.)</p> <p>(i) <input type="checkbox"/> Request unconditional transfer of title with no further obligation to the Federal Government.</p> <p>(ii) <input type="checkbox"/> Request Federal Agency disposition instructions</p> <p>Note: If the awarding agency does not provide disposition instructions within 120 days the recipient may continue to use the equipment for Federally supported projects or dispose in accordance with the applicable property standards.</p>	<p>Agency response to requested disposition of acquired equipment:</p> <p>(i) Recipient request approved <input type="checkbox"/> denied <input type="checkbox"/></p> <p>(ii) Dispose in accordance with attached instructions <input type="checkbox"/></p>						
<p>Authorized Awarding Agency Official</p> <table border="1" style="width: 100%;"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td>Title:</td> <td>Email:</td> </tr> </table>		Signature:	Date:	Name:	Phone:	Title:	Email:
Signature:	Date:						
Name:	Phone:						
Title:	Email:						

Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention: OSPRI
- Patent: OSPRI
- Property: SPA
- Technical

Final Technical Report Template

[Remove this informational page and instructional *blue* text throughout the template in the final version of your Final Technical Report before submitting it to OSTI]

Instructions

Your comprehensive Final Technical Report must be submitted online to the Office of Scientific and Technical Information (OSTI) system, which first requires the completion of the DOE 241.3 form on-line at <http://www.osti.gov/mlink-2413>. See the online Recipient Guide [Appendix 5: Final Technical Report to OSTI User Guide](#) for guidance on uploading the Final Technical Report to the OSTI system. **The report MUST be only one file in PDF format.**

The Final Technical Report is NOT a final quarterly report, but an accounting of the activities performed to complete the project, and a comprehensive description of the results achieved, including lessons learned.

While the use of this Final Technical Report template is optional, the content outlined within this template is required to be included in your Final Technical Report.

- ✓ This template includes fillable text fields enclosed in brackets [] in the header, the cover page, and the 'Acknowledgment' section following the cover page. To fill these text fields in, simply click on the field and type in the required information.
- ✓ To fill in the required text fields in the header, double-click in the header area to allow editing. When complete, click the 'Close Header and Footer' tool located in the Word tool ribbon above.
- ✓ Please do NOT include your DOE contacts (Project Officer, Project Monitor) on this report.
- ✓ **The Final Technical Report should be publicly disclosable and NOT contain confidential, proprietary, or business sensitive information.**



Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention: OSPRI
- Patent: OSPRI
- Property: SPA
- Technical: PI

Final Technical Report Template

[Remove this informational page and instructional *blue* text throughout the template in the final version of your Final Technical Report before submitting it to OSTI]

Instructions

Your comprehensive Final Technical Report must be submitted online to the Office of Scientific and Technical Information (OSTI) system, which first requires the completion of the DOE 241.3 form on-line at <http://www.osti.gov/mlink-2413>. See the online Recipient Guide [Appendix 5: Final Technical Report to OSTI User Guide](#) for guidance on uploading the Final Technical Report to the OSTI system. **The report MUST be only one file in PDF format.**

