Large Facility Financial Data Collection Tool

INSTRUCTIONS

Overview: This workbook was designed by the National Science Foundation (NSF) to assist awardees in submitting substantiated program expenditures for construction and O&M costs for its large facility cooperative agreement (CA) and cooperative support agreements (CSAs). This user-friendly workbook is comprised of several worksheets that enable awardees to submit adequate incurred program expenditures in accordance with NSF terms and conditions. Only this NSF-approved tool should be used to submit incurred cost data.

How to Submit: Awardees are instructed to download this tool from NSF.gov, complete all worksheets, and submit this tool annually to NSF or as required by its award terms and conditions. This tool should be downloaded and saved before starting. When completed, this report is to be submitted electronically (e.g., email) to your NSF Grants and Agreements Official. Questions regarding this report should be directed to your NSF Grants and Agreements Official.

WORKSHEET PREPARATION

Overview: Prior to completing the worksheets, retrieve a breakdown of federal funding (budget) for each cooperative support agreement (CSA), and a breakdown of all expenditures claimed for each CSA issued under your cooperative agreement. Suggested sources for this data include your Chart of Accounts, General Ledger, Project Cost Ledger, CSA award budgets, and your NICRA. Please do not change the names of any existing worksheets or delete columns or rows on existing worksheets. In addition, the following guidance is provided for completing each tab of this worksheet:

Setup: Complete this tab first as it will customize this reporting tool for your award. Input your institution and award data as requested. Your award data should agree with the information listed in your cooperative agreement and subsequent CSAs. As data is entered, some data fields will prompt you to input additional data specific to the number of subcontract, subawards, and award-specific indirect data applicable for your awards.

CSA Cost Worksheet: The purpose of this worksheet is to perform a reconciliation of costs from the General Ledger to the Job Cost Ledger for all award CSAs; the Program Charges Worksheet consolidates this data for all CSAs.

CSA Budget Worksheet: The CSA Budget Worksheet captures the reported costs for each of the major cost elements for each CSA (for the reporting period and cumulative to date). These costs are compared to approved budgets for each CSA to indicate the amount remaining for each budget category.

Subcontract & Consultants Worksheet: The Subcontracts and Consultants Schedule provides details of costs for each subcontract identified by the awardee during Setup. ***Information only to be provided for those subcontracts/consultant contracts totaling a minimum of $150,000***. Costs are to be inputted according to NSF budget cost elements (e.g., award budget category).

Subawards Worksheet: The Subawards Schedule provides details of costs for each subaward identified by the awardee during Setup. ***Information only to be provided for those subawards totaling a minimum of $150,000.*** Costs are inputted according to NSF budget cost elements (e.g., award budget category).

Indirect Cost Rate Worksheet: The purpose of the Indirect Rate Worksheet is to capture details associated with the indirect cost rates. The schedule of indirect cost includes the POP start and end dates, the base amount, and rate applied for each identified rate type such as F&A, G&A or other specified.

Program Expenditures Worksheet: The purpose of the Program Expenditures Worksheet is to capture a summary of award expenditures as consolidated from the awardee's General Ledger/Trial Balance. This summary also shows a summary of expenditures as compared to the approved budget for the entire CA.

Certificate of Costs: The Certificate of Costs tab requests awardee to certify that all data is accurate and based upon official records used by the awardee to record all expenditures for its CSAs. The "Validate" button will identify any input errors that need to be corrected before submitting.

REPORT PREPARATION NOTES

1. Macros must be enabled in order for this data collection tool to work properly

2. Throughout this workbook, the cells that are intended for data entry by the awardee are shaded a light yellow. All other cells (blue or gray) are linked/protected based on other cell data

