University of Massachusetts / Amherst – Delegation Form for Sponsored Grants

If you are delegating authority to an individual for both sponsored and non-sponsored chartstrings you can use this form.
A non-sponsored form is not required.

To: Findelegation@admin.umass.edu or Joanne Wheeler, Controller's Office, 100 Venture Way Suite 201, Hadley, MA 01035-9462

****Copy to departmental grant file(s) for auditing purposes**

1.) By means of this form, I am delegating signing / approval authority for my sponsored grant account(s). The delegate must be a regular employee of the University (students are not allowed to be delegated this authority). Delegation of approval authority should not create a situation where an employee is approving expenses of another employee of equal or higher position without being delegated supervisor approval. Delegation of supervisor approval should not create a situation where an employee is approving expenses of their own supervisor.

Name (Principal Investigator/Delegating Official): _____ Employee ID: _____

Name (Delegate): _____ Employee ID: _____

2.) This delegate may approve expenses related to my research for the following areas of delegation *(PI to initial by each one that delegate has authority to approve):*

_____	Procard	_____	Department Card Statement	_____	Contracts	_____	Personnel
_____	Buyways Workflow Requisitions Approver	_____	Emp Reimb / Travel / Business Expense Reports	_____	Journal Entries / Recharges	_____	Supervisor Approval as Required on Travel / Business Expense Reports / and Procard Statements

Grant Account(s) to be delegated, specify the level of delegation:

DeptID Level (all current and future projects under DeptID) : _____

or Individual Chartstring(s):

SpeedType	Fund	Dept. ID	Program	Class	Project

** Once a form is on file in the Controller's Office and training for delegated official (if required) is completed, additional chartstring(s) may be added with an email from the delegating official (cc'ing the delegate) to the Controller's Office Findelegation@admin.umass.edu for the addition(s).

3.) Effective Date of Delegation:

Start Date: _____ End Date: _____

Indefinite (or the end date of the project): _____

PI Responsibility Statement: I understand and acknowledge that I am responsible for the expenses that charge to my grant and it is my responsibility to review my accounts for accuracy. All costs must be reasonable and allocable, conforming to the sponsored agreement and Campus Controller's Office Policies. See roles and responsibilities of PI's at: http://www.umass.edu/research/policy-procedure/roles-responsiblities-principle-investigatorsco-investigators. It is my responsibility to notify the Controller's Office upon termination of this delegation with a termination of signature delegation form. The authority delegated is not subject to sub-delegation without my prior approval. I understand that this delegation can be revoked by the Controller's Office for non-compliance.

_____ _____

Signature of Delegating Official/Principal Investigator Date

Delegate Responsibility Statement: I am fully aware of the intent, scope, and forecasted activities of this research, and as such, will be able to verify that the nature of the expense being approved are required to carry out the research as laid out in the original award. If I cannot approve an expense based on these criteria, evidence of PI approval will be obtained and available for post audit. All costs must be reasonable and allocable, conforming to the sponsored agreement and University policy. **I am required to complete the Controller's Office "Cost Allowability for Federal Grants" training if I am delegated the authority to approve charges on a Sponsored grant. I have completed the training (if required) at** http://owl.oit.umass.edu/.

If you need to be registered for the training, email Joanne Wheeler with your NetID to wheeler@admin.umass.edu

_____ _____

Signature of Delegate: Date