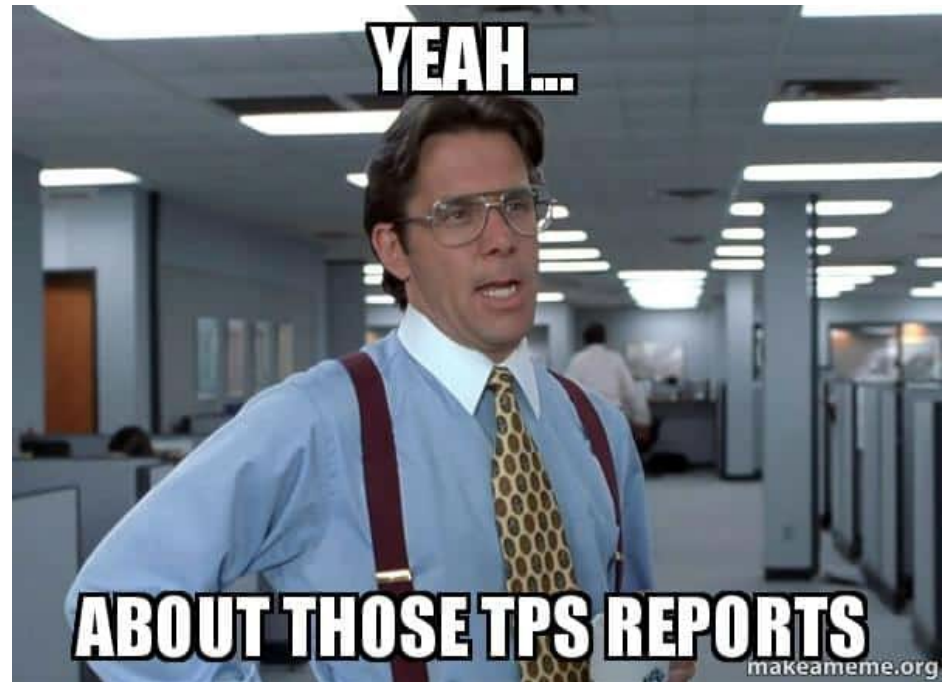
The Final Technical Report is NOT a final quarterly report, but an accounting of the activities performed to complete the project, and a comprehensive description of the results achieved, including lessons learned.

While the use of this Final Technical Report template is optional, the content outlined within this template is required to be included in your Final Technical Report.

- ✓ This template includes fillable text fields enclosed in brackets [] in the header, the cover page, and the 'Acknowledgment' section following the cover page. To fill these text fields in, simply click on the field and type in the required information.
- ✓ To fill in the required text fields in the header, double-click in the header area to allow editing. When complete, click the 'Close Header and Footer' tool located in the Word tool ribbon above.
- ✓ Please do NOT include your DOE contacts (Project Officer, Project Monitor) on this report.
- ✓ **The Final Technical Report should be publicly disclosable and NOT contain confidential, proprietary, or business sensitive information.**

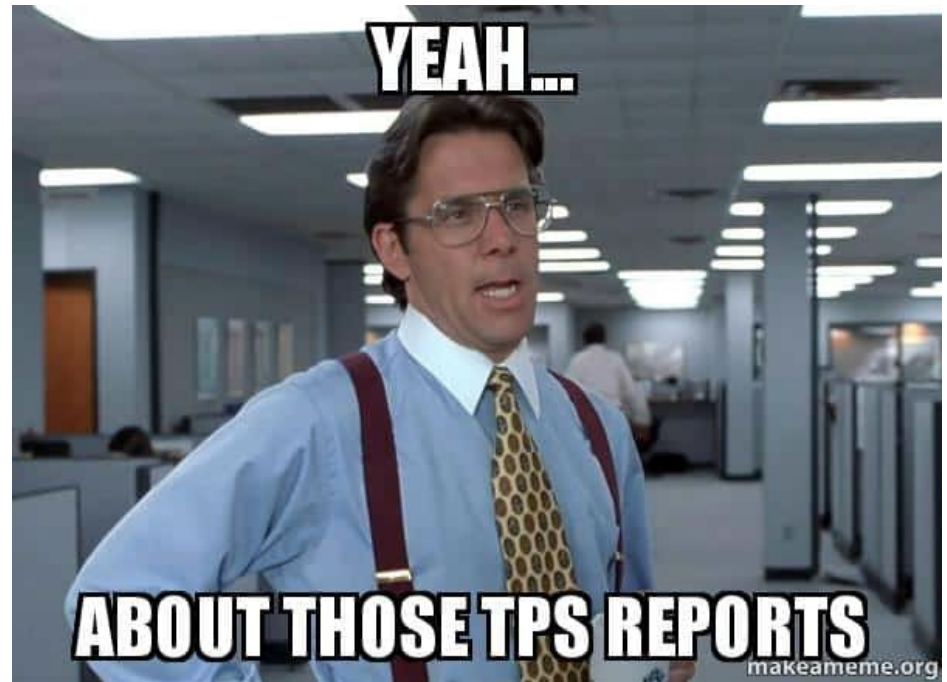
Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention: OSPRI
- Patent: OSPRI
- Property: SPA
- Technical: PI
- Other reports as required by sponsor



Who is Responsible?

