



SPA EFFORT RECERTIFICATION 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.

Date: {1}	Recertification materials prepared by: {2}	
Employee Name: {3}	Employee #: {4}	LD Batch Name: {5}
Dept Effort Coordinator Name: {6}	Phone#: {7}	Effort Period being re-certified: {7}
LD Adjustor Name: {8}	Phone#: {8}	

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

OGA Project Number or FOMOPPL	Is this a Federal Award? (Please Answer Yes or No)	Original Certified Effort %	Amended Certified Effort %	Effort Change (Original - Amended)
{9}	{10}	{11}	{12}	{13}

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 recertifications.

{16}

Is the signatory of the original certification available to recertify? {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:

1. 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):		

2. 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 Close Dates Project Period Status

Institutional Effort Coordinator	Director, SPA	SPA LD Approver
Date	Date	Date



Research Development and Administration
Sponsored Projects Administration
Mailcode: L106SPA 0690 SW Bancroft St Portland, Oregon 97239
503 494-0355 Fax 503 494-1191

SPA Effort Recertification Form Instructions

Purpose: Although errors are undesirable, this form is to be used upon the rare occasion when one has been discovered and it becomes necessary for changes beyond the reasonable 5% variance (per line) allowed to a covered individual's federal related percentage of payroll or effort distribution on an already certified effort statement.

General: When the need to complete a recertification is necessary due to either payroll distribution funding changes or cost share allocation changes to an already certified effort period this form as well as the 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.

In the event of a payroll distribution funding change, a correcting LD change will need to be entered into the Oracle LD Module as well as submission of the SPA Labor Cost Transfer Approval Form is needed. If the recertification includes an LD adjustment once the adjustment has been approved, a notification of approval from the Oracle Workflow will be sent to the adjustor. If it is not approved, the record will be rejected within the system by Oracle and the LD adjustor will be notified. All LD transactions that are not rejected or approved within 89 days in the Oracle LD Module will purge from the system and will not complete.

Recertifications are approved on a case by case basis. Please be mindful that a recertification 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 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 needed if the recertification is needed due to change in percentage of payroll on the effort statement. If so, please enter the system-generated batch name from the LD adjustment making the change in Oracle. 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} 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.

{7} 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.

{8} Effort Period Being Recertified: Enter the effort period that is being amended (example: Jun07-Dec07). A SPA Effort Recertification Form will be needed for each effort period that is being amended.

{9} OGA Project Number or FOMOPPL: List each account that is being affected by a change in effort.



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{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 amount the individual originally certified on their statement for the accounts that are being affected.

{12} Amended Certified Effort: Please enter the new amount(s) being certified on the individual's statements.

{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 labor and/or cost sharing were incorrectly certified at the time of original certification.

{15} What prompted this recertification: What prompted the error to be discovered. Since the accounting for the covered individual's activities is what is being amended, stating that budgetary monitoring is how the error was discovered is an insufficient explanation.

{16} Describe what action has been take 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 recertify: 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 recertifications as acknowledgement that the department must absorb any costs associated if the recertifications is later disallowed by the sponsor. If the PI is also the Department or Institute Head, the Dean must sign.