|  |  |  |  |
| --- | --- | --- | --- |
| **PI Name** |       | **InfoEd Record** |       |
| **Employee Name** |       |  |  |

**COMPONENTS TO PROVIDE OGC FOR IPA REVIEW**

|  |  |
| --- | --- |
| **InfoEd record for IPA Agreement routed to OGC** | [ ]  |
| **Completed IPA Agreement with IPA Employee signature and date (4 pages)** | [ ]  |
| **Standards of Conduct Provisions and Conflict of Interest Form**  | [ ]  |
| **Salary spreadsheet (Optional)** | [ ]  |
| **Signed salary verification letter (If proposed salary differs from PeopleSoft HCM)**  | [ ]  |
| **Employee’s m-Fin Payroll Transaction Summary Report** |[ ]

**CREATING THE INFOED RECORD**

|  |
| --- |
| **Setup Questions Tab** |
| **Submission Mechanism/Screen Template: Electronic Proposal Routing**  | [ ]  |
| **Proposal Sponsor: Veterans Administration**  | [ ]  |
| **Is this a US Federal sponsored project: Yes** | [ ]  |
| **Will this be a proposal to PHS, NIH or one of the branches of NIH?: No** | [ ]  |
| **Deadline Type: Sponsor Receipt** | [ ]  |
| **Deadline Date: Same as project/budget period start date** | [ ]  |
| **Deadline Time: 5:00pm** |[ ]
| **Deadline Time Zone: Mountain Standard Time**  | [ ]  |
| **Will your proposal include any Subawardees?: No** | [ ]  |
| **Will your proposal involve the use of Human Subjects?: No** **(Applicable protocol will be at VA)** | [ ]  |
| **Will your proposal involve the use of Laboratory Animals?: No** | [ ]  |
| **Will your proposal be a training grant?: No** |[ ]
| **Associated Departments: Select**  **SPONSRDPGMS/GIFTS org code for any associated departments** |[ ]
| **PI Departments: Select**  **SPONSRDPGMS/GIFTS org code for PI’s home department** |[ ]
| **Program Type: Organized Research**  |[ ]
| **The majority of the research will be conducted: Off Campus** |[ ]
| **Personnel Tab** |
| **PI: Participating Employee’s UCD Supervisor** | [ ]  |
| **Non Key Personnel: Participating Employee** |[ ]
| **Budget Summary Tab** |
| **Enter the direct and total costs for each budget period on the IPA**  | [ ]  |
| **Enter 0% for F&A Rate** |[ ]
| **UCD|AMC Documents Tab** |
| **Upload the following required and optional attachments:*** **Completed IPA Agreement signed by Participating Employee (Required)**
* **Standards of Conduct Provisions and Conflict of Interest Form**
* **Signed salary verification letter (If proposed salary differs from PeopleSoft HCM)**
* **Salary spreadsheet (Optional)**
* **Employee’s m-Fin Payroll Transaction Summary Report**
 | [ ]  |
| **Routing Form**  |  |
| **Principal Investigator Information: Employee’s UCD immediate supervisor** |[ ]
| **Sponsored Programs/Gifts Org Code: Use department SPPGMS org code** |[ ]
| **Rank: Enter rank of employee’s immediate supervisor** |[ ]
| **\*Does this Funding Opportunity Require a Mentor (e.g Fellowship or Training Grant)?: No** |[ ]
| **Routing Type: Proposal** |[ ]
| **Agency Name: Veterans Administration**  |[ ]
| **Is this Federal or Federal Flow Through?: Yes**  |[ ]
| **Project Title: VA IPA: Employee Name as it appears in HCM** |[ ]
| **Project Type: Organized Research** |[ ]
| **Budget Period: Include duration of IPA** |[ ]
| **Project Period: Include duration of IPA** |[ ]
| **Project Status: New (not related to any previous IPA) (), Amendment/Modification/Revision (budget\project period modification or extension of current IPA )** |[ ]