- Closeout release: SPA
- Financial: SPA
- Invention: OSPRI
- Patent: OSPRI
- Property: SPA
- Technical: PI
- Other reports as required by sponsor: It depends!
 - *If there is financial information: SPA **must** be involved*



So... What do Department Admins do?

Department administrators are not typically directly responsible for preparing/submitting any reports. Instead, they contribute by:

- Reviewing financial information with PIs
- Ensuring any corrections are processed in a timely manner
- Providing PI with guidance regarding reporting requirements
- Varies based on the college/department!
 - May assist PI with keeping track of deadlines or preparing reports

Report Timing

Depends on the type of report; typically 30 to 90 days after the end of the reporting period

- Closeout
- Annual
- Quarterly
- Monthly
- As requested by sponsor



Exact reporting requirements/timelines should be in the award documentation. If in doubt, please reach out!



Why Does This Matter?

Accurate and timely reporting is required by 2 CFR 200, along with many of our awards' specific terms and conditions.

If we do not remain in compliance, sponsors may even:

- Temporarily withhold funds
- Delay future awards
- Impose additional terms/conditions
- Revoke patent rights
- Suspend/terminate the award or delay any mods
- **Stop funding any awards at UCCS**

Journal Entries (JEs & PETs)



University of Colorado
Colorado Springs



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

What is a Journal Entry (JE)?

A cost transfer (journal entry) is an after-the-fact reallocation of an expense, either salary or non-salary costs, associated with a sponsored project after the expense was initially charged to another sponsored project or non-sponsored project.

Basically, a JE is when you are moving an expense from one place to another.

Timeliness

- As soon as possible after the original transaction has occurred
- Right after the error has been noticed
 - Don't "sit on" JEs due to having plenty of time before 90 days
- No later than 90 days after the original transaction posted
 - Transfers greater than 90 days are considered the **exception** and not the rule



What Makes an Effective Journal Entry?

- A clear and detailed description
 - How does this expense benefit the project?
 - An auditor or outside party should not have any questions
 - Reference a previous JE if applicable; attach a copy
- Attach a word document if the description is longer than 254 characters

Long Description	Beth-EI: Move July 2021 mileage expense from NFP FY21 (ST 43100079- NFP Year 6) to NFP FY22 (ST 43100087-NFP Year 7). NFP FY21 (ST 43100079-NFP Year 6) was ended on 6/30/2021. NFP FY22 (ST 43100087-NFP Year 7) is from 7/1/2021 to 6/30/2022.
------------------	--

What Makes an Effective Journal Entry?

- Use the original journal line description in the new entry
 - Should be able to identify the specific expense from the description
 - Abbreviate to fit the 30-character limit
 - Do **not** enter “from ST410XXXX”

Select	Line	Unit	Ledger	SpeedType	Account	Fund	Org	Amount	Project	Journal Line Description	An Type
<input type="checkbox"/>	1	UCOLO	ACTUALS	43100079	700100	31	40082	-164.00	4541060	Kates-JUL 2021 miles-NFP FY22	GLE
<input type="checkbox"/>	2	UCOLO	ACTUALS	43100087	700100	31	40082	164.00	4541125	Kates-JUL 2021 miles-NFP FY22	GLE




What Makes an Effective Journal Entry?

