University of Pennsylvania School of Medicine
Perelman School of Medicine
Office of Research Support Services (ORSS)

Intergovernmental Personnel Act Agreement Process

Date Effective: August 1, 2022
Date Revised: March 1, 2023

I. PURPOSE

To provide guidance on how to process Intergovernmental Personnel Act Agreements (IPA) within the PennERA System.

II. POLICY STATEMENT

2101-Administration of Sponsored Projects
Further policy references for Sponsored Research Services Projects Section 2100
https://researchservices.upenn.edu/resources/sponsored-projects-policies/

III. REASON FOR PROCEDURE

To ensure that ORSS and Departments are consistent in our decision making when the Perelman School of Medicine (PSOM) processes various types of IPA proposals in the Office of Research Support Services (ORSS).

IV. WHO SHOULD KNOW THIS PROCEDURE

Faculty
Business Administrators
Departmental Grant Administrators
Office of Research Support Services (ORSS)
Office of Research Services (ORS)
Department of Veterans Affairs (VA)

V. GENERAL INSTRUCTIONS

An IPA is an agreement between a Federal entity and a Non-Federal entity. The documents for the IPA are submitted by the Department and processed through the Central Office (ORSS) when the sponsor requests a new signature page from our Institution.

Standard Rules for an IPA:

- Assignments are for Permanent Penn employees who are currently employed at least ninety (90) days at the institution.

- For Non-US Citizens, per the staff at the Veteran Affairs (VA), in addition to the standard WOC paperwork the VA HR will need VISA information, in accordance to the OPM guidance around IPAs https://www.opm.gov/policy-data-oversight/hiring-information/intergovernment-personnel-act/#url=Provisions, verification that the person is currently a permanent Penn Employee for at least ninety (90) days, a copy of a job posting at Penn for which "No US Citizens applied or were qualified, and a letter from the department stating that the person hired was hired by Penn and that there were not any US Citizens qualified or had applied for this position.

- Assignments for the IPA can be made for up to two years initially.

- Assignments can be extended for up to an additional two years, but the VA's policy is that at the 3-year mark, an employee will have to take a 60-day break from all active IPA's.

- After four continuous years on the IPA, an employee cannot continue another assignment without a break of at least 12 months.

- Normally, the budget includes salary and fringe for the hired staff assigned on the IPA and no overhead is charged.

- Administrative Support Staff, Clinical Staff, and students should not be listed on an IPA.

It is important to note that when the 60-day break is completed, the four years segment starts over again for all IPA's.

Please Remember:

- The completed IPA documents should match as it relates to the staff members name on the IPA according to the performance dates and total budget amount.
- The PennERA record is always in the PI/Faculty Member's name.

- IPA budgets consists of personnel salary and fringe benefits costs only. If other charges are budgeted, such as supplies, then the Department would be required to submit an invoice to Ms. Sheila Jackson-Miller at the VA, for those separate costs.

  Please follow the instructions provided within the attached appendix, on how to vendorize your Department within the VA's system, so that a Purchase Order (PO) is generated for invoicing.

- The original date of hire for the employee within the VA must be inserted for all IPAs within Part 4, section 14.

- The budget in PennERA should be for the initial budget period listed on the IPA in Part 5, box 20.

Types of IPA's and their processes when entered in the PennERA:

- NEW
- SUPPLEMENTS
- NON-COMPETES
- REVISED BUDGETS
- MODIFICATION/AMENDEMNTS
- EARLY TERMINATION
- AWARD

- **NEW:**
  - A ***New PD Record*** is needed within PennERA.
  - Please include within the title who the IPA is for since the Principal Investigator name listed in PennERA may be different. For example:

    "Title: IPA is for Jane Doe: Decreases in Neuron Activity Increases Pain"
  - The **ORSS Pre-Award** team will review and sign the IPA.
  - IPA Type (Found within PART 1 of the IPA):
    - ***NEW***

- **SUPPLEMENTS:**
  - A ***Supplement*** entry is used for when a ***New Person*** or ***New Money*** is being added to an ***Existing Project***.
  - A Child Record is needed within PennERA.
  - The ***ORSS Pre-Award*** *team* will review and sign the IPA.
  - IPA Type (Found within PART 1 of the IPA):
    - ***MODIFICATION***