| **Previous Proposal Routing: Enter routing number of previous IPA if applicable** |[ ]
| **Current Project Number: Enter project number of previous IPA** |[ ]
| **Current Agency Award: Enter award number assigned by OGC Accounting** |[ ]
| **Contact Name: Enter Department Grant Administrator Name** |[ ]
| **Contact Phone:**  **Enter Department Grant Administrator Extension**  |[ ]
| **E-Mail:**  **Enter Department Grant Administrator E-Mail Address** |[ ]
| **Fiscal Manager Name: Enter Department Fiscal Manager Name** |[ ]
| **Fiscal Manager Position Number:**  **Enter Department Fiscal Manager Position Number**  |[ ]
| **Deadline Type: Sponsor Receipt** |[ ]
| **Deadline Date:**  **Same as project/budget period start date** |[ ]
| **Deadline Time: 5:00pm** |[ ]
| **Requested Return Date: Enter date IPA routing should be returned to the Department for submission to the VA** |[ ]
| **Is adequate space available to conduct the project?: Yes**  |[ ]
| **Identify the site/location/bldg. where the majority (50% or more) of UCD's portion of the work will be performed: Enter performance site address** |[ ]
| **Identify Room #(s): Enter room number where research will take place** |[ ]
| **Will human subjects be included as part of the project?: No** |[ ]
| **Will animals be used as part of the project?: No**  |[ ]
| **Will radioactive materials be used as part of this project?: No** |[ ]
| **Will biohazards be used as part of this project?: No** |[ ]
| **Will chemical or mineral hazardous materials be used as part of this project?: No** |[ ]
| **Does the research project use any agent or toxin that is considered Dual Use Research of Concern (DURC)?: No** |[ ]
| **Does this proposal contribute any UCD resources (i.e. costs that will not be paid or reimbursed by the sponsor)?: Answer Yes or No** |[ ]
| **The PI is responsible for ensuring that all individuals performing work that directly impacts the proposed project scope of work have a current Conflict of Interest Disclosure on file with the UCD COI office: Check Agree** |[ ]
| **Is this project a clinical trial?: No** |[ ]
| **Will the project require any export controlled information to be received by CU Denver, or is the Program Announcement or Request for Proposals designated as "Export Controlled"?: Answer Yes or No** |[ ]
| **Is project participation (faculty, student, other) restricted based on country of origin or citizenship?: Answer Yes or No** |[ ]
| **Will the sponsor have the right to approve or restrict the publications or other disclosure of the research results?: Answer Yes or No** |[ ]
| **Will the project include collaboration with a foreign organization or be conducted outside of the United States?: Answer Yes or No** |[ ]
| **Will the project involve the shipment of equipment, software, data, or biological materials to a foreign country?: Answer Yes or No** |[ ]
| **Will the project require the use of another party's proprietary information or materials?: Answer Yes or No** |[ ]
| **NOTES: Enter any applicable notes for the IPA here** |[ ]
| **Budget Summary: Ensure budget summary is complete for all years. Each year should be shown individually**  |[ ]
| **What is the F&A Rate on the Budget Period for this routing?: 0%** |[ ]

**CREATING THE IPA AGREEMENT**

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| --- | --- |
| **Block 1: Indicate the appropriate assignment type by marking the appropriate box as New, Modification, or Extension** **New= Creating a new assignment period Modification= Changing the terms of an active IPA Agreement Extension= Extending the term of an assignment period to continue salary support for the IPA employee** | [ ]  |
| **Block 2: IPA Employee represented by Last, First, Middle Name should match HCM Title** | [ ]  |
| **Block 3: Social Security Number (SSN) for IPA employee (Not required)** | [ ]  |
| **Block 4: Home address of IPA employee will need to be provided** | [ ]  |
| **Block 5: Previous IPA: If yes, dates are required. Check for date length: Assignment length cap is at 2 years. Maximum of 4 consecutive years allowable via Extension agreement. A 12 month break is required after 4 consecutive years. If it is determined that a 4 consecutive year period will be necessary for the IPA employee, please indicate in the notes section of the InfoEd Routing Form that a 12 month break is understood and accepted. Please note successive assignments with a 60 day break between terms will not be considered consecutive.**  | [ ]  |
| **Block 6: VA Eastern Colorado Health Care System** **Denver, CO 80220 (Typical location)** | [ ]  |
| **Block 7: University of Colorado Denver** **Aurora, CO 80045-2571** | [ ]  |
| **Block 8: Generally marked as No** | [ ]  |
| **Block 9: Include Department Mailing Address. This is where the VA will send the FE Copy of the IPA**  | [ ]  |
| **Block 10: Employee’s position needs to match CU Denver title in HCM** | [ ]  |
| **Block 11: Employee’s CU Denver phone number**  | [ ]  |
| **Block 12: PI/Employee’s Immediate Supervisor at CU Denver needs to match InfoEd PI** | [ ]  |
| **Block 13: Not applicable please leave blank** | [ ]  |
| **Block 14: Salary level needs to represent employee’s base annual salary in PeopleSoft HCM** **Any proposed salary increases will need to be accompanied by a salary verification letter** | [ ]  |
| **Block 15: VA Eastern Colorado Health Care System** **1055 Clermont Street** **Denver, CO 80220** | [ ]  |
| **Block 16: Title of employee’s position at VA** | [ ]  |
| **Block 17: VA phone number of employee** | [ ]  |
| **Block 18: Employee’s supervisor at the VA No CU Denver affiliation permitted** | [ ]  |
| **Block 19: On detail to a Federal Agency Full time/Part time designation**  | [ ]  |
| **Block 20: Period must match with budget and project period dates on InfoEd Routing Form****Remember period of assignment may not exceed 2 years. Refer to Block 5 for further information.** | [ ]  |
| **Block 21: Description requires reason for assignment of employee and how their work will benefit both institutions. An explanation of how the employee will be utilized at the completion of assignment is required at the end of this section.** | [ ]  |
| **Block 22: Major research duties assigned for work at VA indicated in this section.** | [ ]  |
| **Block 23: Rate of Basic Pay \_\_\_\_\_\_% of University Pay** **e.g. 100% of University Pay**  | [ ]  |
| **Block 24: Regular pay raises apply and are the responsibility of University** | [ ]  |
| **Block 25: Regular leave benefits apply as outlined by the University**  | [ ]  |
| **Block 26: Salary to be billed monthly. See attached salary spreadsheet.** | [ ]  |
| **Block 27: Departmental Business Manager address** **University of Colorado Denver**  **Department of \_\_\_\_\_\_\_\_\_\_\_\_\_** **Box \_\_\_\_\_\_\_\_\_\_** **Aurora, CO \_\_\_\_\_\_** **Invoices:**  **All invoices will be submitted to the VA electronically by OGC Billing** **To ensure payment, invoices must be received within 6 months from the**  **end date of the billing period** | [ ]  |
| **Block 28: Generally marked** | [ ]  |
| **Block 29: Generally marked** | [ ]  |
| **Block 30: N/A will need to be marked to A, B, and C** | [ ]  |
| **Block 31: Regular employee benefits apply as outlined by the University and are the responsibility of the University** | [ ]  |
| **Block 32: See Item # 31 above** | [ ]  |
| **Block 33: Generally N/A** **If required and reimbursed, specific details must be provided.** | [ ]  |
| **Block 34: A, B, C, and D will need to be marked. E should only be marked by Federal employees.** | [ ]  |
| **Block 35: VA Eastern Colorado Health Care System** | [ ]  |
| **Block 36: Dates will need to match Block 20 and the InfoEd Routing Form**  |  |
| **Block 37: Employee signature**  | [ ]  |
| **Block 38: Employee’s date of signature** | [ ]  |
| **Block 39: OGC signing authority signature** |[ ]
| **Block 40: VA signing authority signature** |[ ]
| **Block 41: OGC signature date** |[ ]
| **Block 42: VA signature date** |[ ]
| **Block 43: Soumontha Chanthaphonh** **PreAward Manager, Office of Grants and Contracts**  | [ ]  |
| **Block 44: Sallie A. Houser-Hanfelder, FACHE, Director** **VA Eastern Colorado Health Care System (VAECHCS)** | [ ]  |

**STANDARDS OF CONDUCT PROVISIONS & CONFLICT OF INTEREST FORM**

|  |  |
| --- | --- |
| **Obtain signature of Employee for IPA assignment** | [ ]  |

**CREATING THE SALARY SPREADSHEET – UTILIZE EXCEL SPREADSHEET ON OGC WEBSITE**

|  |  |
| --- | --- |
| **Employee name will need to be referenced**  | [ ]  |
| **Assigned period will need to be referenced**  | [ ]  |
| **Cost Allocation should demonstrate a breakdown: By month, annual salary, effort, billed salary, fringe rate, fringe benefits, subtotal, overhead, and total** | [ ]  |
| **Totals will need to match InfoEd Summary Budget Tab** | [ ]  |
| **0% F&A rate will need to be indicated** | [ ]  |

**CREATING THE SALARY VERIFICATION LETTER – UTILIZE DEPARTMENT LETTERHEAD**

|  |  |
| --- | --- |
| **Indicate employee’s full time/part time status** | [ ]  |
| **Provide the employee’s position title along with proposed salary level****Salary level will need to match annual base salary listed on Block 14 of the IPA and the initial base salary provided on the salary spreadsheet** | [ ] [ ]  |
| **Indicate the employee’s original employment date****Employment date must match Block 14 on the IPA agreement** | [ ]  |
| **Provide a point of contact for any follow up concerns** | [ ]  |
| **Include the appropriate Appointing Authority Name and Title for signature line and obtain Appointing Authority Signature** | [ ]  |

**Eligibility concern**

**\*\* University students employed as research/graduate/teaching assistants, or scholarship positions are temporary employees. Temporary employees are not eligible to be placed on an IPA. \*\***

**\*\*To be eligible for an IPA assignment, an individual must first be employed by CU Denver for at least 90 days \*\***