- Separate each line item - no grouping expenses
- Use the correct signs
- AN Type (Analysis Type)
 - Only used on sponsored projects JEs
 - Department users should only be using **GLE** (General Ledger Expense)

JE Attachments – under 90 days

- Financial detail PDF showing where the expense is currently
 - Must include the date the expense originally posted

ACCT CODE	EMP ID	EMP	DESC	ACTUALS	SPDTYPE CODE	PO	INV ID	INV DATE	VNDR	SRC	LN#	JRNL ID	JRNL DATE	FY	PD
700100 – EMPLOYEE TRAVEL - IN STATE															
700100	305214	KATES	JULY 2021 MILEAGE e:MILEAGE	164.00	43100079		CUES1250396	Jul 27, 2021	KATES M-001	ESE	224	APES653427	Aug 3, 2021	2022	2
700100 – EMPLOYEE TRAVEL - IN STATE				164.00											
TOTAL				164.00											



JE Attachments – under 90 days

- Financial detail PDF showing where the expense is currently
 - Must include the date the expense originally posted
- Operating summary PDF for where the expense is going

OPERATING SUMMARY

FISCAL YEAR 2022 THROUGH ACCOUNTING PERIOD 2 (Aug 31, 2021)

SPEEDTYPE: 43100079 – NFP YEAR 6 9/1/20 TO 6/30/21 (ACTIVE)

FUND: 31 – SPONSORED PROJECTS - LOCAL GOV
ORG: 40082 – BETH-EL GRAD NURSING
PROJECT: 4541060 – NFP YEAR 6 9/1/20 TO 6/30/21
ACTIVITY: 1 – SPONSORED PROJECT
SUBCLASS: NO SUBCLASS

PROJECT PRINCIPAL: POLLARD,DEBORAH LYNN
PROJECT FISCAL MANAGER: SANTIAGO,PEDRO; WEGGENER,TOMOKO AIHARA
PROJECT ACCOUNTANT: HAMILTON,MELINDA GAYLE
PROJECT TYPE: 5 – STATE OF COLORADO - GOVERNMENT
PROJECT SPONSOR: COLO DEPT OF HUMAN SERVICES
PROJECT PROPOSAL: 16-010|V101
PROJECT REF AWARD: [22 JHIA 162811](#)
PROJECT AWARD TYPE: K02 – K02-COST REIMBURSEMENT CONTRAC
PROJECT CONTRACT TYPE: CR
PROJECT BILL TYPE: 4M1 – UCCS MONTHLY CURRENT ONLY
PROJECT BILLING LIMIT: 635,954.00
PROJECT STATUS: E – Ended
PROJECT AWARD START\END: Oct 1, 2015 \ Jun 30, 2022 (303 days remaining)
PROJECT START\END: Sep 1, 2020 \ Jun 30, 2021 (62 days ago)
PROJECT BDGT PERIOD START\ END: Sep 1, 2020 \ Jun 30, 2021 (62 days ago)
PROJECT F AND A RATE\TYPE: 25 \ ON CAMPUS 9 – SKIP EQUIP & SUBCODES

AVAILABLE BALANCE

	BUDGET (A)	ACTUALS (B)	BUDGET BAL (C=A-B)	ENCUMBS (D)	AVAILABLE BALANCE (E=A-B-D)
EXPENDITURES BUDGET	635,954.00		635,954.00		635,954.00
EXPENDITURES ACTUALS		550,353.89	(550,353.89)		(550,353.89)
PO AND REQ ENCUMBS				11.50	(11.50)
F & A ENCUMBS				17,119.71	(17,119.71)
TOTAL	635,954.00	550,353.89	85,600.11	17,131.21	68,468.90

REVENUES, EXPENDITURES AND TRANSFERS

ACCOUNT	TOTAL BUDGET (A)	PERIOD 2 ACTUALS (B)	TO DATE ACTUALS (C)	BUDGET BAL BEFORE ENCUMBS (D=A-C)	ENCUMBS (E)	BUDGET BAL AFTER ENCUMBS (F=D-E)
---------	------------------	----------------------	---------------------	-----------------------------------	-------------	----------------------------------

