Ames Laboratory
New Project Set Up Form

The New Project Setup Form is used to establish a new project at Ames Laboratory. This form identifies information used to setup a new project in the Ames Laboratory financial system, the Chart of Accounts (COA), and various other Ames Laboratory systems. This form, dated May 2016, replaces all previous Ames Laboratory New Project Set up Forms. This revision of the form is a fillable adobe form which may be computer generated and printed. Previous editions should no longer be used.

Mail or bring the original signed form to the Budget Office (231 TASF). The new project will set up after proper approvals and funding has been received by the Laboratory.

The Program is responsible for completing the first portion of the form which contains the following fields.

Project Number and Project Abbreviation

Work with your Budget Analyst to determine a project number and corresponding project abbreviation for the new project.

Project Name

Enter your choice for the name of the project. Note that this field must be 25 characters or less. In addition, it should be written in both upper and lower case. Do not type or write it in all capital letters.

Reactivated Project

Check NO for a new project, or check YES for a project was previously closed and is being reopened. If the project is being reactivated, no further information is required. *Note that it is recommended that the prior information be reviewed to determine if any changes are needed.*

Research/NonResearch

Specify if this project is for research or non-research. **Research** includes monies that are spent to directly benefit a research project. **Non-Research** includes outreach & training programs, detailees, panel reviews, WFO services (Technical Service Agreements), infrastructure upgrades, services not conducted at Ames Laboratory and non-competitive funds. *See your Budget Analyst with any questions relating to the definition of research vs non-research.*

Project Manager No and Name

Enter the employee number and name of the individual who should receive the email with the program's electronic copy of any purchase orders charged to this project number.
This is typically the program assistant.

Project Leader No and Name

Enter the employee number and name of the individual who should receive the Time Certifications for this project and will be responsible for their monthly review. This should be the employee designated by the Program Director or Department Manager as having responsibility for the project. *This is typically the principle investigator*.

Time Collection Lvl2
If an additional level is needed in the Time Certification reports, this field is used to identify employee number and name of the individual who signs the Project Leader's time certification for the time assigned to this project. *This is typically the FWP leader. If a second level is not needed, enter the employee number and name of the Project Leader*. When the Project Leader employee number and Time Collection Lvl2 employee number are the same, the report will use the Program Director or Department Manager from the ORG code to determine who should approve the Project Leaders's Time Certification.

Project Leader2
Enter the employee number and name of the individual who should be listed on the Research Expenditures report submitted to the university. Multiple employees may be associated with the costs reported for this project. If more than one employee is listed, enter the percent of the costs that should be associated to the specific individual. *Be certain the total of the percentages equal 100%.*

FWP Leader
Enter the employee number and name if an FWP Leader is applicable. The Information Systems (IS) Department will use this information to determine the FWP Leaders to be listed on the Ames Laboratory web site. *Currently this is only utilized by the DMSE Program*.

Authorized Signatures for the Chart of Accounts

Project Leader *(required field)*

Enter the name of the employee who is responsible for the project. The name of this person will be listed as the Project Leader in the Chart of Accounts (COA). *This is typically the principle investigator.*

Other(s)
List any additional employees who are being designated signature authority for Purchase Order Requisitions and/or Service Order Work for this project. This information will also be added to the Chart of Accounts. *Signature authority for the Program Director, Department Manager and/or their previously assigned designees need not be repeated here.*

PO Dollar Amount
Enter the amount the specified employee is authorized to approve for Purchase Order Requisitions. This amount should be $5,000 or less. *Note that any subsequent changes to the signature authorizations are handled via a memo to the Accounting, Purchasing, and Budget Offices.*

Service Work Amount > $1,000
Enter the amount the specified employee is authorized to approve for Service Order Work.
All employees are automatically authorized with an amount of $1,000. Use this field to specify if an employee has no signature authority ($0) or an amount over $1,000.

Program Director Approval and Date
Have the Program Director or Department Manager sign and date the form to approve the designation of the signature authority, and the setup of a new project number. *Only the original form with the Program Director's signature will be accepted by the Budget Office.*

NEW PROJECT SET UP

To set up a new project, please provide the following information. Mail or bring to the Budget Office (231 TASF Building) and it will then be sent on to Accounting.

This section to be completed by the Program / Department

Project Number (level 4)	______ - ___ - ___ - ____ (Level 1 (6 digits), Level 2 (3 digits), Level 3 (3 digits), Level 4 (4 digits))		
Project Name: *(25 characters or less)*			
Project Abbreviation:			
Reactivated Project:	☐ Yes ☒ No		
Research Project:	☒ Yes ☐ No		
Project Manager No:		Project Manager Name:	
Project Leader No.		Project Leader Name:	
Time Collect Lvl2:		Time Collect Lvl2 Name:	
FWP Leader No:		FWP Leader Name:	

Project Leader2 No(s):

Employee Number	*Employee Name*	*Percent:*
		%
		%
		%

Authorized Signatures

List the employees with signature authorizations for this project. This information will be updated in the Chart of Accounts and used to verify appropriate signature authority on purchase order requisitions and service order requisitions.