- **NON-COMPETES:**

  - Extending an ***Existing Person*** with an ***Existing IPA*** should be treated as a ***Non-Compete Continuation***.
  - After the ***60-day break,*** the entry for the next segment should be entered as a ***Non-Compete Continuation*** ***even though the IPA paperwork has the "New" box selected.*** The Department is asked to make a comment in PennERA explaining it is the "New Segment" after the 60-day break, which ultimately is a continuation of the previous record "100xxxxx."
    - A Child Record is needed within PennERA
    - The ***ORSS Post Award*** team will sign off on the IPA.
    - IPA Type (Found within PART 1 of the IPA):
      - ***EXTENSION***

- **REVISED BUDGETS:**

  .

  - ***Revised Budget*** should only be used for budget changes when a **"New"** proposal is not awarded yet and a fund number **was not** established.
  - The changes from the original proposal should be entered into PennERA by following our ***ORSS Revised Budget SOP.***
  - The ***ORSS Pre-Award* team** will complete the Revised Budget Process and sign off on the updated IPA.
  - IPA Type (Found within PART 1 of the IPA):
    - ***MODIFICATION***

- **MODIFICATIONS/AMENDEMNTS:**
  - The project is already awarded, and a fund number has been established.
  - The Modifications/Amendments are entered into PennERA.
  - If the modification is to change the budget dollars or dates on the IPA, then the budget revision option is chosen in PennERA. The changes from the original proposal should be entered into PennERA by following our **ORSS Revised Budget SOP.**
  - The ***ORSS Pre-Award team*** would review in PD and sign the IPA.
  - IPA Type (Found within PART 1 of the IPA):
    - ***MODIFICATION***

- **EARLY TERMINATION:**
  - This is for a project already awarded and a fund number has been established.
  - You may see the **"Modification"** box checked on the actual IPA paperwork from the VA.

  - If signature is needed, send an email to your assigned ORSS Post Award Team member.
  - Forward fully executed agreement to RS-Awards@lists.upenn.edu.
  - IPA Type (Found within PART 1 of the IPA):
    - ***MODIFICATION***

- **AWARD**
  - The Department is responsible for sending the fully executed award to rs-award@lists.upenn.edu.

Please submit your invoice electronically through Tungsten's Invoicing System per the US Federal Mandate as of 2012. **FSC will not accept invoices that are received by email, fax, or regular mail.**

Please follow this link to enroll to submit "**commercial invoices"** electronically:
Invoices should be electronically submitted at the Tungsten website
https://authentication.tungsten-network.com/login (existing customer)
https://registration.tungsten-network.com/start (must use google chrome) New account registration

VA uses a third party invoicing provider named Tungsten Network formally known as OB10 to provide us with electronic invoices. Please register with Tungsten/OB10 so you can submit your invoice electronically to us for processing as it is a federal mandate. Please provide to Tungsten, the VA's Tungsten's Buyer Number which is **AAA544240062**.

The VA-FSC pays all associated transaction fees for VA orders. During Implementation (technical set-up) Tungsten will confirm your Tax Payer ID Number with the VA-FSC. This process can take up to 5 business days to complete to ensure your invoice is automatically routed to your Certifying Official for approval and payment. In order to successfully submit an invoice to VA-FSC please review "How to Create an Invoice" within the how to guides. All invoices submitted through Tungsten to the VA-FSC should mirror your current submission of Invoice, with the following items required. Clarification of additional requirements should be confirmed with your Certifying Official (your CO or buyer). The VA-FSC requires specific information in compliance with the Prompt Pay Act and Business Requirements.

1. Your firm's Tax Payer ID Number (TIN)
2. Your firm's "Remit Address" information
3. The VA Purchase Order (PO) number
4. Your firm's contact information: (Personal Name, Email, and Phone)
5. Your VA point of contact information: (Personal Name, Email, and Phone)
6. The Period of Performance dates (Beginning and Ending)
7. All discount information if applicable (Percent and Date Terms)

Tungsten's Customer/Tech Support phone number 877-489-6136 (ATL)

CONTRACTOR INSTRUCTIONS FOR VHA CONTRACTS ONLY

THIS INCLUDES ALL STATIONS (*EXCEPT 119***)**

TUNGSTEN NETWORK ELECTRONIC INVOICE SUBMISSION

FSC e-INVOICE PROGRAM THRU AUSTIN PORTAL

FSC MANDATORY ELECTRONIC INVOICE SUBMISSION FOR AUSTIN PAYMENTS

Vendor Electronic Invoice Submission Methods:

Fax, email and scanned documents are not acceptable forms of submission for payment requests. Electronic form means an automated system transmitting information electronically according to the accepted data transmissions below.

