

# ***SPONSORED AWARD MANAGEMENT (SAM) KIOSK CAMPUS USER MANUAL***

## **SAM KIOSK USER MANUAL – Campus Users**

### Introduction

The Sponsored Award Management (SAM) Kiosk was designed by the Office of Sponsored Programs, the OSP/OGCA Data Management Group, and the Office of Grants and Contracts Accounting as the primary method by which department, school and/or RAS staff can submit prior approval and other award management-related requests to OSP, DMG, or OGCA for handling.

It is an online system through which campus users provide OSP/DMG/OGCA with information (and related attachments) for award-specific requests. The following types of requests may be submitted through the system:

#### *Office of Sponsored Program (OSP)*

Provisional Award Request  
No-Cost Extension  
Change in Effort  
Change in Scope  
Change in Principal Investigator (PI)

#### *Office of Grants and Contracts Accounting (OGCA)*

Request for New Projects After Award  
SmartKey Inactivation Request  
Project – Hold Request  
Budget Revision/Rebudget Request  
Grant Transfer Out of University  
Internal Department Change  
Carryforward Request  
Budget Override – Unfreeze Project  
Residual Balance Transfer  
Payment Missing/Misapplied

#### *Data Management Group (DMG)*

Compass Record Maintenance/Correction  
Security Access Request: ORA Web Reports  
Security Access Request: Labor Data Reports  
Security Access Request: Compass/Cayuse

A description of each of these types of requests can be found within the SAM Kiosk.

While SAM is an online request system, at the current time, all approvals which are required for a given request will still need to be obtained in hard copy and uploaded to the system, following the procedures described below.

## Access to SAM

The SAM Kiosk has 3 types of users:

- *Campus Users.* The majority of users of the system will be campus users (PI's, research coordinators, other support staff) who submit requests through the system. Campus users may create request forms, obtain the required signatures, and submit all materials to the appropriate central office (OSP, DMG, OGCA) for handling. No special access needs to be set up for campus users. When a campus user logs onto SAM the first time, the application will create the user in the SAM database. Campus users should log on using their university NetID and password.
- *Analyst (Admin) Users.* Analysts are central office (OSP, DMG, OGCA) staff who will review and process the requests submitted through the system. Analysts are specifically assigned this role by SAM Super Users.
- *Super Users.* Super Users are typically OSP, DMG and OGCA management staff. Super Users can monitor the work of analysts and can assign and reassign requests. Super Users also have access to metrics and reports in the system.

## Overview of Workflow and Submission Processes


Currently, the SAM Kiosk does not support electronic workflow and approval. (This is planned for a future release). Because electronic workflow and approval is not yet available, the following general steps are required for a Campus User to submit a request through SAM.

- 1) Log into the SAM system at <http://sam.emory.edu> using your Emory NETID and password.
- 2) Initiate a request, selecting the desired request type from the system list.
- 3) Enter data/files as requested.
- 4) At this time you may take one of two actions:
  - a. Save the request form if you need to leave and come back later. (Upon saving a unique identifier will be assigned to the form and the form will be closed.) If you save it, you may return to the request later and then follow step 4b once the form is completed.
  - b. Print the form for signatures. This button will create a PDF form and present the information and signature lines for all required signatures. This action will also save the file at the same time and assign a unique identifier to the request, if not already assigned.
- 5) Once signatures have been obtained, return to the form and upload a scanned copy of the signed request form (bearing all required signatures).
- 6) Submit the form. You will receive an e-mail from the system confirming submission. OSP, DMG, or OGCA, as appropriate, will also receive an e-mail notifying us that the submission has been made.
- 7) Once a form has been submitted to OSP/DMG/OGCA, you may search for the form from your dashboard, as described below, to see the current status of the request.

## Using the SAM Kiosk

### General Navigation

Upon logging into SAM, a campus user will be taken to their main dashboard:



**SAM KIOSK**  
 An Emory Commons Application

Hello,

For best results, use the Firefox browser, version 23.0.0 or higher. If you use Internet Explorer, please use version 10.0.9 or higher.

**Main**

My Dashboard

Search

**My Actions**

Initiate a Request

**Quick Links**

Contact Us

#### Forms At A Glance

Form Type	Form Name	Count
DMG	COMPASS Record Maintenance/Correction Form	0
DMG	Security Access Request: ORA Web reports	0
DMG	Security Access Request: Labor Data Reports	0
DMG	Security Access Request: Compass/Cayuse	0
OGCA	Request for New Projects After Award	0
OGCA	SmartKey Inactivation Request	0
OGCA	Project - Hold Request	0
OGCA	Budget Revision / Re-budget Request	0
OGCA	Grant Transfer Out of University	0
OGCA	Internal Department Change	0
OGCA	Carryforward Request	0
OGCA	Budget Override - Unfreeze Project	0
OGCA	Residual Balance Transfer	0
OGCA	Payment - Missing or Misapplied	0
OSP	Provisional Award Request	0
OSP	No-cost Extension (NCE)	2
OSP	Effort Change Form	0
OSP	Change in Scope Request	0
OSP	Change in Principal Investigator	0

#### Status At A Glance

Status	Count
Draft	0
Waiting for Signature(s)	1
Submitted to OSP/OGCA	0
Assigned - In Progress	1
Returned - Additional Information Required	0
Hold - Additional Information Required	0
Re-submitted	0
Sent to Sponsor for Approval	0
Under Management Review	0
Under Other Dept. Review	0
Complete - Approved	0
Complete - Denied	0

Through their Dashboard, the user can either Initiate a Request (via “Initiate a Request” under “My Actions” in the left-hand menu) or search for a previously created/submitted request. Detailed instructions for initiating a request can be found below.

### Understanding the “At A Glance” Information

Your main dashboard on the SAM Kiosk gives you two different approaches to quickly viewing your in-process requests. On the left side of the dashboard you can see your current request by request type under “Forms At A Glance.”

## Forms At A Glance

Form Type	Form Name	Count
DMG	Compass Record Maintenance/Correction Form	0
DMG	Security Access Request: Labor Data Reports	0
DMG	Security Access Request: Compass/Cayuse	0
OGCA	Request for New Projects After Award	0
OGCA	SmartKey Inactivation Request	0
OGCA	Project - Hold Request	0
OGCA	Budget Revision / Re-budget Request	0
OGCA	Grant Transfer Out of University	0
OGCA	Internal Department Change	0
OGCA	Carryforward Request	0
OGCA	Budget Override - Unfreeze Project	0
OGCA	Residual Balance Transfer	0
OGCA	Payment - Missing or Misapplied	0
OSP	Provisional Award Request	1
OSP	No-cost Extension (NCE)	2
OSP	Effort Change Form	0
OSP	Change in Scope Request	0
OSP	Change in Principal Investigator	1

In the example above, the user has created or submitted 2 No-cost Extension requests, 1 Provisional Award Request, and 1 Change in Principal Investigator request. This section shows the user the number of forms they have created/submitted of each type regardless of their current status.

In the “Status At A Glance” section, the 4 forms listed above are shown by their current status:

### Status At A Glance

Status	Count
Draft	0
Waiting for Signature(s)	1
Submitted to OSP/OGCA	2
Assigned - In Progress	1
Returned - Additional Information Required	0
Hold - Additional Information Required	0
Re-submitted	0
Sent to Sponsor for Approval	0
Under Management Review	0
Under Other Dept. Review	0
Complete - Approved	0
Complete - Denied	0

In the current example, 2 have been Submitted to OSP/OGCA, 1 is with the user waiting for the signature page to be fully signed, and 1 has been Assigned within OSP/OGCA/DMG and is in process. Definitions for each of these statuses can be found below.

To view specifics of any type of request, or to look at an individual request, simply click on the appropriate row under either Forms At A Glance or Status At A Glance. Doing so will take you to the “Search For Forms” section of the system where it will display a list of the form status/type selected.

## Search For Forms

Search for forms by specifying the criteria below

Form Name:  Form Category:

COMPASS Award ID:  Department ID:

Status:  ☐ View All Except Draft and Completed

Analyst Name:  [Search Analyst](#)

Created From:  To:

Emp ID:

Id	Form	Request Fr	PI	Award ID	Smart Key	Date Subm ted	Date Comp ted	Assigned 1	Status	Status Dat	Submitted y
194	No-cost Extension (NCE)	R-WIT Test Kim Battles	Meryl Streep	0000000002		03/24/2014		Lowe Chant	Assigned - I Progress	03/24/2014	R-WIT Test Test4

In the example above, the status of “Assigned – In Progress” was selected. The search screen yields the single form in this status.

To see the form itself, simply click on the row for that form in the list provided. Because this particular form has already been submitted to OSP/OGCA and has been assigned, the form fields will no longer be editable to the user who submitted the form.

## No-cost Extension (NCE)

**SUBMITTER INFORMATION**

\*Employee First Name:

\*Employee Last Name:

\*Employee Phone Number:

Alternate Phone Number:

\*Employee Email:

\*Would You Like to Provide an Alternate Contact?

**STANDARD AWARD INFORMATION**

\*PI First Name:

\*PI Last Name:

\*Department ID:

\*Department Name:

\*School Name:

\*Compass Award Number:

\*Sponsor Name:

Sponsor Reference Number, if available:

\*Project/Award Title:

Number of characters remaining: 1990 If > 500 characters, press Enter to make the text box bigger for printing

\*Award Begin Date:

\*Award End Date:

To see the current status of the form, along with the person to whom the form was assigned, scroll to the bottom of the page.