	PO Dollar Amount ≤ $5,000	Service Work Amount *Specify only if this is NOT the default value of $1,000.*
Project Leader (to be displayed on the COA)	$	$
	$	$
	$	$
	$	$

Program Director Approval: ______________________________ Date: ________

For Budget Office and Accounting Office Use Only

Project Classification *(Check one)*	☐ Direct	☐ Indirect		
Project Type *(Check One)*	☐ DOE Operating ☐ WFO- __________	☐ DOE Equipment ☐ Indirect – ___________	☐ PR Burden ☐ *(specify)* ____________	
Export Project:	☐ Travel *(Expense)*	☐ Payroll *(Time)*	☐ Both (*Time and Expense*)	☐ None
Charging Criteria:	☐ Active	☐ Allow Charging		
Account Group: *(PAG)*	☐ DIR (*Direct Funded*) ☐ EQU (*Equipment*)	☐ OFS (*Offsite*) ☐ (*specify*) ___________________	☐ BDN (*Program Burden*)	
DOE Fund:		Owning Org:	1 . _ _ _ . _ _ _	
Customer Number: *(Assigned by Accounting)*		Customer Name:		
Project Manager No:		Project Manager Name:		
Prime Contract No: *(STARS Program No –replaces the B&R code.)*				
Subcontractor No.: *(AL SPP/ Crada No.)*		Purchase Order No: *(MIPR, IPR, IWO, etc.)*		

Deliverables

WO No: *(STARS WFO Number)*		Customer Code: *(ARRA only - Program Task #)*	

Revenue Details

*If this is a new level 1 project for DOE Operating, Equip, GPE or GPP, OR a new level 2 project for SPP, enter the revenue formula **"Cost Plus Fee On Cost"** on the appropriate level (1 or 2) and check the BILLABLE box in the Project Master section.*

For Budget Office and Accounting Office Use Only

User-Defined Info

Budget Analyst Emp#:			
Appropriation No:	89x___________________		
FWP Number:	AL - __ __ - __ __ __ - __ __ __	PPF Number:	PP20__ __ - __ __ __
Research/Nonresearch:	☐ Nonresearch ☒ Research		
ISU Fund/Account No:		Duns Number *(if NonFed SPP only)*	
Project Leader No:		Project Leader Name:	
Time Collect Lvl2 No:		Time Collect Lvl2 Name:	
FWP Leader No:		FWP Leader Name:	
OH Budget User(s) No:		OH Budget Users Name(s):	
Exec Council Empl No:		Exec Council Name:	
Local Use Code:			

Alternate Reporting Code

If this is a new level 3 project, the project will need to be added to the Project Alternate Reporting structure

DOE B&R Code:

Link Project/Orgs

If this is a new level 2 project, the project will need to be added to the Project/Org Validation

Project Wildcard String: _ _ _ _ _ _ . _ _ _ % Org Wildcard _ . _ _ . _ _ _ _ . _ _ . _ _ _ _ . _ _ . _ _ _

Project Wildcard String: _ _ _ _ _ _ . _ _ _ . _ _ _ % Org Wildcard _ . _ _ . _ _ _ _ . _ _ . _ _ _ _ . _ _ . _ _ _

Manage Project Timesheet Defaults

Is this a new level 4 project with an Export Project of PAYROLL or BOTH? ☐ Yes ☐ No

If YES, enter the level 4 project and ORG 1.___._____ in Manage Project TS Defaults. (People – Labor – Timesheet Defaults)

For Budget Office and Accounting Office Use Only *New Contra Project Setup* *Used only for SPP Projects*

Project Master – Manager Project User Flow

Preferred Project Number (level 3)	999998 . _ _ _ _ _ _ . _ _ _ (Level 1 (6 digits), Level 2 (6 digits), Level 3 (3 digits))
Project Name: *(25 characters or less)*	
Owning Org:	Ames Lab 1 . _ _ . _ _ _
Prime Contract No: *(STARS Program No –replaces the B&R code.)*	
Subcontractor No.: *(AL SPP/ Crada No.)*	Purchase Order No: *(MIPR, IPR, IWO, etc.)*

Deliverables

WO No: *(STARS WFO Number)*

Revenue Details

*Enter the revenue formula **"Cost Plus Fee On Cost"** on the level 3 project.*
Check the BILLABLE box in the Project Master section.

Link Project/Orgs

Project Wildcard String: _ _ _ _ _ _ . _ _ _ _ _ _ . _ _ _ Org Wildcard: 1 . _ _ . _ _ _ 1 . _ _ . _ _ _

Budget Analyst's Initials:______________________________

Indirect Project – Add to the ____________ Pool

Budget Officer Approval to setup project in Costpoint______________________________ Date:__________

Budget Officer Approval to allow charging::______________________________ Date:__________

Entered in Costpoint by Budget:______________________________ Date:__________

Allow Charging on in Costpoint______________________________ Date:__________

Accounting Office:______________________________ Date:__________

<u>Overhead Rates</u> *Circle YES for the applicable OHs*

Site	No	Yes-Onsite	Yes-Offsite
Procurement	No	Yes	
Prog Burden	No	Yes	
G&A	No	Yes	
S&S	No	Yes	
LDRD	No	Yes	
FAC	No	Yes	