EXPENDITURES

SALARIES AND WAGES	400000 – FAC FTP SAL GEN BDG	331,688.00	0.00	0.00	331,688.00	0.00	331,688.00
	400100 – FAC FTP PAY	0.00	0.00	5,194.24	(5,194.24)	0.00	(5,194.24)
	400210 – CLNFAC FTP PAY	0.00	0.00	261,021.11	(261,021.11)	0.00	(261,021.11)
	400715 – ADMNFAC FTP PAY	0.00	0.00	1,060.48	(1,060.48)	0.00	(1,060.48)
	400000 - 400999 – FAC FTP SAL	331,688.00	0.00	267,275.83	64,412.17	0.00	64,412.17
	402600 – O/E FTP PAY	0.00	0.00	36,769.30	(36,769.30)	0.00	(36,769.30)
	402500 - 404999 – O/E & MDRS SAL	0.00	0.00	36,769.30	(36,769.30)	0.00	(36,769.30)
SALARIES AND WAGES	331,688.00	0.00	304,045.13	27,642.87	0.00	27,642.87	



JE Attachments – under 90 days

- Financial detail PDF showing where the expense is currently
 - Must include the date the expense originally posted
- Operating summary PDF for where the expense is going
- Any other supporting documentation

Note: be sure to attach PDF reports, rather than Excel



Additional JE Attachment – over 90 days

- **Cost Transfer Form (CTF)**
 - Important for PI awareness and certification
 - Ensure the CTF tells the whole story
 - An auditor should be able to understand what happened/why the JE is needed without asking questions
 - SPA should review the CTF before the PI signs it
 - Must be attached to any **JE or PET** transferring expenses posted over 90 days ago.
 - *Exception: account code changes on the same ST*

Cost Transfer Form (CTF) Questions

Example: Supplies are being transferred to a sponsored project from a departmental ST over 90 days after they posted.



Cost Transfer Form (CTF) Questions

1) Description of the expense(s) being transferred, including why and when the original charge(s) occurred.

Insufficient answer: Supply purchased in May being moved to sponsored project.

Sufficient answer: Materials and tools purchased in May 2024 to build custom battery cells in line with sponsored project goals.



Cost Transfer Form (CTF) Questions

2) Why was the receiving project not originally charged? If charges are being removed, why was this project originally charged?

Insufficient answer: Expense posted to departmental fund.

Sufficient answer: Incorrect ST was input due to human error, causing the expense to post on a departmental fund.



Cost Transfer Form (CTF) Questions

3) Why is it appropriate to charge/remove the charge now?

Insufficient answer: The expenses belong on the sponsored project.

Sufficient answer: These supplies were purchased to further the goals of the sponsored project. Moving them to the project will ensure the expenses are properly allocated.



Cost Transfer Form (CTF) Questions

4) Justification for lateness (over 90 days)

Insufficient answer: Error wasn't noticed.

Sufficient answer: Error recently came to the department's attention during a review with the PI. Reviews have been delayed/irregular due to employee turnover. JE process began immediately after the error was found.



Cost Transfer Form (CTF) Questions

5) How the error was discovered

Insufficient answer: Supplies weren't on project.

Sufficient answer: During a review of the project's expenditures with the PI, it was noted that these supplies had not posted.



Cost Transfer Form (CTF) Questions

6) What is being done to prevent this from occurring in the future on this and other projects?

Insufficient answer: It was a one-time mistake.

Sufficient answer: Dept will institute a policy of double checking the ST on every expense report. Sponsored projects will be reviewed on a monthly basis to ensure expenses are posted correctly.



PET Certification Questions

What is their purpose?

– Ensure:

- Effort is accurate
- Transactions are allowable
- We are being good stewards of sponsored funds



Answering the PET Certification Questions

- Clearly state what the error is and how the PET corrects the error
 - If not due to error, specify the reason for the PET
- How the PET reflects the actual effort of the employee
- Certifying the payroll is allowable, allocable, and benefits the project



Grants Certification Questions

Please provide sufficient reason for submitting this Payroll Expense Transfer (For example: the cause of the error, how this PET corrects the error, and reflects the actual effort the employee(s) spent on the sponsored project(s), etc.). Attach any relevant back up documentation.