ATTACHMENTS	
*Signed Approval Form	<input type="text"/> <input type="button" value="Browse..."/>
	<a href="#">sam2.pdf 03/24/2014 16:53:55</a>
*Do you need to attach documents to this request?	<input type="button" value="Yes"/> <input type="button" value="No"/>
*File Path Name:	<input type="text"/> <input type="button" value="Browse..."/>
	<a href="#">sam2.pdf 03/24/2014 16:53:55</a> <a href="#">sam.pdf 03/24/2014 16:51:53</a>
SIGNATURE INFORMATION	
*PI Signature:	*Date:
*School Signature:	*Date:
*School Signature:	*Date:
Current Form Status: <b>Assigned - In Progress</b> Assigned To: <b>Lowe Chantrell</b>	
<input type="button" value="Save"/> <input type="button" value="Print"/> <input type="button" value="Print for Signature"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>	

When done viewing the form, you may navigate back to the main dashboard by clicking “My Dashboard” in the left hand menu.



Main	
My Dashboard	<h3>No-cost Extension (NCE)</h3> <p>SUBMITTER INFORMATION</p> <p>*Employee First Name:</p> <p>*Employee Last Name:</p> <p>*Employee Phone Number:</p> <p>Alternate Phone Number:</p> <p>*Employee Email:</p> <p>*Would You Like to Provide an Alternate Contact?</p> <p>STANDARD AWARD INFORMATION</p>
Search	
My Actions	
Initiate a Request	
Quick Links	
Contact Us	



Clicking any row under Forms At A Glance or Status At A Glance will take you to the search screen. If there are no forms within that status or of that type of form, the results area of the screen will remain blank.

### Using the Search feature directly

Users may also find forms by navigating directly to the Search screen. To do so, click on Search in the left menu.

From this screen, users may search by request type, selecting by Form Name/Type from the drop-down menu.

### Search For Forms

Users may also look for requests by the office that would handle the request, using the Form Category drop down box.

Form Category: Select

Department ID: Cost Studies

☐ View All Except Draft and Completed DMG

OGCA

OSP

Additionally, users may look for requests by Status, again using a drop down box.

## Search For Forms

Search for forms by specifying the criteria below

Form Name: Select Form Ca

COMPASS Award ID:  Departm

Status: Select ☐ View

Analyst Name: Select

Created From: Complete - Approved To:

Emp ID: Assigned - In Progress

Complete - Denied

Draft

Hold - Additional Information Requ

Under Other Dept. Review

Re-submitted

Returned - Additional Information

Sent to Sponsor for Approval

Submitted to OSP/OGCA

Under Management Review

Waiting for Signature(s)

**Id** **Form** **Award**

Alternatively, users may manually enter a Compass Award ID, Department ID, EMPLID of the requestor, or by date created using a date range. (For campus user, EMPLID is the least likely method for searching since all forms created by that user would appear. This search feature is intended primarily for use by central staff.)

Finally, users may also filter the search results to find only those requests currently in process by checking the View All Except Draft and Completed box. This field may be combined with any other search criteria to include only those currently active requests in the search results.

### Search For Forms

Search for forms by specifying the criteria below

Form Name:	<input type="text" value="Select"/>	Form Category:	<input type="text" value="Select"/>
COMPASS Award ID:	<input type="text"/>	Department ID:	<input type="text"/>
Status:	<input type="text" value="Select"/>	<input type="checkbox"/> View All Except Draft and Completed	
Analyst Name:	<input type="text"/>		
	<a href="#">Search Analyst</a>		
Created From:	<input type="text"/>	To:	<input type="text"/>
Emp ID:	<input type="text"/>		
<input type="button" value="Search"/>		<input type="button" value="Reset"/>	

### Initiating a Request

To create a new request in the system, click “Initiate a Request” under “My Actions” in the left menu bar.

Main

My Dashboard

Search

My Actions

Initiate a Request

Quick Links

Contact Us

This will take you to a list of all request types, along with a description of each request.

## Initiate A Request

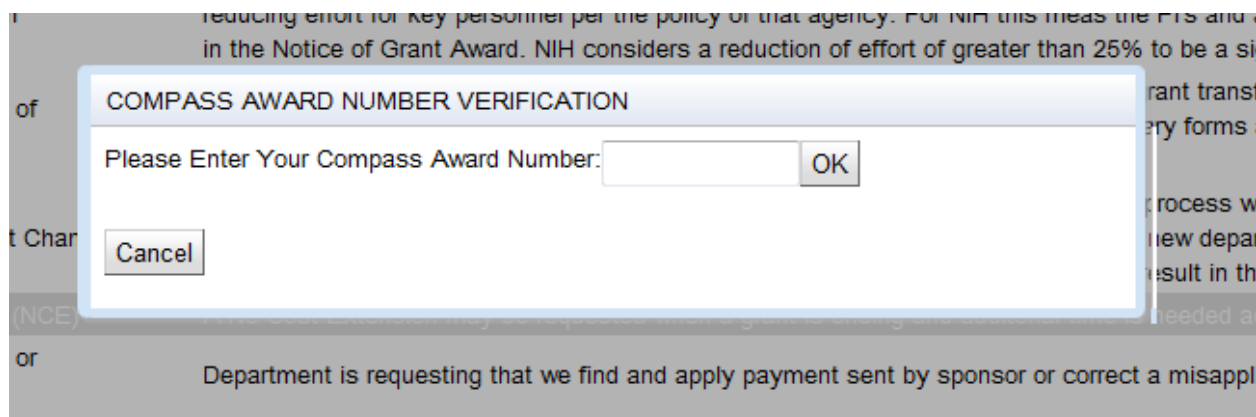
Form Name	Form Purpose	Form Type
Budget Override - Unfreeze Project	A request to unfreeze a project is submitted when the project is closed and expenses or revenue need to be transferred on or off the project.	OGCA
Budget Revision / Re-budget Request	A rebudgeting request may be submitted when there needs to be a rebudgeting between expense categories	OGCA
Carryforward Request	Request to carryover funds from one project to another	OGCA
Change in Principal Investigator	If a PI leaves the Institution and does not want to transfer a grant, or wishes to replace him or herself with a new PI, agency approval must be sought. A completed/signed Prior Approval Form is necessary and should be submitted along with a letter addressed to the agency which requests the change.	OSP
Change in Scope Request	A Request for Change in Scope.	OSP
Compass Record Maintenance/Correction Form	Used to correct inaccurate Compass data as well as to setup or change eNOA notification data	DMG
Effort Change Form	A request to significantly reduce the effort of key personnel effort must be sent to and approved by the agency prior to reducing effort for key personnel per the policy of that agency. For NIH this means the PI's and any individuals specifically named in the Notice of Grant Award. NIH considers a reduction of effort of greater than 25% to be a significant reduction.	OSP
Grant Transfer Out of University	If a PI is leaving the Institution and wishes to transfer a grant to the new institution, grant transfer documents must be submitted per agency guidelines. OGCA will work with the PI and OSP to complete the necessary forms and submit them to the agency upon receipt of the completed/signed Prior Approval Form	OGCA
Internal Department Change	This would be used when a PI is changing departments within Emory. The business process would be that the project in the old department would need an internal close out, and a new project would be created for new department where the PI has moved. Since the project, department and potentially the operating unit will change, this will result in the creation of a new Smart Key	OGCA
No-cost Extension (NCE)	A No Cost Extension may be requested when a grant is ending and additional time is needed accomplish project goals.	OSP
Payment - Missing or Misapplied	Department is requesting that we find and apply payment sent by sponsor or correct a misapplication of payment.  A Hold Request should be submitted under the following circumstances:	OGCA
Project - Hold Request	1. When the master department of an award need to prevent future transactions from hitting a particular project 2. When a department needs to prevent further transactions from hitting one of their own 3. When a research sponsor submits a 'stop work order' on an award or a project within an award;	OGCA
Provisional Award Request	A Provisional Award Number [PAN] may be requested by a Principal Investigator for the purposes of initiating a sponsored project and incurring expenses prior to the institution's receipt, acceptance, and processing of the award.	OSP
Request for New Projects After Award	Number of projects should be determined and requested at initial set up. In the event that a project is needed after initial set up a request needs to be submitted. Additional projects should only be requested if the department needs the project to effectively manage the award (different FAC rates, restricted funding, etc. ) This is subject to the approval of the OGCA.	OGCA
Residual Balance Transfer	Where applicable, departments can keep residual balances left from a research award; these residual balances would be a transferred from the grant to the PI's discretionary fund.	OGCA
Security Access Request: Compass/Cayuse	To request access to Compass/Cayuse	DMG
Security Access Request: Labor Data Reports	To request access for labor data reports	DMG

Select the appropriate request type for your current need and click on its row in the list. For example, to initiate a No-cost Extension, click on the row for No-cost Extension from the list.

Internal Department Change	Department would need an internal close out, and a new project would be created for new department where the PI has moved. Since the project, department and potentially the operating unit will change, this will result in the creation of a new Smart Key	OGCA
No-cost Extension (NCE)	A No Cost Extension may be requested when a grant is ending and additional time is needed accomplish project goals.	OSP
Payment - Missing or	Department is requesting that we find and apply payment sent by sponsor or correct a misapplication of payment.	OGCA

At the beginning of the request process, you will be asked to indicate the 10-digit Compass Award ID number for that request. (For PAN requests, enter the 10-digit Compass Proposal ID for which a PAN is needed.)