3. Double check all data on all worksheets before submitting to NSF

4. All worksheet tabs are required to be completed unless instructed otherwise by NSF

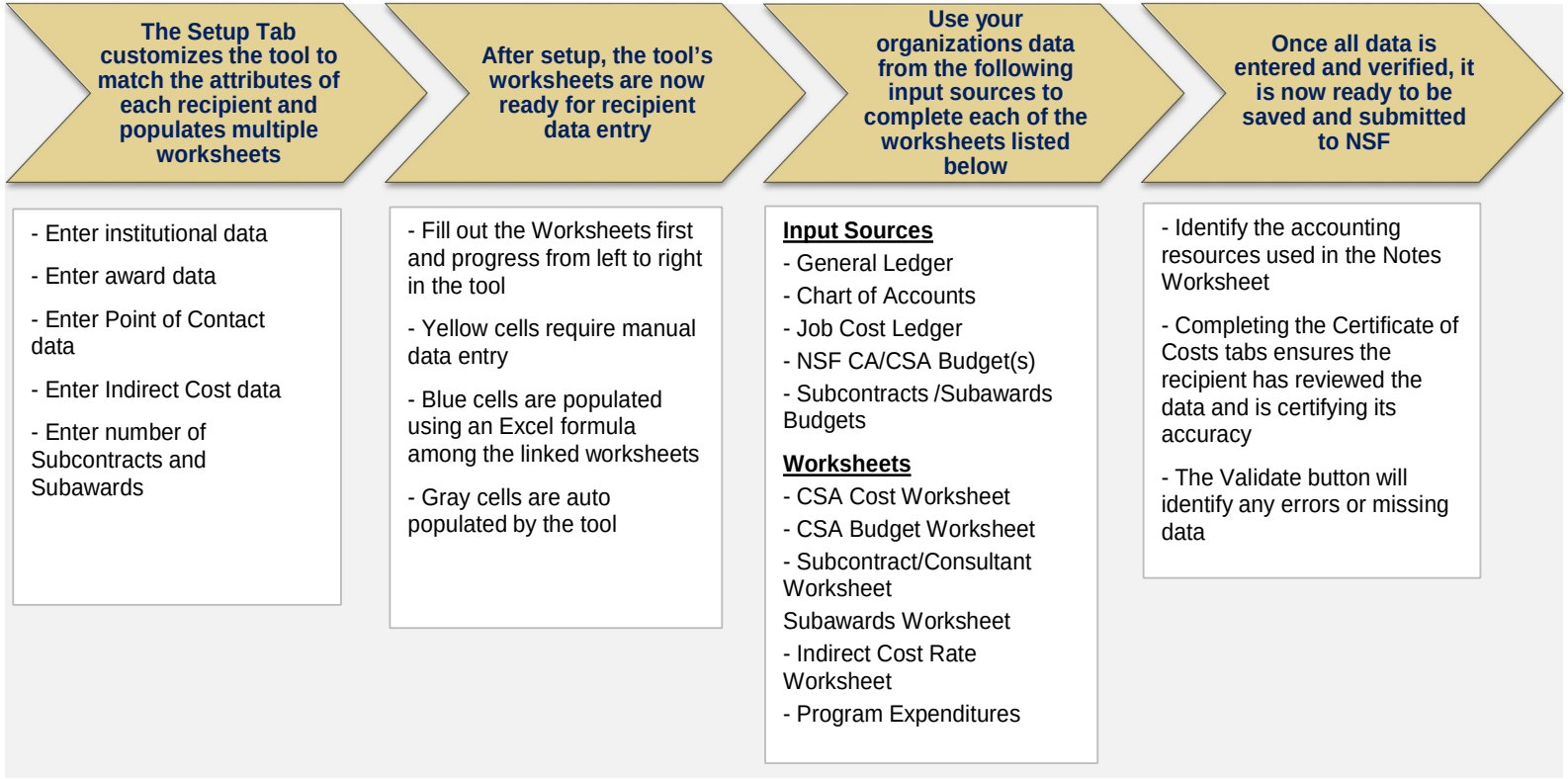
5. Be sure to save your progress as go complete the tool

6. Press the "Validate" button on the "Certificate of Costs" tab in order to finalize the data

Large Facility Financial Data Collection Tool

Flowchart

This process diagram indicates the steps to complete the data collection tool. It identifies the core data sources recipients should utilize to complete the worksheets to accurately capture the data. Progressing through the tool's worksheets from left to right will streamline the data capture and submission process.



