**SPA EFFORT RE-CERTIFICATION FORM**

This form is required for labor distribution adjustments that effect a closed effort period for which the employee’s effort has been previously certified.

<table>
<thead>
<tr>
<th>Date: (1)</th>
<th>Recertification materials prepared by: (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name: (3)</td>
<td>Employee #: (4)</td>
</tr>
<tr>
<td>Dept Effort Coordinator Name: (6)</td>
<td>Phone#:</td>
</tr>
<tr>
<td>LD Adjustor Name: (8)</td>
<td>Phone#:</td>
</tr>
</tbody>
</table>

**Change in Effort Summary (Please attach a separate sheet if additional lines are needed)**

<table>
<thead>
<tr>
<th>OGA Project Number or FOMOPPL</th>
<th>Original Certified Effort %</th>
<th>Amended Certified Effort %</th>
<th>Effort Change (Original - Amended)</th>
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**PLEASE COMPLETE THE FOLLOWING BACKGROUND QUESTIONS:**

Why was the original effort certified without reflecting the current change?

(14)

What prompted this recertification?

(15)

Describe what action has been taken to eliminate future need for effort re-certifications.

(16)

Is the signatory of the original certification available to re-certify? (17)

[ ] Yes [ ] No If no please explain why.

I certify that I have reasonable means of verifying the activities performed by the above mentioned employee and that the distribution of effort represents a reasonable estimate of the actual work performed by the covered individual for the effort period being re-certified.

**REQUIRED SIGNATURES:**

Covered Individual or Responsible Official (Principal Investigator or Supervisor)

Name: (18) Signature: Date

Responsible Official's Relationship to the Covered Individual (Principal Investigator or Supervisor): Dept/Institute Head; Dean if this is also the PI (PRINT & sign name)

Name: (19) Signature: Date

**FOR SPA INTERNAL USE ONLY:**

Reviewed: Appropriateness Justification Signatures/Names Change in Effort

Institutional Effort Coordinator Date Director, SPA Date SPA LD Approver Date
SPA Effort Re-Certification Form Instructions

**Purpose:** Although errors on previously certified Effort Certification Statements (ECS) are undesirable, this form is to be used upon the rare occasion when one has been discovered and results in changes beyond the reasonable 5% variance (per line) allowed to a covered individual’s federal related percentage of effort.

**General:** When the need to complete a re-certification of an ECS is necessary due to either payroll or cost share allocation changes, this form as well as a newly amended effort statement will be required. The amended effort statement should be newly signed and dated by the individual who signed the original effort statement.

When a payroll funding change is necessary, a correcting Labor Distribution (LD) adjustment will need to be entered into the Oracle LD Module. In addition, a completed SPA Labor Cost Transfer Approval Form (LCTA) is required, and should be submitted to SPA with the corrected effort statement.

Re-certifications are approved on a case by case basis. Please be mindful that a re-certification of effort erodes the credibility of the statement and signer and should only be used when absolutely necessary.

**Copied and faxed forms and effort statements and LCTA forms cannot be approved in lieu of originals.**

**Exception:** If the original signatory is no longer available at the University, please have a Responsible Official sign in their stead.

**Line Specific Instructions:**

1. **Date:** Please enter the date the form was prepared.
2. **Recertification Materials Prepared by:** Please enter the name of the individual who is completing this form. This is the person who will be contacted if there is a question regarding the validity of the change.
3. **Employee Name:** Enter the full name of the employee whose funding you wish to change (Last, First MI).
4. **Employee Number:** Enter the employee ID number of the person whose funding you wish to change.
5. **LD Batch Name:** This is required if the re-certification is prompted by a payroll change. In this case, please enter the Oracle-generated batch name for the LD adjustment. If there are multiple adjustments please include all applicable batch names. If there is no change being made to the percentage of payroll, please enter in an N/A for this field.
6. **Department Effort Coordinator Name and Phone #:** Enter the name and phone extension of the individual who is responsible for coordinating your department’s effort statements.
7. **Effort Period Being Re-Certified:** Enter the effort period that is being amended (example: Jul07-Dec07). A SPA Effort Re-Certification Form will be needed for each effort period that is being amended.
8. **LD Adjustor Name and Phone #:** Enter the name and phone extension of the LD Adjustor who entered in the LD change into Oracle. If there is not a LD change being made, please enter N/A for this field.
9. **OGA Project Number or FOMOPPL:** List each account that is being affected by a change in effort.
10. **Is this a Federal Award:** Please answer yes or no for each account that is being affected by a change in effort.
{11} **Original Certified Effort:** Please enter the percentage of effort certified on the individual's original statement for each account affected.

{12} **Amended Certified Effort:** Please enter the new percentage of effort being certified on the individual's statement for each account affected.

{13} **Effort Change (Original - Amended):** Please enter the percentage change for each account (Example: Original Effort 20% - Amended Effort 10% = 10% change).

**BACKGROUND**

This series of questions are designed to determine the reason and appropriateness of the recertification. All questions must be answered fully. Answers such as “an error” with no other detailed information will not be accepted. Also, due to the serious nature of a recertification, you must provide a suitable plan of action for eliminating the need for recertifications in the future.

{14} **Why was the original effort certified without reflecting the current change:** In order to determine the appropriateness of the recertification, we ask that you provide information as to why the employee's effort was incorrectly certified at the time of original certification.

{15} **What prompted this recertification:** What prompted the error to be discovered? Stating that budgetary monitoring is how the error was discovered is an insufficient explanation, as this should have been reviewed at the time of the original certification.

{16} **Describe what action has been taken to eliminate future need for effort recertifications:** The NIH Grants Policy further states: “Grantees must maintain documentation of cost transfers, pursuant to 45 CFR 74.53 or 92.42, and must make it available for audit or other review (see “Administrative Requirements—Monitoring—Record Retention and Access”). The grantee should have systems in place to detect such errors within a reasonable time frame; untimely discovery of errors could be an indication of poor internal controls. Frequent errors in recording costs may indicate the need for accounting system improvements, enhanced internal controls, or both. If such errors occur, grantees are encouraged to evaluate the need for improvements and to make whatever improvements are deemed necessary to prevent reoccurrence. NIH also may require a grantee to take corrective action by imposing additional terms and conditions on an award(s).” Therefore, an explanation of corrective action taken to eliminate future recertifications must be provided.

**SIGNATURES**—Please remember to print signers name and date.

{17} **Is the signatory of the original certification available to re-certify:** Please mark yes or no. If the person who originally certified the covered individual's statement is not available please explain why.

{18} **Covered Individual or Responsible Official:** Whenever possible, this form should be signed by the same individual who originally certified the covered individual's statement. The covered individual is the employee themselves. A responsible official is a person with suitable means of verification that the labor distribution and cost sharing (as applicable) is representative of the total effort performed. This person is usually a PI or direct supervisor of the employee.

{19} **Dept/Institute Head; Dean if this is also the PI:** The signature of the Department or Institute Head is also required on all re-certifications as acknowledgement that the department must absorb any costs associated if the re-certifications is later disallowed by the sponsor. If the PI is also the Department or Institute Head, the Dean must sign.