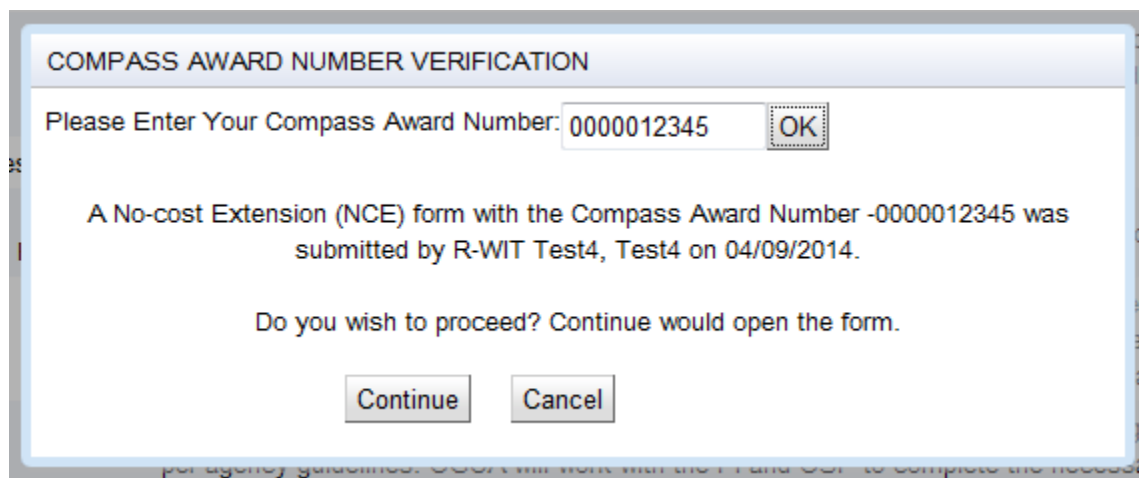
[Please note that in future releases of the SAM Kiosk it is intended to pull award-specific information directly from Compass. Thus, upon entering the Compass Award ID in the SAM, the system will be pre-populated based on information in Compass. However, this feature is not yet available and manual entry of all information is required as described below.]



A screenshot of a web application showing a dialog box titled "COMPASS AWARD NUMBER VERIFICATION". The dialog box has a light blue header and a white body. Inside the body, there is a text prompt "Please Enter Your Compass Award Number:" followed by a text input field and an "OK" button. Below the input field is a "Cancel" button. The background of the application is a blurred document with text.

Once you enter the Compass Award ID, you will be taken to the full request page. Each request is broken into 7 different sections, as described below. Screen shots are for illustrative purposes on the different sections. In certain sections, they reflect the specific information requested for a No-cost Extension. Detailed information required will vary from request to request. Samples of each type of request are provided as appendices to this manual.

During the initial request creation process, to prevent unintended duplicate requests, if a user has created already created that type of request for the Award ID in question, a pop-up box will appear alerting the user to the potential duplication. The date of the request also shows.



A screenshot of a web application showing a dialog box titled "COMPASS AWARD NUMBER VERIFICATION". The dialog box has a light blue header and a white body. Inside the body, there is a text prompt "Please Enter Your Compass Award Number:" followed by a text input field containing the value "0000012345" and an "OK" button. Below the input field, there is a message: "A No-cost Extension (NCE) form with the Compass Award Number -0000012345 was submitted by R-WIT Test4, Test4 on 04/09/2014." Below this message is the question "Do you wish to proceed? Continue would open the form." and two buttons: "Continue" and "Cancel". The background of the application is a blurred document with text.

In some cases, it may be appropriate to have multiple requests for a given request type for a given award (e.g., submission of a second no-cost extension). In these cases, simply click Continue to proceed with your request.

However, if you believe your request may be an unintended duplicate (e.g., another user has initiated the same type of request around the same timeframe, you may click Cancel to abandon the current request to allow you to determine if it is an unintended duplicate.

When/if you are ready to proceed with the request, complete the request by providing information in the sections described below.

### Form Sections

**Submitter Information** – This section contains detailed information on the individual submitting the request. Please enter information as requested. Please note that an alternate contact is *not* required. Information on the alternate contact becomes mandatory only if YES is indicated for the alternate contact question.

SUBMITTER INFORMATION	
*Employee First Name:	<input type="text" value="Kim Battles"/>
*Employee Last Name:	<input type="text" value="R-WIT Test5"/>
*Employee Phone Number:	<input type="text"/>
Alternate Phone Number:	<input type="text"/>
*Employee Email:	<input type="text" value="krwitt4@emory.edu"/>
*Would You Like to Provide an Alternate Contact?	<input type="button" value="Yes"/> <input type="button" value="v"/>
*First Name of Department Contact:	<input type="text"/>
*Last Name of Department Contact:	<input type="text"/>
*Email of Alternate Contact:	<input type="text"/>
*Alternate Contact Phone Number:	<input type="text"/>

**Standard Award Information** – This section contains information on the award for which the request is submitted. The information requested in this section is the same for all request types. Please enter information as requested. The Compass Award ID will prepopulate based on the number entered in the original pop-up box.

STANDARD AWARD INFORMATION	
*PI First Name:	<input type="text"/>
*PI Last Name:	<input type="text"/>
*Department ID:	<input type="text"/>
*Department Name:	<input type="text"/>
*School Name:	<input type="text" value="Select"/>
*Compass Award Number:	<input type="text" value="0000012345"/>
*Sponsor Name:	<input type="text"/>
Sponsor Reference Number, if available:	<input type="text"/>
*Project/Award Title:	<div> <div></div> <div>Number of characters remaining: 2000 If &gt; 500 characters, press Enter to make the text box bigger for printing</div> </div>
*Award Begin Date:	<input type="text" value="04/09/2014"/>
*Award End Date:	<input type="text" value="04/09/2014"/>

**Request-specific Information** – This section will prompt the user to enter the information required by OSP, DMG, or OGCA to take action on this request. The type of information requested in this section will vary based on request type. In the sample below, the information required is for a no-cost extension.

PROVIDE THE FOLLOWING INFORMATION TO REQUEST AN EXTENSION

\*New End Date:

Compass Project ID(s) to be Extended

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

\*If there are more than 10 projects, please enter on spreadsheet and upload as an attachment

**Justification** – Many requests, especially those requiring agency prior approval or those where OSP may take a grantee-approved action, must be supported by a scientific justification. Other types of requests may require administrative justification. Enter the appropriate justification in this section. A justification is required. Users may enter up to 4,000 characters for their requests. If the justification exceeds the text box size on the screen, simply press enter to expand the text box.

JUSTIFICATION

\*Justification:

Number of characters remaining: 4000 If > 500 characters, press Enter to make the text box bigger for printing



**Comments** – Comments are not required. A user may enter “No” in this section if there are no additional comments. However, if there is information that it would be helpful for OSP, DMG, or OGCA to have in its consideration of this request, please include this information in the Comments section of the request. Users may enter up to 4,000 characters for their requests. If the comment exceeds the text box size on the screen, simply press enter to expand the text box.

COMMENTS

\*Would You Like to Add Additional Comments?

Yes

\*Comments:

Number of characters remaining:4000 If > 500 characters, press Enter to make the text box bigger for printing

**Attachments** – Some requests will need to be accompanied by additional attachments. These types of requests may include certain prior approval requests that would require a letter to be submitted to the agency (such as for Change in Effort, Change in PI, or a second no-cost extension that can no longer be approved by OSP as a grantee-approved no-cost extensions). Or, additional materials may need to be provided in support of the request (spreadsheets, etc). Any such required documentation or additional materials should be uploaded in the Attachments section of the request. Such additional attachments are not required for each form and need only be provided as appropriate to the request.

ATTACHMENTS

\*Do you need to attach documents to this request?

Yes

\*File Path Name:

Browse...

**Signature Information** – This section shows which signatures will be needed for this particular request. This information will vary by request type and by the school of the administrative home of the grant. Signatures should be obtained after the form has been completed in its entirety and printed for signature using the Print for Signature button as described above.

SIGNATURE INFORMATION

\*PI Signature:

\*Date:

\*School Signature:

\*Date:

A form may be saved at any point during its creation. If you save an incomplete form, you may return to it later to complete it. However, an incomplete form may not be printed for signature. All required fields must be complete prior to printing a form for signature. If a user attempts to print an incomplete form for signature, a list of missing fields will be provided.

- Missing required input - Department ID:
- Missing required input - Department Name:
- Missing required input - School Name:
- Missing required input - Sponsor Name:
- Missing required input - Project/Award Title:
- Missing required input - Justification:
- Missing required input - Would You Like to Add Additional Comments?
- Missing required input - Do you need to attach documents to this request?

Missing fields will also become highlighted in red at this time.