Large Facility Financial Data Collection Tool

Report Setup

This Setup information will be used to customize the reporting tool to reflect your award. After completing all information on this tab click the "Run Setup" button at the bottom to complete the customization. **Note: The "Run Setup" button can only be selected once; if you need to correct setup data after the "Run Setup" button is clicked, you will need to open a new file of this tool and begin again.**

INSTITUTION DATA

Recipient Name:	
City:	
State:	
Zip Code:	
Country:	
Website:	

AWARD DATA

CA Award Number:	Enter CA number as listed on your CA award letter
Project Title:	Enter the project title as listed on your CA
Name of Facility:	
CFDA Number:	Enter number listed on the CA/CSA award letter
Recipient Fiscal Year Start:	
Recipient Fiscal Year End:	
CA Period of Performance Start:	
CA Period of Performance End:	
Reporting Period Start:	
Reporting Period End:	
Total Award Amount:	Enter amount of all CA/CSA awards
Funded to Date Amount:	
No. of CSAs:	1

POC DATA

First Name:	
Last Name:	
Title:	
Phone No.:	
Email:	

INDIRECT CHARGE DATA

F&A	☐	
G&A	☐	
Other	☐	

If Other, list name below:	
Name 1:	
Name 2:	
Name 3:	
Name 4:	
Name 5:	
Name 6:	

CSA	# of Subcontracts	# of Subawards
CSA 1	0	0

Large Facility Financial Data Collection Tool

Yellow Cells:	Manual fill by user
Blue Cells:	Linked from other report tabs
Gray Cells:	Auto-calculated

Recipient Name (pull from set up)

Name of Facility (pull from set up)

Report Period Start:	
Report Period End:	

Cooperative Support Agreement (CSA) Cost Schedule

Select CSA Type

Enter CSA #

Claimed Direct Costs by Budget Category	Reconciliation of Claimed Expenditures to Job Cost Ledger: General Ledger	Job Cost Ledger	Adjustment	Current Claimed	Comment
Senior Personnel	$ -	$ -	$ -	$ -	
Other Personnel	$ -	$ -	$ -	$ -	
Total Salaries and Wages	$ -	$ -	$ -	$ -	
Fringe Benefits	$ -	$ -	$ -	$ -	
Total Salaries/Wages/Benefits	$ -	$ -	$ -	$ -	
Equipment	$ -	$ -	$ -	$ -	
Travel	$ -	$ -	$ -	$ -	
Participant Support	$ -	$ -	$ -	$ -	
Other Direct Costs: Materials and Supplies	$ -	$ -	$ -	$ -	
Other Direct Costs: Publication/Documentation/Dissemination	$ -	$ -	$ -	$ -	
Other Direct Costs: Consultant Services	$ -	$ -	$ -	$ -	
Other Direct Costs: Computer Services	$ -	$ -	$ -	$ -	
Other Direct Costs: Subawards	$ -	$ -	$ -	$ -	
Other Direct Costs: Other	$ -	$ -	$ -	$ -	
Total Other Direct Costs	$ -	$ -	$ -	$ -	
Total Direct Costs	$ -	$ -	$ -	$ -	
Indirect Costs: F&A	$ -	$ -	$ -	$ -	
Indirect Costs: G&A	$ -	$ -	$ -	$ -	
Indirect Costs: Name	$ -	$ -	$ -	$ -	
Total Indirect Costs:	$ -	$ -	$ -	$ -	
Total Direct and Indirect Costs:	$ -	$ -	$ -	$ -	

Recipient Preparation Notes

Please enter any notes or comments regarding your calculations or the data submitted for this worksheet.

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Recipient Name (pull from set up)

Name of Facility (pull from set up)

Report Period Start:	
Report Period End:	