- VA's Electronic invoice presentment and payment system-The FSC uses a third party contractor, Tungsten Network (formally OB10), to transition vendors from paper to electronic invoice submission. Please see Tungsten contact information below to begin submitting electronic invoices, free of charge.

- A system that conforms to the X12 electronic data interchange (EDI) formats established by the Accredited Standards Center (ASC) chartered by the American National Standards Institute (ANSI).

- The X12 EDI Web site (http://www.x12.org).

Vendor e-invoice Set-up information:

Please contact Tungsten at the phone number or email address listed below to begin submitting your electronic invoices to the VA Financial Services Center in Austin, TX for payment processing. If you have questions about the e-invoicing program or Tungsten Network, please contact the FSC at the phone number or email address listed below.

- Tungsten Network e-Invoice setup information: 1-877-489-6135

- Tungsten Network e-Invoice email: VA.Registration@ob10.com

- FSC e-Invoice contact information: 1-877-353-9791

- FSC e-Invoice email: vafsccshd@va.gov

- http://www.fsc.va.gov/einvoice.asp

COMMUNICATIONS:

- https://www.federalregister.gov/articles/2012/11/27/2012-28612/va-acquisition-regulation-electronic-submission-of-payment-requests

- http://fcw.com/articles/2012/11/27/va-epayments.aspx?s=fcwdaily

End of Document

OMB Approved No. 2900-0846
Respondent Burden: 15 Minutes
Expiration Date: 01-31-2024

VA U.S. Department of Veterans Affairs

VA-FSC VENDOR FILE REQUEST FORM

☐ NEW | ☐ UPDATE | DATE *(MM-DD-YYYY)*

VA FACILITY INFORMATION

STATION NUMBER ☐ NCA ☐ VHA ☐ VBA

STATION CONTACT

STATION PHONE NUMBER | STATION FAX NUMBER

STATION EMAIL ADDRESS

PAYEE/VENDOR TYPE *(Select one)*

☐ C - COMMERCIAL/ALAC
☐ F - FEDERAL AGENCY
FACTS ID
☐ E - EMPLOYEE
☐ O - FOREIGN
☐ I - INDIVIDUAL/HONORARIUM
☐ A - AGENT CASHIER
☐ V - VETERAN
☐ U - UTILITY
☐ CAREGIVER
☐ MEDICAL PROVIDER

MISCELLANEOUS ACTIONS *(Select one)*

☐ WINRS
☐ ASSIGNMENT OF CLAIMS *(All applicable documents)*
☐ BILL OF COLLECTIONS
☐ SETTLEMENT/TORTS
☐ LGY ACCOUNT #

FOR QUESTIONS REGARDING THIS FORM:
NVF CONTACT INFORMATION:

VA-FSC CUSTOMER ENGAGEMENT:

PHONE: 512-460-5380
EMAIL: VAFSCCSHD@VA.GOV

FOR ALL OTHER INQUIRIES:

CUSTOMER CARE CENTER: 1-877-353-9791
STATION CARE CENTER: 1-866-372-1141

SUBMIT ALL DOCUMENTATION VIA:
SECURE FAX: 512-460-5221

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

PAYEE/VENDOR INFORMATION

☐ COMMERCIAL VENDOR REGISTERED IN SAM.GOV *(Required IAW FAR 4.1102)*

UNIQUE ENTITY IDENTIFIER (UEI)

EFT IDENTIFER

SSN/TIN

NPI

☐ SMALL BUSINESS - PAYEE/VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION

PAYEE/VENDOR NAME

DBA

AUTHORIZED REPRESENTATIVE NAME

EMAIL ADDRESS

PHONE NUMBER

CURRENT ADDRESSS *(Include Street, City, State and Zip Code)*

PREVIOUS ADDRESSS *(Include Street, City, State and Zip Code)*

EFT/ACH ***(Required IAW 31 CFR Part 208)***

BANK NAME

BANK ADDRESSS *(Include City, State and Zip Code)*

NINE-DIGIT BANK ROUTING NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE
☐ CHECKING ☐ SAVINGS

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT INVOICES

Instructions for FMS Vendor File Request Form

1. **NEW box option** - Check box if you are a new vendor not in the FMS system.
2. **UPDATE box option** - Check box if you are an existing vendor in the FMS system.