STANDARD AWARD INFORMATION

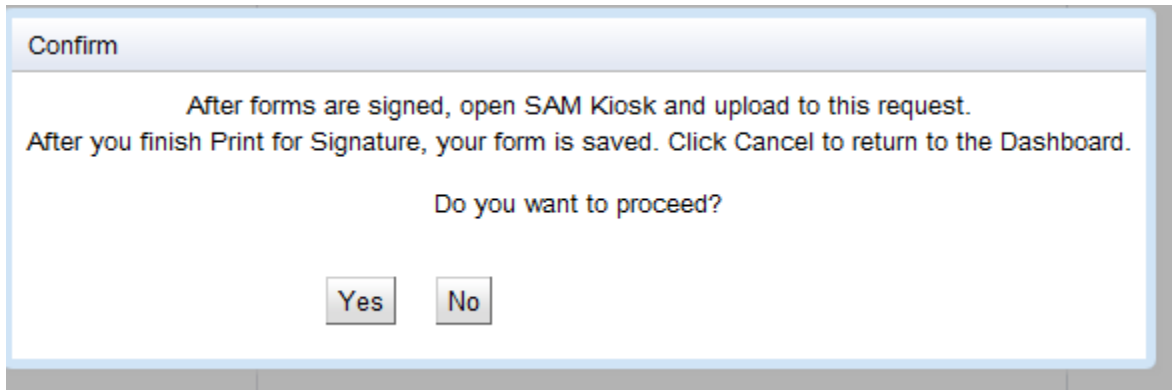
*PI First Name:	<input type="text" value="Audrey"/>
*PI Last Name:	<input type="text" value="Hepburn"/>
*Department ID:	<input type="text"/>
*Department Name:	<input type="text"/>
*School Name:	<input type="text" value="Select"/>
*Compass Award Number:	<input type="text" value="0000012857"/>
*Sponsor Name:	<input type="text"/>
Sponsor Reference Number, if available:	<input type="text"/>
*Project/Award Title:	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Number of characters remaining: 2000 If > 500 characters, press Enter to make the text box bigger for printing

After completing all fields, you may print the form in order to obtain approval signatures using the Print for Signature button at the bottom of the screen.

<input type="button" value="Save"/>	<input type="button" value="Print"/>	<input type="button" value="Print for Signature"/>	<input type="button" value="Reset"/>	<input type="button" value="Cancel"/>	<input type="button" value="Delete"/>
-------------------------------------	--------------------------------------	--	--------------------------------------	---------------------------------------	---------------------------------------

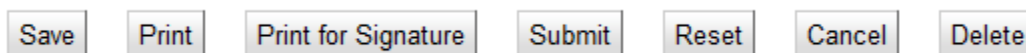
A confirmation box will appear confirming the intent to print the form for signature, along with a reminder that the user should return to the system to upload the signed copy once all required signatures are obtained.



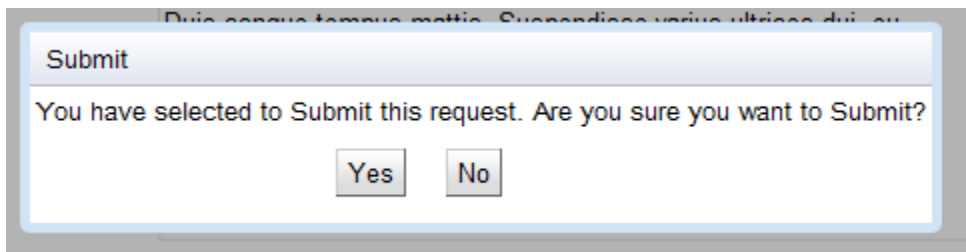
At this point, the form will move from Draft status to Waiting for Signature(s) status. Once all required signatures are obtained, the **Attachments** section of the request will now include a required field for the Signed Approval Form. This field will appear regardless of whether the original request included an attachment or not.

ATTACHMENTS	
*Signed Approval Form	<input type="text"/> <input data-bbox="917 951 1015 976" type="button" value="Browse..."/>
*Do you need to attach documents to this request?	<input type="text" value="No"/> <input type="button" value="v"/>

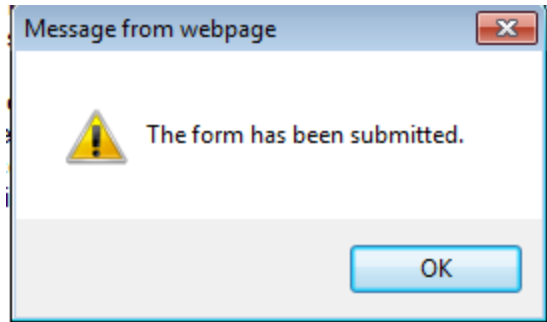
Upload the Signed Approval Form this area. Once the Signed Approval Form has been uploaded the Form may then be Submitted to OSP/DMG/OGCA by clicking Submit at the bottom of the page. (Note that the “Submit” button only become available after the Signed Approval Form has been uploaded.)



A pop-up box will appear confirming your intent to submit.



Upon clicking yes, another pop-up box will appear confirming submission.



Once submitted to OSP/DMG/OGCA, a user may return to the form at any time using the navigation tools described above to check on its status.

The request may have any one of the following statuses:

Status	Definition
Draft	Draft is the initial status every form will have upon creation. Any form which has been created and saved by the user, but not yet printed for signature or submitted, will be in draft status.
Waiting for Signature(s)	Once a form has been completed and printed for signature, it will move to Waiting for Signature(s) status. It will remain in this status until submission to OSP/DMG/OSP.
Submitted to OSP/OGCA	Once a form has been submitted to OSP/DMG/OGCA, it will move to Submitted to OSP/OGCA status until it is assigned to an appropriate OSP/DMG/OGCA analyst or other staff member.
Assigned – In Progress	Once a form has been assigned to an appropriate OSP/DMG/OGCA staff member, it will move to Assigned – In Progress status. Most forms will remain in this status while under review for processing with OSP/DMG/OGCA.
Returned – Additional Information Required	If a submitted form is missing significant information or required attachments, or has conflicting information, it may be returned by OSP/DMG/OGCA to the original submitter for correction and resubmission, if appropriate. In such cases, the request will be placed in Return – Additional Information Required status. While in this status, the campus user may now edit the form. OSP/DMG/OGCA may no longer edit the form.
Hold – Additional Information Required	If a submitted form is missing only minor information, or additional clarification is required by OSP/DMG/OGCA, the form may be placed in Hold – Additional Information Required status. Forms in this status will not move forward until all required information is required.
Re-submitted	For a form which was placed in Returned – Additional Information Required status has been corrected by the campus user. They may re-submit the form to OSP/DMG/OGCA. Upon clicking the Re-submit button, the form moves to Re-submitted status.
Sent to Sponsor for Approval	Certain requests must be approved by the sponsor prior to action being taken in the Compass system. These may include significant reductions in effort, changes in PI, certain rebudgeting requests or second requests for no-cost extensions. In these cases, the SAM request will be place in Sent to Sponsor for Approval status so that its progress with the agency can be monitored.

Under Management Review	Certain types of requests require management level review within the central office. In such cases, the request will be placed in Under Management Review status when provided to management for review.
Under Other Dept. Review	Certain types of requests may require additional review by another central department. In such cases, the request will be placed in Under Other Dept. Review status when provided to another central department for review.
Complete – Approved	Once a request has been approved and fully completed, it will be placed in Complete – Approved status. No further action is needed or will be taken for requests in Complete – Approved status.
Complete - Denied	If a request is denied by OSP/DMG/OGCA for any reason, it will be placed in Complete – Denied status. No further action is needed or can be taken for requests in Complete – Denied status. (An example of when a request may be denied is when we receive a PAN request when we have the full award already and it's ready for set-up. In these cases, a PAN would not be necessary as we would issue the full award instead.)

A user may have multiple requests in multiple statuses at any time.

### System Tracking Features

#### *Email Notifications*

Campus users will be notified by e-mail during the following events during the request process. Such notifications will be sent for all forms.

- Upon submitting the form to OSP/DMG/OGCA
- When a submitted form is assigned to an OSP/DMG/OGCA analyst or staff member
- When a form is completed (approved or denied)

Additional notifications will be sent only when the following applies.

- OSP/DMG/OGCA returns a form to the submitter for additional information
- The campus user re-submits that form

OSP/DMG/OGCA will also receive e-mails when forms are submitted, assigned, and/or re-submitted. These e-mails alert OSP/DMG/OGCA that the form has been received and action is needed.

# ***SAM Kiosk***

## ***SAMPLE REQUEST FORMS***

**SAM KIOSK**  
An Emory Commons Application

## Provisional Award Request

**SUBMITTER INFORMATION**

*Employee First Name:	Kim Battles
*Employee Last Name:	R-WIT Test5
*Employee Phone Number:	404-727-2500
Alternate Phone Number:	
*Employee Email:	krwitt4@emory.edu
*Would You Like to Provide an Alternate Contact?	No

**STANDARD AWARD INFORMATION**

*PI First Name:	Scott
*PI Last Name:	Simon
*Department ID:	123456
*Department Name:	Biochemistry
*School Name:	School of Medicine
Compass Award Number:	
*Sponsor Name:	National Institutes of Health
Sponsor Reference Number, if available:	1R01AI123456-01
*Project/Award Title:	<div>Number of characters remaining: 1978</div> <div>If &gt; 500 characters, press Enter to make the text box bigger for printing</div>
*Award Begin Date:	08/01/2014
*Award End Date:	07/31/2019

**AWARD TYPE INFORMATION/JUSTIFICATION FOR PROVISIONAL AWARD REQUEST**

*Funding Source:	Federal
*Type of Award:	New/Renewal Award
Select One of the Following:	Prime Award to Emory (with authorized pre-award spending)
*Proposal ID:	0000012345

**PROVISIONAL AWARD REQUEST INFORMATION**

Please Enter the Following Information

*Request Start Date:	08/01/2014		
Anticipated Award Information			
*Budget Period:	08/01/2014	*Thru:	08/01/2015
*Award Period:	08/01/2014	*Thru:	08/01/2019
*Department/School Guarantee SmartKey:	0000044455		
Requested Names for New Compass Project		Compass Project Department Home	
Research Grant Primary		SOM: Biochemistry	

Requested Names for New Compass Project	Compass Project Department Home
Research Grant Collaborator:	SPH: Biostatistics
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

\*If there are more than 10 projects, please enter on spreadsheet and upload as an attachment

### COMPLIANCE APPROVALS

\*Human Subjects involved?