Cooperative Support Agreement (CSA) Budget Worksheet

Select CSA Type / *CSA Number*	Summary of CSA Expenditures: Approved Budget	Current Expenditures	Total Expenditures (to Date)	Amount Remaining
Senior Personnel	$ -	$ -	$ -	$ -
Other Personnel	$ -	$ -	$ -	$ -
Total Salaries and Wages	$ -	$ -	$ -	$ -
Fringe Benefits	$ -	$ -	$ -	$ -
Total Salaries/Wages/Benefits	$ -	$ -	$ -	$ -
Equipment	$ -	$ -	$ -	$ -
Travel	$ -	$ -	$ -	$ -
Participant Support	$ -	$ -	$ -	$ -
Other Direct Costs: Materials and Supplies	$ -	$ -	$ -	$ -
Other Direct Costs: Publication/Documentation/Dissemination	$ -	$ -	$ -	$ -
Other Direct Costs: Consultant Services	$ -	$ -	$ -	$ -
Other Direct Costs: Computer Services	$ -	$ -	$ -	$ -
Other Direct Costs: Subawards	$ -	$ -	$ -	$ -
Other Direct Costs: Other	$ -	$ -	$ -	$ -
Total Other Direct Costs	$ -	$ -	$ -	$ -
Total Direct Costs	$ -	$ -	$ -	$ -
Indirect Costs	$ -	$ -	$ -	$ -
Total Direct and Indirect Costs	$ -	$ -	$ -	$ -
CSA Period of Performance Start:	*Date*			
CSA Period of Performance End:	*Date*			
Budget Start Date:	*Date*			
Purpose of CSA:	*Text*			

Recipient Preparation Notes

Please enter any notes or comments regarding your calculations or data submitted for this worksheet.

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Report Period Start:	
Report Period End:	

Recipient Name (pull from set up)

Name of Facility (pull from set up)

Subcontracts & Consultants Worksheet

Subcontract Number	Costs by Subcontract/Consultants - Proposed							Costs by Subcontract/Consultants - Actual (Current Report Period)						
	Salary & Wages	Fringe / Benefits	Equipment	Travel	ODCs	Indirect Costs	TOTAL	Salary & Wages	Fringe / Benefits	Equipment	Travel	ODCs	Indirect Costs	TOTAL
Subcontract #1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Costs:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Notes:														

Subcontract Information

	Subcontract #1
Subcontract #:	
Subcontractor Name:	
City:	
State:	
Zip Code:	
Country:	
Subcontract Amount:	$0.00
Cumulative Expenditures to Date:	$0.00
Signed Date of Contract:	
Contract Type:	
Period of Performance Start:	
Period of Performance End:	
Brief Statement of Work:	

Recipient Preparation Notes

Please enter any notes or comments regarding your calculations or data submitted for this worksheet.

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Report Period Start:	
Report Period End:	

Recipient Name (pull from set up)

Name of Facility (pull from set up)

Subawards Worksheet

Subaward Number	Costs by Subaward - Proposed: Salary & Wages	Fringe	Equipment	Travel	ODCs	Indirect Costs	TOTAL	Costs by Subaward - Actual (Current Report Period): Salary & Wages	Fringe	Equipment	Travel	ODCs	Indirect Costs	TOTAL
Subaward #1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Costs:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Notes:														

Subaward Information

	Subaward #1
Subaward #:	
Subrecipient Name:	
City:	
State:	
Zip Code:	
Country:	
Subaward Amount:	$0.00
Cumulative Expenditures to Date:	$0.00
Date of Award:	
Period of Performance Start:	
Period of Performance End:	
Brief Statement of Work:	

Recipient Preparation Notes

Please enter any notes or comments regarding your calculations or data submitted for this worksheet.	

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Recipient Name (pull from set up)

Name of Facility (pull from set up)

Report Period Start:	
Report Period End:	

Indirect Cost Rate Worksheet

		Schedule of Indirect Costs						
	Description	**Period of Performance Start**	**Period of Performance End**	**Allocation Base**	**$$ Amount Base**	**Rate Applied**	**Total Expended**	**Comments**
	F&A				$ -		$ -	*Text*
	G&A				$ -		$ -	*Text*
	ID Other				$ -		$ -	*Text*

Recipient Preparation Notes

Please enter any notes or comments regarding your calculations or data submitted for this worksheet.

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Recipient Name (pull from set up)

Name of Facility (pull from set up)

Report Period Start:	
Report Period End:	