PI, Terry Boulton, worked on the NOVELTY METHODS FOR GOOD (43000805) project for 40% of his time. Therefore, that 40% of time has been allocated to the GOOD project for December 2022, in the amount of \$8,904.97.

In addition, he worked 5% of his time on UCCS BRIAR (43000767), so that 5% has been moved to the BRIAR project for December 2022 in the amount of \$1,113.12.

Finally, he worked 3% of his time on MONET: MODELING NON-OBJECTS (43000820), so that 3% has been moved to the MONET project for December 2022 in the amount of \$667.87.

Because his time fluctuates per month, we have created a PET to reflect his work on all of these projects.

To the best of my knowledge, the charge is allowable, allocable, and provides direct benefit to the project receiving the charge.

Yes

No



Grants Certification Questions

Please provide sufficient reason for submitting this Payroll Expense Transfer (For example: the cause of the error, how this PET corrects the error, and reflects the actual effort the employee(s) spent on the sponsored project(s), etc.). Attach any relevant back up documentation.

Requesting this payroll expense transfer for Gretchen Bliss to correctly align her HCM payroll allocation during November 2022 to match her actual efforts on these projects during that month. This PET is necessary because there was a natural delay in the setup process. Both project start dates were 9/8/2022 but the projects were not available to use in the financial systems until December 2022. After the PET is processed it will correctly align Gretchen's actual efforts to HCM's data for the effort report.



To the best of my knowledge, the charge is allowable, allocable, and provides direct benefit to the project receiving the charge.

Yes No

The Dos and Don'ts to Answering the Certification Questions

Dos:

- The ST/Project were set up after the award start date. This PET moves Sally's effort to the correct ST.
- Joe's effort continues at 50% on this project, funding not updated timely due to...

Don't:


- This is where they were supposed to be paid
- Funding was just updated
- Because funding is now available
- To clear a deficit



Grants Certification Questions

Please provide sufficient reason for submitting this Payroll Expense Transfer (For example: the cause of the error, how this PET corrects the error, and reflects the actual effort the employee(s) spent on the sponsored project(s), etc.). Attach any relevant back up documentation.


"Lauren Ysa - Lauren's effort transitioned from the Tortilla project to the USDA grant as of 06/01/22. All wage expenses should have been applied to the USDA Cost Share ST as of 06/01/22 to match her effort. 100% of her effort has benefitted the objectives of the USDA grant since 06/01/22. Her wages will eventually be charged to the USDA grant ST once the cost share commitment has been met.

Amanda Ericson - Amanda's wages should have been charged to the USDA cost share (and the commitment fully met) before being applied to the USDA grant. 100% of her effort since her start date has benefitted the objectives of the USDA grant. Her wages will eventually be charged to the USDA grant ST once the cost share commitment has been met." 

To the best of my knowledge, the charge is allowable, allocable, and provides direct benefit to the project receiving the charge.

Yes No

Please explain why the submission of this Payroll Expense Transfer is occurring after 90 days.

A funding distribution form was not completed in a timely fashion because this information was not relayed to the appropriate Beth-EI staff. When confirmation of the appropriate funding source (USDA Cost Share) was provided to the admin on 09/20/2022, the PET was immediately drafted. The PI has been advised of the appropriate channels to relay this information and this error should not repeat. 



PET Certification Questions Over 90 Days

- Be very clear why the transfer is occurring
- Do you still need a CTF?