\*Animal Subjects involved?

COMPLIANCE CERTIFICATION  
(Required for Pending Approvals Only) If and compliance approvals (i.e. IACUC) required for the project are pending at the time of the Provisional Award Request, the Principal Investigator must submit the following certification statement in order for the Provisional Award Request to be reviewed/approved

\*PI  
Certification  
Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

My signature above certifies that certain compliance approvals are required for the performance of the above-named project for which the Provisional Award Request is being generated. Such required approvals, as noted above, from the Institutional Review Board or the Institutional Animal Care and Use Committee (as appropriate), for the use of human subjects or animal subjects are still pending. I, therefore, certify that I will conduct only those activities for the above\_named project that are clearly separate and severable from those activities involving human (or animal) subjects for which current approval has not been obtained.

### COMMENTS

\*Would You Like to Add Additional Comments?

\*Comments:

Number of characters remaining: 3965 If > 500 characters, press Enter to make the text box bigger for printing

### ATTACHMENTS



\*Do you need to attach documents to this request?

No



### SIGNATURE INFORMATION

\*PI Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Departmental  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*School  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

(2012-02-16 09:30:22.000000000)



**SAM KIOSK**  
An Emory Commons Application

## No-cost Extension (NCE)

### SUBMITTER INFORMATION

*Employee First Name:	<input type="text" value="Kim Battles"/>
*Employee Last Name:	<input type="text" value="R-WIT Test5"/>
*Employee Phone Number:	<input type="text" value="852-741-9356"/>
Alternate Phone Number:	<input type="text"/>
*Employee Email:	<input type="text" value="krwitt4@emory.edu"/>
*Would You Like to Provide an Alternate Contact?	<input type="text" value="No"/>

### STANDARD AWARD INFORMATION

*PI First Name:	<input type="text" value="Audrey"/>
*PI Last Name:	<input type="text" value="Hepburn"/>
*Department ID:	<input type="text" value="456987"/>
*Department Name:	<input type="text" value="Cell Biology"/>
*School Name:	<input type="text" value="School of Medicine"/>
*Compass Award Number:	<input type="text" value="0000012857"/>
*Sponsor Name:	<input type="text" value="NIH"/>
Sponsor Reference Number, if available:	<input type="text" value="5 R01 AI123456-05"/>
*Project/Award Title:	<div><div><div></div></div><div><div></div></div></div>
	<div><div>Number of characters remaining: 1962</div><div>If &gt; 500 characters, press Enter to make the text box bigger for printing</div></div>
*Award Begin Date:	<input type="text" value="06/01/2009"/>
*Award End Date:	<input type="text" value="05/31/2014"/>

### PROVIDE THE FOLLOWING INFORMATION TO REQUEST AN EXTENSION

\*New End Date:

Compass Project ID(s) to be Extended

<input type="text" value="00041258"/>
<input type="text" value="00041257"/>
<input type="text" value="00021541"/>
<input type="text" value="00041257"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

\*If there are more than 10 projects, please enter on spreadsheet and upload as an attachment

### JUSTIFICATION

*Justification:	<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec sed pulvinar erat, lacinia rutrum felis. Proin ut erat sed turpis convallis feugiat. Vestibulum ullamcorper nunc sit amet mauris commodo, vitae semper odio euismod. Integer ut bibendum erat, non accumsan quam. Sed eget nibh nec lorem placerat lacinia interdum eu odio. Curabitur sodales dolor faucibus nisi scelerisque suscipit. Nam nec tempus justo. Proin sit amet luctus velit. Duis scelerisque gravida magna, quis dictum magna vulputate sit amet. Nam dictum velit augue, eu fermentum velit cursus id. Nam vulputate enim eu libero laoreet, a scelerisque diam varius. Vestibulum ut blandit metus. Vestibulum sed euismod diam. Nulla facilisi. Ut vitae eros magna. Maecenas feugiat quam at eros interdum, et adipiscing mauris auctor.</p> <p>Aenean egestas ullamcorper odio a interdum. Donec a est lorem. Nullam a porta mauris, sit amet adipiscing erat. Aliquam placerat nisl feugiat dolor consequat, eu interdum magna bibendum. Nam id magna purus. Nullam mattis commodo neque eu pulvinar. Cras at imperdiet leo. Nulla vitae odio turpis. Sed luctus nulla in lorem blandit, eu eleifend metus interdum. Phasellus mauris quam, commodo at ante vel, porttitor malesuada nisl.</p>
	<p>Number of characters remaining: 2768      If &gt; 500 characters, press Enter to make the text box bigger for printing</p>

**COMMENTS**

*Would You Like to Add Additional Comments?	<div>Yes</div>
*Comments:	<p>Sed leo dolor, faucibus at urna id, interdum pretium metus. Suspendisse tempor enim non elit egestas, sit amet adipiscing nisi consequat. Fusce tempus odio erat, sit amet aliquet dui imperdiet eu. In facilisis massa vel sagittis rhoncus. Phasellus sit amet adipiscing enim, et suscipit odio. Curabitur quis arcu commodo, convallis ipsum a, aliquet sapien. Nam eget risus a est viverra ornare. Nulla eu tellus diam. Phasellus vitae lacus erat. Proin ut dolor mollis sem sodales lobortis.</p>
	<p>Number of characters remaining: 3509      If &gt; 500 characters, press Enter to make the text box bigger for printing</p>

**ATTACHMENTS**

*Do you need to attach documents to this request?	<div>Yes</div>
*File Path Name:	<div><input type="text"/> <input type="button" value="Browse..."/></div> <p><a href="#">zzzzNew Award Checklist 4-1-14.pdf 04/09/2014 15:50:15</a></p>

**SIGNATURE INFORMATION**

*PI Signature: _____	*Date: _____
*Departmental Signature: _____	*Date: _____



**SAM KIOSK**  
An Emory Commons Application

## Effort Change Form

### SUBMITTER INFORMATION

*Employee First Name:	<input type="text" value="Kim Battles"/>
*Employee Last Name:	<input type="text" value="R-WIT Test5"/>
*Employee Phone Number:	<input type="text" value="404-727-1111"/>
Alternate Phone Number:	<input type="text"/>
*Employee Email:	<input type="text" value="krwitt4@emory.edu"/>
*Would You Like to Provide an Alternate Contact?	<input type="text" value="Yes"/>
*First Name of Department Contact:	<input type="text" value="Bob"/>
*Last Name of Department Contact:	<input type="text" value="Doe"/>
*Email of Alternate Contact:	<input type="text" value="bob@emory.edu"/>
*Alternate Contact Phone Number:	<input type="text" value="404-727-4444"/>

### STANDARD AWARD INFORMATION

*PI First Name:	<input type="text" value="Edward R"/>
*PI Last Name:	<input type="text" value="Murrow"/>
*Department ID:	<input type="text" value="126987"/>
*Department Name:	<input type="text" value="ECAS: Journalism"/>
*School Name:	<input type="text" value="College of Arts and Sciences"/>
*Compass Award Number:	<input type="text" value="0000012589"/>
*Sponsor Name:	<input type="text" value="National Broadcasters Association"/>
Sponsor Reference Number, if available:	<input type="text" value="1-1254-5625"/>
*Project/Award Title:	<div><div>Broadcast Research Grant</div><div><small>Number of characters remaining: 1977</small></div></div>
	<small>If &gt; 500 characters, press Enter to make the text box bigger for printing</small>
*Award End Date:	<input type="text" value="12/31/2014"/>

### CHANGE IN EFFORT INFORMATION

*New Level of Effort (%):	<input type="text" value="25"/>
*Effective Date of Change:	<input type="text" value="07/09/2014"/>
*Type of Change in Effort Information:	<input type="text" value="Formal request for agency approval"/>
*Signed Agency Approval:	<div><div>Effort Reduction Request Letter.pdf</div><div>Done</div><div><input type="button" value="Browse..."/></div></div>

**COMMENTS**

\*Would You Like to Add  
Additional Comments?

Yes



\*Comments:

Vestibulum et urna purus. Nam ultricies ligula odio. Suspendisse molestie nisl in neque rutrum consequat sed vel nisi. Suspendisse scelerisque mi vitae nibh egestas imperdiet. Aliquam dignissim imperdiet massa id egestas. Praesent velit nulla, scelerisque et elit vulputate, bibendum facilisis urna. Nullam quis dolor elit. Integer lacus lorem, tempor eget sodales sed, condimentum sed nibh.

Nulla sit amet accumsan urna. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Nunc rhoncus magna ac suscipit vestibulum. Interdum et malesuada fames ac ante ipsum primis in faucibus. Sed mattis enim et tortor luctus suscipit. Quisque vel placerat eros. Phasellus at congue nunc. Ut a dui ac leo semper tincidunt nec lobortis est. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos.

Number of characters remaining:  
3138

If > 500 characters, press Enter to make the text box bigger for  
printing

**ATTACHMENTS**

\*Do you need to attach  
documents to this request?