Program Expenditures Worksheet

Reconciliation of Books of Account for all CSAs

Current Expenditures
by Major Cost Element

	General Ledger	Adjustments	Current Claimed	Comments
Senior Personnel	$ -	$ -	$ -	*Text*
Other Personnel	$ -	$ -	$ -	*Text*
Total Salaries and Wages	**$ -**	**$ -**	**$ -**	*Text*
Fringe Benefits	$ -	$ -	$ -	*Text*
Total Salaries/Wages/Benefits	**$ -**	**$ -**	**$ -**	*Text*
Equipment	$ -	$ -	$ -	*Text*
Travel	$ -	$ -	$ -	*Text*
Participant Support	$ -	$ -	$ -	*Text*
Other Direct Costs: Materials and Supplies	$ -	$ -	$ -	*Text*
Other Direct Costs: Publication/Documentation/Dissemination	$ -	$ -	$ -	*Text*
Other Direct Costs: Consultant Services	$ -	$ -	$ -	*Text*
Other Direct Costs: Computer Services	$ -	$ -	$ -	*Text*
Other Direct Costs: Subawards	$ -	$ -	$ -	*Text*
Other Direct Costs: Other	$ -	$ -	$ -	*Text*
Total Other Direct Costs	**$ -**	**$ -**	**$ -**	*Text*
Total Direct Costs	**$ -**	**$ -**	**$ -**	*Text*
Indirect Costs: F&A	$ -	$ -	$ -	*Text*
Indirect Costs: G&A	$ -	$ -	$ -	*Text*
Indirect Costs: Name	$ -	$ -	$ -	*Text*
Total Indirect Costs:	**$ -**	**$ -**	**$ -**	*Text*
Total Direct and Indirect Costs:	**$ -**	**$ -**	**$ -**	*Text*

Summary of Total Costs for all CSAs

Program Budget Summary

	Approved Budget	Current Expenditures	Total Expenditures to Date	Amount Remaining
Senior Personnel	$ -	$ -	$ -	$ -
Other Personnel	$ -	$ -	$ -	$ -
Total Salaries and Wages	**$ -**	**$ -**	**$ -**	**$ -**
Fringe Benefits	$ -	$ -	$ -	$ -
Total Salaries/Wages/Benefits	**$ -**	**$ -**	**$ -**	**$ -**
Equipment	$ -	$ -	$ -	$ -
Travel	$ -	$ -	$ -	$ -
Participant Support	$ -	$ -	$ -	$ -
Other Direct Costs: Materials and Supplies	$ -	$ -	$ -	$ -
Other Direct Costs: Publication/Documentation/Dissemination	$ -	$ -	$ -	$ -
Other Direct Costs: Consultant Services	$ -	$ -	$ -	$ -
Other Direct Costs: Computer Services	$ -	$ -	$ -	$ -
Other Direct Costs: Subawards	$ -	$ -	$ -	$ -
Other Direct Costs: Other	$ -	$ -	$ -	$ -
Total Other Direct Costs	**$ -**	**$ -**	**$ -**	**$ -**
Total Direct Costs	**$ -**	**$ -**	**$ -**	**$ -**
Indirect Costs	$ -	$ -	$ -	$ -
Total Direct and Indirect Costs	**$ -**	**$ -**	**$ -**	**$ -**

Recipient Preparation Notes

Please enter any notes or comments regarding your calculations or data submitted for this worksheet.

Large Facility Financial Data Collection Tool

Accounting Notes Worksheet

The information in this section will be used to identify the awardee's accounting resources utilized to consolidate program expenditures in this collection tool. Please select "Y" or "N" in the column below to identify which accounting documents where referenced as supporting documentation in your submission. If you select "N," please explain your response in further detail and/or submit additional documentation, as necessary, with this tool. Use the "Comment" field to supply NSF with additional information regarding the source or computation of data submitted.

#	Checklist Item	Y/N	Comments/Notes
1	General Ledger		
2	Job Cost Ledger		
3	Chart of Accounts		
4	CA/CSA Budgets *(most recently approved)*		
5	Negotiated Indirect Cost Rate Agreement (NICRA) *(most current)*		

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Recipient Name (pull from set up)

Name of Facility (pull from set up)

CERTIFICATE OF COSTS

Overview: Please complete this tab to certify that the information included in these worksheets are based on your current accounting records and ledgers.	
Awardee Name:	*Linked from "Setup"*
Current Charges:	
AOR Name:	
AOR Title:	
Name of Certifying Official:	
Title of Certifying Official:	
Date:	
☐	By checking this box, the certifying official named above attests and certifies that all information contained in these worksheets are accurate and applicable to the cooperative agreement and cooperative support agreements identified for this reporting period. The data does not include any expenditures that are expressly unallowable according to Office of Budget and Management's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).