

INSTRUCTIONS FOR GRANT FUNDING DISTRIBUTION FORM

The **Grant Funding Distribution Form (GFDF)** will be used to process changes in funding sources for positions funded by at least one grant. Think of it as a “Year-at-a-Glance” planning tool, used in conjunction with our Effort Reporting System to improve continuity and compliance.

This form replaces the Employment Action Form (EAF) when the change is a funding source change only and involves at least one grant. This form is only to be used for Academic Year Buyout (not summer salary or supplemental pay.)

An EAF must still be filed:

- To initiate new contracts;
- To make a change in FTE;
- To implement pay rate changes;
- To extend a contract’s period of performance;
- To separate an employee;
- To initiate summer salary or supplemental pay.

IF the Grant Funding Distribution Form takes precedence over the EAF enter this information in the comment section.

KEEP A COPY OF THE GRANT FUNDING DISTRIBUTION FORM FOR YOUR FILES.

You will not receive a copy of the processed form once it is submitted to OSP.

It is also a good idea to provide copies of the Grant Funding Distribution Form to the individual in that position. This person will be responsible for certifying effort on a quarterly basis and can use the form as a reference against which actual effort can be measured. (This distribution is not required.)

SPECIFIC INSTRUCTIONS FOR THE TAB LABELED CALCULATION SHEET

Section I – Identifying Information

- Date:** Enter the date you complete the form.
- Revision#:** If this is the first form filed for the employee in this position, enter the word “original.” For subsequent changes or corrections, enter consecutive numbers by fiscal year. These will help ensure that the most recent and correct data are entered.
- Dept.:** Enter your department name.
- Name:** Enter the name of the employee.
- Position Title:** Enter the title of the employee.
- Emp ID:** Enter the employee’s Boise State ID number. If this is not known, you may enter the Social Security Number, but ID numbers are preferred for security reasons.
- PCN:** Enter the Position Control Number for the employee.
- Base Annual Salary:** Enter the full annual salary for this position, no matter what FTE is currently being worked.
- Term:** Enter the employee’s contract term in months.
- FTE:** Enter the actual level of effort currently worked by the employee over the term specified above. For example, full-time = 1 FTE, part-time = $\frac{3}{4}$ position .75 FTE or half-time = .50 FTE.
- Hourly Rate:** Enter the hourly rate.

Contact Name, Ext (phone extension), MS (mail stop):

Enter name and contact information of the person who will be the key contact for questions.

Paid Annual Salary: This is the actual payroll amount and it will be calculated automatically by multiplying the base annual salary by the FTE you have entered above.

Section II – Data

There are six lines for each of five “time blocks” on one page. Beginning dates for each new block of time represent a point at which the funding source allocation for the position shifts in some way.

The form is designed to handle up to five changes during the course of a fiscal year. Use only as many time blocks as you need, i.e. you do not have to file a complete fiscal year’s plan. Fill in **ONLY** allocations of which you are certain. You may file another form at any time during the year **AFTER** you confirm further additions, deletions or revisions in funding sources.

If you need more than six lines in a time block or more than five changes in a year contact OSP.

Period Beginning _____ and Ending _____

(Time Block Headers): Use these headers to specify the working dates for each period. For Faculty or Professional Staff employment dates refer to <http://finad.boisestate.edu/budget/forms.html>.

Funding Source: For each time block, enter the department numbers for each funding source to which a percentage of the position’s payroll is to be charged. Keep each department id number on the same line for each block for example 676G1060000 would all be 1’s (cells are numbered 1 through 6).

Project Grant #: Enter any applicable project grant number. If there is no project grant number, enter “NOPJ.”

Grant End Date: Enter end date for grant.

A/D/R/C: **A = Add.** Use this code to begin payroll allocations to a new funding source. **D = Delete.** Use this code to end payroll allocations to the funding source. **C = Continue.** Use this code to indicate that payroll allocations to the funding source should continue without change. **R = Revise.** Use this code to indicate a change in the percentage of payroll allocation to a continuing funding source.

Always enter the change in the time block that begins with the action effective date and remember that if you add a funding source, there must be a corresponding deletion or revision within the same time block (and vice versa for any deletion of funding source).

Percent: Enter the percent allocation of effort specified by the grant for the given period. The total distribution for each block must always equal 100%, regardless of the FTE worked.

No of Pay Periods: Enter number of pay periods. For payroll periods go to <http://hrs.boisestate.edu/> click on Payroll Periods (PDF).

Pay Per Pay Period: Enter the pay per period. For example annual salary is $\$40,000/2080 = \$19.23 * 80\text{hrs} = \$1,538.40$.

Section III - Signatures

Human Resource Services will only process forms that have original signatures on them. Do not fax the forms to HR.

Grant Administrator/Business Manager Signature: Obtain signature of responsible administrative contact for your department. Make a copy of the completed form for your files.

Appropriate Authorizing Signature: Send form to College Dean or person to whom he/she has delegated authority for sponsored projects. (In some cases, this may be the Grant Administrator or Business Manager.)

Appropriate Concurring

Signature: If the allocation of funding sources includes a source managed by a different college, *you must obtain the concurrence of the appropriate authority from that college.* To expedite the process, the Dean (or delegate) from the originating college will FAX a copy of the completed form to his/her counterpart at the external college. This person will sign and return the form via FAX, keeping a copy for their files. The originating college’s Dean (or delegate) will countersign the faxed form and forward it for processing.

Vice President for Research:

Dean’s (or delegate’s) office will forward form to Office of Sponsored Programs (OSP) or e-mail aprdenin@boisestate.edu and lnelsen@boisestate.edu for review and approval. OSP will forward original to HR and a copy to the Budget Office. **KEEP A FILE COPY BEFORE FORWARDING TO OSP.** If you need a fully signed copy, you can request one from OSP.

Comment Section: Enter comments or special instructions.

(Revised 3/5/08)