No

**SIGNATURE INFORMATION**

\*PI Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Departmental  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*School  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

(2012-02-16 09:30:22.000000000)



**SAM KIOSK**  
An Emory Commons Application

## Change in Scope Request

### SUBMITTER INFORMATION

*Employee First Name:	<input type="text" value="Kim Battles"/>
*Employee Last Name:	<input type="text" value="R-WIT Test5"/>
*Employee Phone Number:	<input type="text" value="404-727-1111"/>
Alternate Phone Number:	<input type="text"/>
*Employee Email:	<input type="text" value="krwitt4@emory.edu"/>
*Would You Like to Provide an Alternate Contact?	<input checked="" type="checkbox"/> Yes
*First Name of Department Contact:	<input type="text" value="Bob"/>
*Last Name of Department Contact:	<input type="text" value="Doe"/>
*Email of Alternate Contact:	<input type="text" value="bob@emory.edu"/>
*Alternate Contact Phone Number:	<input type="text" value="404-727-4444"/>

### STANDARD AWARD INFORMATION

*PI First Name:	<input type="text" value="Tim"/>
*PI Last Name:	<input type="text" value="Howard"/>
*Department ID:	<input type="text" value="968523"/>
*Department Name:	<input type="text" value="Emory Vaccine Center"/>
*School Name:	<input type="text" value="Yerkes Primate Institute"/>
*Compass Award Number:	<input type="text" value="0000012658"/>
*Sponsor Name:	<input type="text" value="US Department of Defense"/>
Sponsor Reference Number, if available:	<input type="text" value="WXHW-13-211233-01"/>
*Project/Award Title:	<div><div>Research Project Grant</div><div><small>Number of characters remaining: 1979</small></div></div>
	<small>If &gt; 500 characters, press Enter to make the text box bigger for printing</small>
*Award Begin Date:	<input type="text" value="11/01/2013"/>
*Award End Date:	<input type="text" value="10/31/2017"/>

### JUSTIFICATION

<b>*Justification:</b>	<p>Vestibulum et urna purus. Nam ultricies ligula odio. Suspendisse molestie nisl in neque rutrum consequat sed vel nisi. Suspendisse scelerisque mi vitae nibh egestas imperdiet. Aliquam dignissim imperdiet massa id egestas. Praesent velit nulla, scelerisque et elit vulputate, bibendum facilisis urna. Nullam quis dolor elit. Integer lacus lorem, tempor eget sodales sed, condimentum sed nibh.</p> <p>Nulla sit amet accumsan urna. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Nunc rhoncus magna ac suscipit vestibulum. Interdum et malesuada fames ac ante ipsum primis in faucibus. Sed mattis enim et tortor luctus suscipit. Quisque vel placerat eros. Phasellus at congue nunc. Ut a dui ac leo semper tincidunt nec lobortis est. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos.</p>
<div>Number of characters remaining: 3138      If &gt; 500 characters, press Enter to make the text box bigger for printing</div>	

**COMMENTS**

**\*Would You Like to Add Additional Comments?**

Yes

**\*Comments:**

Donec placerat at urna laoreet ultrices. Aliquam porttitor varius consectetur. In hac habitasse platea dictumst. Nulla ac condimentum nibh, semper auctor massa. Proin augue ligula, fermentum at nulla sit amet, eleifend mattis tellus. Morbi varius rutrum mi, ut consectetur ligula varius sit amet. Vivamus placerat viverra sem, at viverra dolor.

Number of characters remaining: 4000

If > 500 characters, press Enter to make the text box bigger for printing

**ATTACHMENTS**

**\*Do you need to attach documents to this request?**

Yes

**\*File Path Name:**

Change in Scope Request Letter.pdf    Done

Browse...

**SIGNATURE INFORMATION**

**\*PI Signature:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

**\*School Signature:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

**\*School Signature:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

(2012-02-16 09:30:22.000000000)



## Change in Principal Investigator

## SUBMITTER INFORMATION

*Employee First Name:	Kim Battles
*Employee Last Name:	R-WIT Test5
*Employee Phone Number:	404-727-1111
Alternate Phone Number:	
*Employee Email:	krwitt4@emory.edu
*Would You Like to Provide an Alternate Contact?	Yes
*First Name of Department Contact:	Bob
*Last Name of Department Contact:	Doe
*Email of Alternate Contact:	bob@emory.edu
*Alternate Contact Phone Number:	404-727-4444

## STANDARD AWARD INFORMATION

*PI First Name:	Cary
*PI Last Name:	Grant
*Department ID:	789654
*Department Name:	SPH: Biostatistics
*School Name:	School of Public Health
*Compass Award Number:	0000012346
*Sponsor Name:	National Institutes of Health
Sponsor Reference Number, if available:	5U19CA459682-03
*Project/Award Title:	<div>Number of characters remaining: 1969</div> <div>If &gt; 500 characters, press Enter to make the text box bigger for printing</div>
*Award Begin Date:	08/01/2011
*Award End Date:	07/31/2016

## NEW PRINCIPAL INVESTIGATOR INFORMATION

*New PI Name:	Montgomery Clift
*New PI School/Department:	SPH: Biostatistics
*Effective Date of Change:	08/01/2014
*New PI Effort: %	35

## COMMENTS

*Would You Like to Add Additional Comments?	Yes
---	-----



\*Comments:

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aliquam lacinia diam id risus dignissim iaculis in sit amet magna. Vestibulum consectetur urna ac luctus rhoncus. Duis sed augue non leo aliquet tincidunt. Maecenas nibh libero, malesuada luctus felis eget, commodo dictum tortor. Etiam facilisis felis non varius facilisis. Cras tortor sapien, accumsan fringilla ultrices et, sollicitudin vitae libero. Donec imperdiet sed felis ac volutpat. Ut ornare velit vitae velit dapibus, nec accumsan ligula pellentesque. Ut pharetra lectus est, a sollicitudin erat sagittis nec. In dignissim turpis luctus consectetur adipiscing. Nam eu dui eros. Nam sit amet adipiscing ligula. Praesent metus arcu, feugiat id accumsan at, ullamcorper vel est. Sed nulla turpis, varius vel nulla non, vehicula interdum lorem. Integer ac euismod libero. Nulla faucibus turpis tincidunt convallis congue.

Vestibulum et urna purus. Nam ultricies ligula odio. Suspendisse molestie nisl in neque rutrum consequat sed vel nisi. Suspendisse scelerisque mi vitae nibh egestas imperdiet. Aliquam dignissim imperdiet massa id egestas. Praesent velit nulla, scelerisque et elit vulputate, bibendum facilisis urna. Nullam quis dolor elit. Integer lacus lorem, tempor eget sodales sed, condimentum sed nibh.

Number of characters remaining:  
2714

If > 500 characters, press Enter to make the text box bigger for printing

#### ATTACHMENTS

\*Do you need to attach documents to this request?

Yes

\*File Path Name:

[PI Change Request Letter.pdf 07/09/2014 17:41:47](#)

#### SIGNATURE INFORMATION

\*PI Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Departmental  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*School  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

(2012-02-16 09:30:22.000000000)

## Request for New Projects After Award

**SUBMITTER INFORMATION**

\*Employee First Name: Erin  
\*Employee Last Name: Alexis  
\*Employee Phone Number: 404-727-1555  
Alternate Phone Number:  
\*Employee Email: emalexi@emory.edu  
\*Would You Like to Provide an Alternate Contact? Select

**STANDARD AWARD INFORMATION**

\*PI First Name: Mary Jane  
\*PI Last Name: Doe  
\*Department ID: 12345  
\*Department Name: Medicine  
\*School Name: School of Medicine  
\*Compass Award Number: 0000012345  
\*Sponsor Name: NIH  
Sponsor Reference Number, if available: 5R01AI45698  
\*Project ID: 00001234  
\*Project/Award Title: Site-directed RNA editing: a new method to correct disease causing mutations  
*Number of characters remaining: 1924 If > 500 characters, press Enter to make the text box bigger for printing*  
\*Award Begin Date: 07/01/2010  
\*Award End Date: 06/30/2015

**NEW PROJECT INFORMATION**

\*Compass Award Number: 0000012345  
\*Effective Date of New Project: 07/01/2014  
\*Effective Period of New Project: 07/01/2014 \*Thru: 06/30/2015  
\*Title of New Project: SPH: Site-directed RNA editing: a new method to correct disease causing mutations  
*Number of characters remaining: 1919 If > 500 characters, press Enter to make the text box bigger for printing*  
\*New Project Department Name: Biostatistics & Bioinformatics \*New Project Department ID: 12346  
\*PI Level of Effort: 10  
\*Existing Project ID to be Deobligated: 00001234  
\*Department Number of Project to be Deobligated: 12345 \*Department Name of Project to be Deobligated: Medicine

**BUDGET**

New	Deobligated
*Salary: \$10000	*Salary: \$10000
*Fringe: \$2350.00	*Fringe: \$2350
*Supplies: \$0	*Supplies: \$0
*Travel: \$0	*Travel: \$0
*Equipment: \$0	*Equipment: \$0
*Sub-contracts: \$0	*Sub-contracts: \$0
Other Costs: \$0	Other Costs: \$0
*Total Direct Costs: \$12350	*Total Direct Costs: \$12350
*F & A: \$6916	*F & A: \$6916
*Total Costs: \$19266	*Total Costs: \$19266
*Authorized Amount from Sponsor: \$480734	*Authorized Amount from Sponsor: \$480734
*Total Authorized Budget for Current Period: \$500000	*Total Authorized Budget for Current Period: \$500000

