Proposal Routing No., or PeopleSoft Project No. if already awarded: ___________________________________________

Sponsor’s Award Number, if already awarded: ___________________________________________________________

PI: ___________________________________ Sponsor: ___________________________________________________

Purpose of Form: This form is divided into five types of costs that are generally charged to the sponsor via the Facilities & Administration (F&A) rates, but under the unusual circumstances, described below, can be approved to be included as a direct charge. For the purposes of this form, these types of direct charges will be collectively referred to as A-21 charges.

- Please note that this checklist does not need to be completed for the following:
  - Direct awards from non-federal sponsors
  - Program Project Grants (NIH example, P01)
  - Center Grants (NIH example, P30)
  - Fellowships (NIH example, F awards)
  - Training Grants (NIH example, T awards)
  - Conference Grants (NIH example, R13 and U13)

Two of the most common reasons that justify direct charging these types of expenses are defined as follows:

- Technical - the cost category may imply that the items are being used for administrative purposes. Checking this box indicates that the item will be used ONLY to meet the scientific, technical and/or programmatic requirements of the project being charged. Storage of supplies must be segregated from general use items, and the account code to be used should reflect the technical usage rather than general usage.

- Above standard level of service/items - because all projects require a certain amount of account reconciliation, office supplies, correspondence, phone calling, etc., checking this box indicates that the project requires items/services above the standard level of service normally required on a research project. Checking this box requires a brief explanation of why such items are significantly greater than the routine level. Provide quantifiable data, such as amount of effort required for tasks, number of surveys being conducted, number of conference participants, etc. Attach the narrative to the Checklist.

Instructions:

1. For each type of cost listed in the sub-headings below, check the applicable costs you are requesting to be charged as a direct charge and provide a complete description the applicable reason.

2. If this award will not incur these types of costs as direct charges, please check the box below and sign on page 4 of this form.
   - ☐ This award will not incur any A-21 charges as defined above.

3. If this award will incur A-21 direct charges, please indicate if these costs were identified as direct costs in the proposal budget and narrative by checking the box below next to each cost that was included:
   - ☐ Administrative Salaries
   - ☐ Membership Dues
   - ☐ Office Supplies
   - ☐ Postage
   - ☐ Telephone

4. Please return the completed from to the Grants and Contracts Postaward Administrator for the award, Campus Box F428. The completed form should be returned within 30 days of receipt, or within 30 days of incurring an A-21 Checklist expense.
I. Administrative Salaries:

This section applies to only those positions that consist of mainly administrative responsibilities, such as Department Administrative Assistants, Department and Divisional Administrators, etc. It excludes positions that consist of technical responsibilities such as laboratory technicians and professional research assistants where clerical duties do not exceed 25 percent of their total duties.

☐ Technical. Please check this box only if an administrative position is completing technical tasks. In addition, please indicate what type of technical tasks/activities, this person is completing:

☐ Research data gathering
☐ Research data cleaning
☐ Laboratory technician activities
☐ Conducting computer research work specifically related to the project
☐ Conducting telephone surveys
☐ Research training
☐ Programmatic project effort
☐ Tabulate research results
☐ Database maintenance for project data
☐ Preparing IRB protocols
☐ Preparing progress reports
☐ Computer programming for the project
☐ Clinical and patient activities such as: scheduling patient visits, processing payments for patients, interviewing patients, physical exams, blood drawing, height and weight measurement, and extraordinary effort in formalizing physician reports
☐ Writing project manuscripts for publication
☐ Library searches
☐ Other. If related to the specifically to the technical aspect of the project, no further explanation is required.

☐ Above standard level of administrative services provided. Please check this box if Administrative personnel is providing above-average level of administrative duties. Also, check the box corresponding to the type of the above-average-level duties being performed:

☐ Extraordinary effort in grant related transcription
☐ Extraordinary and extensive data entry
☐ Above average amount of material development for presentations
☐ Large conference planning and organization

Note: Duties must correlate to the effort/salary charged to the sponsored project.

If the type of duties being performed is not listed above, please describe these duties on the line provided below:

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

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II. Membership Dues:

☐ Membership dues in technical/professional organization
  ☐ Membership dues required in order to attend a conference, where the conference is a specific requirement of the sponsored project. (This form not required if part of registration fee and coded appropriately)
  ☐ Membership dues required to subscribe to journal, where subscription is a specific requirement of the sponsored project. (This form not required if part of subscription fee and coded appropriately)
  ☐ Other, please provide benefit to the project and if required for the project to meet its goals:

__________________________________________________________________________________________
__________________________________________________________________________________________

III. Office Supplies:

☐ Office supplies
  ☐ Technical: For general office supplies used for technical purposes and segregated from general supplies. Please note that this form not required if using “technical account code” (480118 – Office Supplies Technical).
  ☐ Above standard level of services/items required. Please describe the supplies being used, how they benefit the project and how the consumption level is greater than average.

__________________________________________________________________________________________
__________________________________________________________________________________________

IV. Postage:

☐ Postage
  ☐ Technical: Used to mail items for the technical conduct of the study. This excludes mailing of routine reports such as progress reports and proposals.
  ☐ Above standard level of services/items required. Please describe what is being mailed, how it benefits the project, and the quantity that would support a level greater than average.

__________________________________________________________________________________________
__________________________________________________________________________________________

V. Telephone

☐ Telephone (local services)

Usage of an additional phone line must be based on project’s need and used exclusively for the sponsored project being charged. Please provide a description of the use of this additional local service and the benefit to the project:

__________________________________________________________________________________________
__________________________________________________________________________________________
University of Colorado Denver
A-21 Checklist for Direct Charging of Administrative Costs to Federal Projects

APPROVALS

By signing below, the Principal Investigator, Department Administrator, and Chair certify the accuracy of the information and agree to ensure that full compliance to the University’s Direct Charging policy (UCD Fiscal Policy 4-7) is both achieved and maintained. Payback of violations and/or disallowed exceptions will be the responsibility of the Principal Investigator and administrative unit.

Principal Investigator Name (please print): ____________________________________________
Principal Investigator Signature: ____________________________________________ Date: __________

Return Instructions: Upon completion and signature of this form, please return it to the award’s Postaward Administrator in Grants and Contracts, Campus Box F428. The completed form should be returned to Grants and Contracts within 30 days of receipt, or within 30 days of incurring an A-21 Checklist expense.

Grants and Contracts Acceptance:

Based ONLY on the information provided above, Grants and Contracts accepts that project meets requirement for consistency in direct charging. Administrative units are responsible to ensure that all direct charges are in compliance with UCD Fiscal Policy 4-7.

Acceptance for direct costs:

Administrative or clerical salaries

YES ☐  NO ☐

Telephone (local services)

YES ☐  NO ☐

Membership dues in a technical or professional organization

YES ☐  NO ☐

Office Supplies

YES ☐  NO ☐

Postage

YES ☐  NO ☐

If not accepted as meeting requirements for consistency in direct charging, and costs have already been charged to the project, the department will need to move these costs to a funding source that allows the type of cost per UCD Fiscal Policies.

Grants and Contracts Representative Name (please print): ____________________________________________

Grants and Contracts’ Signature: ____________________________________________ Date: __________

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