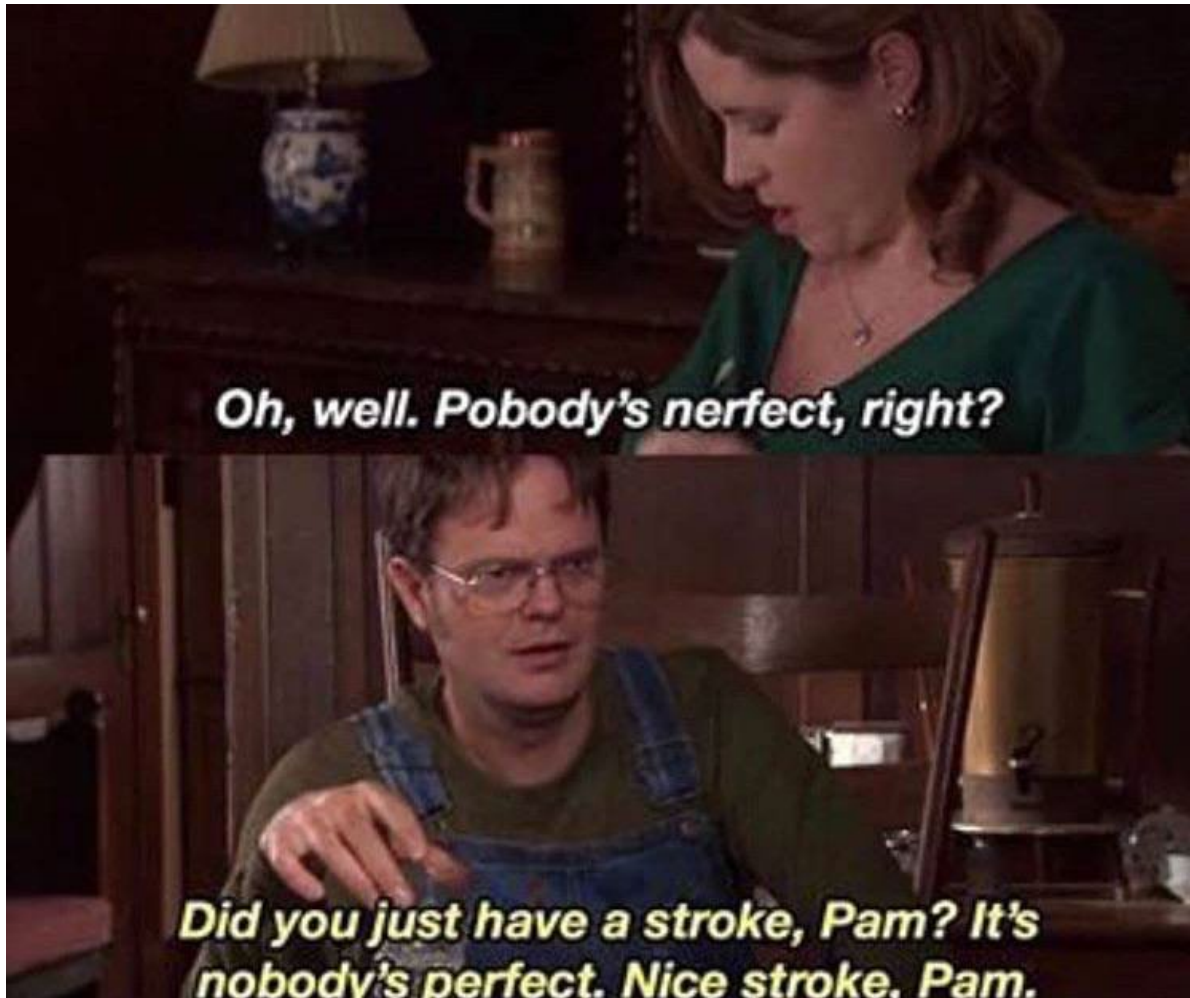
PET Certification Questions Over 90 Days

- Be very clear why the transfer is occurring
- Do you still need a CTF?
 - **YES**



Mistakes Happen

- Best to catch errors early
- Monthly reviews are so important!
- Ideally want to catch any errors prior to the 90-day mark
- Important to have expenses in the correct place
- SPA is here to answer your questions



Additional Trainings

- Processing Journal Entries – multiple trainings!
- Approving Journal Entries
- Spreadsheet Journal Entries
- Journal Blackbox
- Administering Workflow for Journals

<https://www.cu.edu/controller/training/finance-system/finance-system-learning-resources-journals>