**JUSTIFICATION**

\*Justification: An additional project is needed for salary support @ 10% effort for collaborative work with Dr. Smith of School of Public Health.  
*Number of characters remaining: 3871 If > 500 characters, press Enter to make the text box bigger for printing*

**COMMENTS**

\*Would You Like to Add Additional Comments? No

**ATTACHMENTS**

\*Do you need to attach documents to this request? Select

**SIGNATURE INFORMATION**

*PI Signature: _____	*Date: _____
*Departmental Signature: _____	*Date: _____
*School Signature: _____	*Date: _____

(2012-02-16 09:30:22.000000000)



## SmartKey Inactivation Request

### SUBMITTER INFORMATION

\*Employee First Name: Erin  
\*Employee Last Name: Alexis  
\*Employee Phone Number: 404-727-1555  
Alternate Phone Number:  
\*Employee Email: emalexi@emory.edu  
\*Would You Like to Provide an Alternate Contact? Select

### STANDARD AWARD INFORMATION

\*PI First Name: Mary Jane  
\*PI Last Name: Doe  
\*Department ID: 12345  
\*Department Name: Medicine  
\*School Name: School of Medicine  
\*Compass Award Number: 0000012345  
\*Sponsor Name: NIH  
Sponsor Reference Number, if available: 5R01AI45698  
\*Project ID: 00001234  
\*Project/Award Title: Site-directed RNA editing: a new method to correct disease causing mutations  
*Number of characters remaining: 1924 If > 500 characters, press Enter to make the text box bigger for printing*  
\*Award Begin Date: 07/01/2010  
\*Award End Date: 06/30/2015

### CHARTFIELD INFORMATION

\*Business Unit: EMUNV  
\*Operating Unit: 20000  
\*Fund Code: 5200  
\*Project ID: 00001234  
\*Department ID: 12345  
\*SmartKey: 0000099999

### JUSTIFICATION

\*Justification: Smartkey was set up under incorrect department code. New smartkey has been issued, please inactivate.  
*Number of characters remaining: 3898 If > 500 characters, press Enter to make the text box bigger for printing*

### COMMENTS

\*Would You Like to Add Additional Comments? No

**ATTACHMENTS**

\*Do you need to attach  
documents to this request?

No

**SIGNATURE INFORMATION**

\*PI Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Departmental  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*School  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

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## Project - Hold Request

### SUBMITTER INFORMATION

\*Employee First Name: Erin

\*Employee Last Name: Alexis

\*Employee Phone Number: 404-727-1555

Alternate Phone Number:

\*Employee Email: emalexi@emory.edu

\*Would You Like to Provide an Alternate Contact? Select

### STANDARD AWARD INFORMATION

\*PI First Name: Mary Jane

\*PI Last Name: Doe

\*Department ID: 12345

\*Department Name: Medicine

\*School Name: School of Medicine

\*Compass Award Number: 0000012345

\*Sponsor Name: Georgia State University

Sponsor Reference Number, if available: SP0001245

\*Project ID: 00001234

\*Project/Award Title: Site-directed RNA editing: a new method to correct disease causing mutations  
*Number of characters remaining: 1924 If > 500 characters, press Enter to make the text box bigger for printing*

\*Award Begin Date: 07/01/2010

\*Award End Date: 06/30/2015

### CHARTFIELD INFORMATION

\*Business Unit: EMUNV

\*Operating Unit: 20000

\*Fund Code: 5200

\*Project ID: 00001234

\*Department ID: 12345

\*SmartKey: 0000099999

### JUSTIFICATION

\*Justification: Please place project on hold. There is a revision that is being made to the scope of work performed by Emory, the subcontract and invoices may not be submitted to the prime until this matter is resolved.  
*Number of characters remaining: 3796 If > 500 characters, press Enter to make the text box bigger for printing*

### COMMENTS

\*Would You Like to Add Additional Comments? No

**ATTACHMENTS**

\*Do you need to attach  
documents to this request?

No

**SIGNATURE INFORMATION**

\*PI Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Departmental  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*School  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

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## Budget Revision / Re-budget Request

### SUBMITTER INFORMATION

\*Employee First Name: Erin

\*Employee Last Name: Alexis

\*Employee Phone Number: 404-727-1555

Alternate Phone Number:

\*Employee Email: emalexi@emory.edu

\*Would You Like to Provide an Alternate Contact? No

### STANDARD AWARD INFORMATION

\*PI First Name: Mary Jane

\*PI Last Name: Doe

\*Department ID: 12345

\*Department Name: Medicine

\*School Name: School of Medicine

\*Compass Award Number: 0000012345

\*Sponsor Name: American Heart Association

Sponsor Reference Number, if available: AHA555456

\*Project ID: 00001234

\*Project/Award Title: Site-directed RNA editing: a new method to correct disease causing mutations  
Number of characters remaining: 1924 If > 500 characters, press Enter to make the text box bigger for printing

\*Award Begin Date: 07/01/2013

\*Award End Date: 06/30/2015

### REQUESTED BUDGET INFORMATION

\*Salary: \$25000

\*Fringe: \$6625

\*Supplies: \$5000

\*Travel: \$2000

\*Equipment: \$0

\*Sub-contracts: \$0

Other Costs: \$0

\*Total Direct Costs: \$38625

\*F & A: \$7565

\*Total Costs: \$46190

\*Authorized Amount from Sponsor: \$46190

\*Total Authorized Budget for Current Period: \$92380



**JUSTIFICATION**

\*Justification:

Sponsor has approved a re-budget request to take \$800 from the other costs category and reallocate to travel budget line item.

*Number of characters remaining: 3872 If > 500 characters, press Enter to make the text box bigger for printing*

**COMMENTS**

\*Would You Like to Add  
Additional Comments?

No

**ATTACHMENTS**

\*Do you need to attach  
documents to this request?

Yes

\*File Path Name:

No file selected.

**SIGNATURE INFORMATION**

\*PI Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Departmental  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*School  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

(2012-02-16 09:30:22.000000000)

## Grant Transfer Out of University

**SUBMITTER INFORMATION**

\*Employee First Name: Erin  
\*Employee Last Name: Alexis  
\*Employee Phone Number: 404-727-1555  
Alternate Phone Number:  
\*Employee Email: emalexi@emory.edu  
\*Would You Like to Provide an Alternate Contact? Select

**STANDARD AWARD INFORMATION**

\*PI First Name: Mary Jane  
\*PI Last Name: Doe  
\*Department ID: 12345  
\*Department Name: Medicine  
\*School Name: School of Medicine  
\*Compass Award Number: 0000012345  
\*Sponsor Name: NIH  
Sponsor Reference Number, if available: 5R01AI45698  
\*Project/Award Title: Site-directed RNA editing: a new method to correct disease causing mutations  
Number of characters remaining: 1924. If > 500 characters, press Enter to make the text box bigger for printing  
\*Award Begin Date: 07/01/2010  
\*Award End Date: 06/30/2015

**GRANTS TRANSFER INFORMATION**

\*Effective date of transfer: 03/01/2013  
\*Name of institution transferring to: University of California Los Angeles  
\*Contact name at new institution: Sue Smith  
\*Contact phone number: 555-555-5555 \*Contact email: suesmith@ucla.edu  
\*Was a final invention statement completed? No  
\*Will equipment purchased from the grant be transferred to the new institution: Yes  
\*List the equipment being transferred:  
Number of characters remaining: 1944. If > 500 characters, press Enter to make the text box bigger for printing  
\*Are funds available for transfer: Yes  
\*Estimated balance- funds available for transfer: \$247500

**COMMENTS**

\*Would You Like to Add Additional Comments? No

**ATTACHMENTS**

\*Do you need to attach documents to this request? Yes  
\*File Path Name:  No file selected.

**SIGNATURE INFORMATION**

*PI Signature: _____	*Date: _____
*Departmental Signature: _____	*Date: _____
*School Signature: _____	*Date: _____

## Internal Department Change

**SUBMITTER INFORMATION**

\*Employee First Name: Erin  
\*Employee Last Name: Alexis  
\*Employee Phone Number: 404-727-1555  
Alternate Phone Number:  
\*Employee Email: emalexi@emory.edu  
\*Would You Like to Provide an Alternate Contact? No

**STANDARD AWARD INFORMATION**

\*PI First Name: Mary Jane  
\*PI Last Name: Doe  
\*Department ID: 12345  
\*Department Name: Medicine  
\*School Name: School of Medicine  
\*Compass Award Number: 0000012345  
\*Sponsor Name: NIH  
Sponsor Reference Number, if available:  
\*Project ID: 00001234  
\*Project/Award Title: Site-directed RNA editing: a new method to correct disease causing mutations  
Number of characters remaining: 1924 If > 500 characters, press Enter to make the text box bigger for printing  
\*Award Begin Date: 07/01/2010  
\*Award End Date: 06/30/2015

**BUDGET**

*F&A Type:	ONRES- On Campus Organized Research
*F&A Base:	MTDC- Modified Total Direct Costs
*F&A Rate %:	55
*Authorized Amount from Sponsor:	\$1246500
*Total Authorized Budget for Current Period:	\$334419
Funds Remaining in Old Project	
*Salary:	\$120000
*Fringe:	\$28200
*Supplies:	\$40000
*Travel:	\$4000
*Equipment:	\$15000
*Sub-contracts:	\$0
*Other Costs:	\$13877
*Total Direct Costs:	\$221077
*F & A:	\$113342
*Total Costs:	\$334419
Funds Moving to New Project	
*Salary:	\$120000
*Fringe:	\$28200
*Supplies:	\$40000
*Travel:	\$4000
*Equipment:	\$15000
*Sub-contracts:	\$0
*Other Costs:	\$13877
*Total Direct Costs:	\$221077
*F & A:	\$113342
*Total Costs:	\$334419