VA Facility Information

3. **Station #** - This portion pertains to the VA Station submitting this form, provide your station 3 digit station number. **FOR STATION USE ONLY**
4. **Station Contact Name** - VA Station employee. **FOR STATION USE ONLY**
5. **Station Phone** - VA Station employee direct number. **FOR STATION USE ONLY**
6. **Station Fax Number** - VA Station fax number. **FOR STATION USE ONLY**
7. **Station Email** - VA Station employee work email address. **FOR STATION USE ONLY**
8. **Payee/Vendor Type** - Check the appropriate Payee/Vendor Type box. **REQUIRED**
9. **Miscellaneous Actions** - Check the appropriate Payee/Vendor Type box, some additional documentation required. **OPTIONAL**
   - LGY Vendors - **USE ONLY IF LGY.** Include the 6 digit account number.
   - Assignment of Claims - **USE ONLY IF CONTRACTING OFFICER.** Include Notice of Assignment & Instrument of Assignment.
   - Federal Vendors - **USE ONLY IF FEDERAL AGENCY.** Include the 2 digit Facts.
   - Foreign Vendors- **USE ONLY FOR FOREIGN COUNTRY.** Include W8Ben with foreign identification number.

Payee/Vendor Information

9. **Commercial Vendor Registered in SAM.gov** - If you are registered in System of Awards Management (SAM) with UEI Identifier check this box.
10. **UEI #** - Unique Entity Identifier is (12) character, alphanumeric data element assigned by SAM.gov. **IF REGISTERED IN SYSTEM OF AWARDS MANAGEMENT - REQUIRED**
11. **EFT INDICATOR** - Electronic Funds Transfer Indicator used to identify additional bank accounts associated with a single SAM.gov registration. **OPTIONAL**
12. **SSN/TIN** - The Social Security Number (SSN) is the nine-digit number. The Tax Identification Number (TIN) is the nine-digit number which is either an Employer Identification Number (EIN); complete this section with SSN, TIN, EIN or ITIN. **REQUIRED**
13. **NPI** - A standard 10 digit unique identifiers for medical providers only, complete this section if applicable. **MEDICAL PROVIDERS ONLY - REQUIRED**
14. **Small Business** - Check box if applicable. **OPTIONAL**
15. **Vendor Name** - Provide legal name as it is on file with the IRS. **REQUIRED**
16. **DBA** - Doing Business As name complete if applicable. **OPTIONAL**
17. **Authorized Representative Name** - Name of Person authorized to make changes on the payee/vendor's behalf. **REQUIRED**
18. **Email** - Authorized Representative email address. **REQUIRED (Caregivers/Veterans exempted if no email address.)**
19. **Phone** - Authorized Representative phone number. **REQUIRED**
20. **Current Address** - Provide your most current address, city, state & zip code. **REQUIRED**
21. **Previous Address** - Provide previous address, city, state and zip code. **REQUIRED FOR ADDRESS CHANGES**

EFT/ACH (REQUIRED IAW 31CFR Part 208)

22. **US. Bank Name** - provide financial institution name city, state & zip code. **REQUIRED**
23. **US. Nine-Digit Bank Routing Number** - Provide 9 digit routing number from check (DO NOT use Deposit slip routing number). **REQUIRED**
24. **US. Account #** - Provide bank account number maximum 17 digits. **REQUIRED**
25. **Account Type** - Check appropriate box that is associated with account number provide above. **REQUIRED**
26. **Name & Title of Authorized Representative** - Printed Name. **REQUIRED**
27. **Signature of Authorized Representative** - **HANDWRITTEN SIGNATURE REQUIRED**

Please fax the completed form to 512-460-5221 for processing.

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RESPONDENT BURDEN:
The Nationwide Vendor File Division needs this information to establish, modify/change your VA Vendor Record. 31 U.S.C. 3322 and 31 CFR 210, allow us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain.