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| **Organizational Salary Savings Distribution Program (OSSDP)**  **Approval Form** | | | | | | | | | | | | | | | | | | | | |
| To be submitted with the grant or contract proposal, along with the Finance-312, Internal Approval Form | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | |
| This form is used to identify potential organizational salary savings associated with a given grant proposal or contract. The following stipulations apply: | | | | | | | | | | | | | | | | | | | | |
| * Grants requiring institutional match may be considered only if the grant provides recovery of indirect costs at the federally negotiated rate. * The extramural funded salary must be for at least .083 FTE in the grant year. * Salary Savings can only be used on programmatic expenditures allowable under guidelines for 14XXX funds. If those expenditures include salaries, including temporary or seasonal employees, time and effort certification will be required for those employees. * Salary Savings Fund Balances are **time sensitive** and will roll forward a maximum of two fiscal years after the end of the grant | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Eligible organizational salary savings, not including fringes, will be distributed as follows: | | | | | | | | | | | | | | | | | | | | |
| * Of the amount, 50% goes into an Administration salary residual account * The remaining 50% can be negotiated with the appropriate financial managers. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Proposal or Contract Title: | | |  | | | | | | | | | | | | | | | | |  |
| Funding Agency: | | |  | | | | | | | | | | | | | | | | |  |
| Proposal Amount: | | |  | | | | Date submitted : | | | | | |  | | | | | | |  |
|  | | |  | | | | | | | | | | | | | | | | |  |
| Personnel to be covered under provisions of the Plan | | | | | | | | | | | | | | | | | | | | |
|  | **Name** | | |  | **Annual Salary** | | |  | **% of** |  | | **Tentative Dates of** | | | | |  | | **Total** | |
|  |  | | |  | **Paid By this** | | |  | **Current** |  | | **Coverage** | | | | |  | | **Salary** | |
|  |  | | |  | **Grant/Contract** | | |  | **Salary** |  | |  | | | | |  | | **Savings** | |
| 1. |  | | |  |  | | |  |  |  | |  | | | | |  | |  | |
| 2. |  | | |  |  | | |  |  |  | |  | | | | |  | |  | |
| 3. |  | | |  |  | | |  |  |  | |  | | | | |  | |  | |
| 4. |  | | |  |  | | |  |  |  | |  | | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Designate distribution percentage and individual/organizational area receiving savings: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | |  | | |  | | | | | | |
| **Distribution/Person Receiving** | | | | | | | **%** | | | |  | | |  | | | | | | |
| Administrative Salary Residual Account | | | | | | | 50% | | | |  | | |  | | | | | | |
|  | | | | | | |  | | | |  | | |  | | | | | | |
|  | | | | | | |  | | | |  | | |  | | | | | | |
|  | | | | | | |  | | | |  | | |  | | | | | | |
| **Total Amount of Salary Savings:** | | | | | | | **100%** | | | |  | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Submitted: | |  | | | | | | | | | | | | |  |  | | | | |
|  | | Principal Investigator | | | | | | | | | | | | |  | Date | | | | |
| Approved: | |  | | | | | | | | | | | | |  |  | | | | |
|  | | Department/Unit Head/Section Leader/Staff Chair | | | | | | | | | | | | |  | Date | | | | |
| Approved: | |  | | | | | | | | | | | | |  |  | | | | |
|  | | OSP - Grants Officer/Director | | | | | | | | | | | | |  | Date | | | | |
| Approved: | |  | | | | | | | | | | | | |  |  | | | | |
|  | | Associate/Assistant/District Director | | | | | | | | | | | | |  | Date | | | | |
| Approved: | |  | | | | | | | | | | | | |  |  | | | | |
|  | | Chief Financial Officer | | | | | | | | | | | | |  | Date | | | | |
| Approved: | |  | | | | | | | | | | | | |  |  | | | | |
|  | | Associate Vice President for Agriculture - Extension | | | | | | | | | | | | |  | Date | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Please keep the original, signed FINANCE-310 for your records | | | | | | | | | | | | | | | | | | | | |
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