**INTERNAL REQUEST CHANGE INFORMATION**

\*Project End Date: 06/30/2015  
\*Effective Date of Change: 03/01/2012  
\*Old Department ID: 12345  
\*Old Project ID: 00001234  
\*Effort (%): 20  
\*New Department ID: 24567  
\*If multiple projects are affected, please note in the comments section and attach supporting documents

**COMMENTS**

\*Would You Like to Add Additional Comments? No

**ATTACHMENTS**

\*Do you need to attach documents to this request? No

**SIGNATURE INFORMATION**

*PI Signature: _____	*Date: _____
*Departmental Signature: _____	*Date: _____
*School Signature: _____	*Date: _____

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## Carryforward Request

### SUBMITTER INFORMATION

\*Employee First Name: Erin  
\*Employee Last Name: Alexis  
\*Employee Phone Number: 404-727-1555  
Alternate Phone Number:  
\*Employee Email: emalexi@emory.edu  
\*Would You Like to Provide an Alternate Contact? No

### STANDARD AWARD INFORMATION

\*PI First Name: Mary Jane  
\*PI Last Name: Smith  
\*Department ID: 12345  
\*Department Name: Medicine  
\*School Name: School of Medicine  
\*Compass Award Number: 0000012345  
\*Sponsor Name: HRSA  
Sponsor Reference Number, if available: 6UB4HP12345  
\*Project ID: 00001234  
\*Project/Award Title: Site-directed RNA editing: a new method to correct disease causing mutations  
*Number of characters remaining: 1924 If > 500 characters, press Enter to make the text box bigger for printing*  
\*Award Begin Date: 07/01/2010  
\*Award End Date: 06/30/2015

### AGENCY APPROVAL

\*Does this Carryforward Require Sponsor Approval? Yes  
\*Please attach the appropriate documents:  
\*File Path Name:  No file selected.

### BUDGET FOR REQUEST TO CARRY FOWARD

### JUSTIFICATION

\*Justification: Staffing changes that occurred mid budget period accounts for the residual funds left over this year. Sponsor documentation is attached that indicates carryforward approval.  
*Number of characters remaining: 3826 If > 500 characters, press Enter to make the text box bigger for printing*

**COMMENTS**

\*Would You Like to Add  
Additional Comments? No

**ATTACHMENTS**

\*Do you need to attach  
documents to this request? No

**SIGNATURE INFORMATION**

\*PI Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Departmental  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*School  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

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## Budget Override - Unfreeze Project

### SUBMITTER INFORMATION

\*Employee First Name: Erin

\*Employee Last Name: Alexis

\*Employee Phone Number: 404-727-1555

Alternate Phone Number:

\*Employee Email: emalexi@emory.edu

\*Would You Like to Provide an Alternate Contact? No

### STANDARD AWARD INFORMATION

\*PI First Name: Mary Jane

\*PI Last Name: Doe

\*Department ID: 12345

\*Department Name: Medicine

\*School Name: School of Medicine

\*Compass Award Number: 0000012345

\*Sponsor Name: MDA

Sponsor Reference Number, if available: 555-555

\*Project ID: 00001234

\*Project/Award Title: Site-directed RNA editing: a new method to correct disease causing mutations  
Number of characters remaining: 1924 If > 500 characters, press Enter to make the text box bigger for printing

\*Award Begin Date: 07/01/2010

\*Award End Date: 06/30/2015

### CHARTFIELD INFORMATION

\*Business Unit: EMUNV

\*Operating Unit: 20000

\*Fund Code: 5400

\*Project ID: 00001234

\*Department ID: 12345

\*SmartKey: 0000055555

\*Where will the charges be moved to? Federal or Non-Federal Sponsored

\*Are Charges older than 90 days? No

**TYPE OF TRANSACTION NEEDED**

\*TYPE OF TRANSACTION  
NEEDED: Journal Entry

\*Journal Number: 0000099999

**JUSTIFICATION**

\*Justification: Override needed for JE to clear OLT charges to discretionary  
smartkey for award closeout.

*Number of characters remaining: 3911 If > 500 characters, press Enter to make the text box bigger for printing*

**COMMENTS**

\*Would You Like to Add  
Additional Comments? No

**ATTACHMENTS**

\*Do you need to attach  
documents to this request? No

**SIGNATURE INFORMATION**

\*PI Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Departmental  
Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*School  
Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

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## Residual Balance Transfer

**SUBMITTER INFORMATION**

\*Employee First Name: Erin  
\*Employee Last Name: Alexis  
\*Employee Phone Number: 404-727-1555  
Alternate Phone Number:  
\*Employee Email: emalexi@emory.edu  
\*Would You Like to Provide an Alternate Contact? No

**STANDARD AWARD INFORMATION**

\*PI First Name: Mary Jane  
\*PI Last Name: Doe  
\*Department ID: 12345  
\*Department Name: Medicine  
\*School Name: School of Medicine  
\*Compass Award Number: 0000012345  
\*Sponsor Name: Roche  
Sponsor Reference Number, if available: 555-555  
\*Project ID: 00001234  
\*Project/Award Title: Site-directed RNA editing: a new method to correct disease causing mutations  
*Number of characters remaining: 1924 If > 500 characters, press Enter to make the text box bigger for printing*  
\*Award Begin Date: 07/01/2010  
\*Award End Date: 06/30/2015

**PROJECT INFORMATION**

\*Project ID: 00001234  
\*Project Name: Site-directed RNA editing: a new method to correct disease causing mutations  
*Number of characters remaining: 424 If > 500 characters, press Enter to make the text box bigger for printing*  
\*PI First Name: Mary Jane  
\*PI Last Name: Doe  
\*Funding Agency: MDA  
\*Total funds received: \$150000  
\*Residual Balance: \$19500  
\*F&A Rate %: 20  
\*Residual %: 13  
\*Enter the accounts to be credited: \*Enter the percentage of residual balance:  
\*School Smartkey: 0000055555 \*School %: 20  
\*Department Code: 12345 \*Department %: 10  
\*Division/Operating Code: 20000 \*Division/Operating %: 70  
\*Is residual balance > 25% of awarded dollars, or exceed 10K: No

**COMMENTS**

\*Would You Like to Add Additional Comments? Yes  
Sponsor approval to retain residual funds attached.

\*Comments:

*Number of characters remaining: 3940 If > 500 characters, press Enter to make the text box bigger for printing*

**ATTACHMENTS**

\*Do you need to attach documents to this request? Select

SIGNATURE CERTIFICATION

The signatures below certify the following information

A) Work on the project is complete, no additional funds are expected from the sponsor, and no expenditures are outstanding.

B) All costs in support of this award have been appropriately charged to the award.

C) Department-specific business manager has reconciled the account.

D) Department Administrator certifies all appropriate costs have been verified by the Office of Grants and Contracts.

E) The project is on hold in the Compass System.

F) The Department agrees residual funds are property of Emory University and cannot be reassigned to another institution in the event the investigator transfers to another institution or Administrative Unit.

G) The use of the residual balance will be limited to supporting the unrestricted research of the PI that supports the research mission of Emory University.

SIGNATURE INFORMATION

\*PI Signature:

\*Date:

\*Departmental Signature:

\*Date:

\*School Signature:

\*Date:

(2012-02-16 09:30:22.0000000000)



## Payment - Missing or Misapplied

### SUBMITTER INFORMATION

\*Employee First Name: Erin

\*Employee Last Name: Alexis

\*Employee Phone Number: 404-727-1555

Alternate Phone Number:

\*Employee Email: emalexi@emory.edu

\*Would You Like to Provide an Alternate Contact? No

### STANDARD AWARD INFORMATION

\*PI First Name: Mary Jane

\*PI Last Name: Doe

\*Department ID: 12345

\*Department Name: Pediatrics

\*School Name: School of Medicine

\*Compass Award Number: 0000012345

\*Sponsor Name: Pfizer

Sponsor Reference Number, if available: 555-555

\*Project ID: 00001234

A Phase I Trial of Safety and Immunogenicity of Gardasil Vaccination  
Post Stem Cell Transplantation in Patients with and without  
Immunosuppression

\*Project/Award Title:

*Number of characters remaining: 1855 If > 500 characters, press Enter to make the text box bigger for printing*

\*Award Begin Date: 01/01/2012

\*Award End Date: 12/31/2017

### CASH MANAGEMENT REQUEST

\*Date Needed: 04/25/2014

\*Request Type: CT Budget Adjustment

\*Sponsor Name: Pfizer

\*Amount: 15000

\*Project ID: 00001234

### COMMENTS

\*Would You Like to Add  
Additional Comments?

Yes

This is a clinical trial, however there is a budget loaded in Compass.  
To date we have received \$45,000 from the sponsor. Please adjust  
budget per cash received.

\*Comments:

*Number of characters remaining: 3838 If > 500 characters, press Enter to make the text box bigger for printing*

### ATTACHMENTS

\*Do you need to attach  
documents to this request?

No

### SIGNATURE INFORMATION

\*PI Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Departmental  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*School  
Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

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