Research Funding Services Brown Bag

December 8, 2014
11:45 am – 12:45 pm
Amphitheater I (S2-102)

Agenda

University of Massachusetts Medical School

- Uniform Guidance Update
- UMMS Receiving NIH Awards with Budget Cuts
- NIH/AHRQ New Biographical Sketch Format
- NIH Modification to Guidance on Marking Changes in Resubmission Applications
- Updates/Enhancements to eRA Commons
  - Inclusion Management System (IMS)
  - New Closeout Procedures and Policies
  - Commons ID for Students
  - RPPR Required for all non-SNAP Progress Reports
  - Individual Development Plans (IDPs) Needed in Annual Progress Reports
- Cayuse
  - Updating Commons ID in Professional Profile
  - Correcting Congressional District Information
- Research Administration Training Program Upcoming Courses
- Proposal & Progress Report Statistics

Uniform Guidance Update

- Awaiting agencies implementation of the OMB Uniform Guidance that consolidates previously applicable circulars (A-21, A-110, A-133)
- Implementation date is 12/26/2014
- For proposals that UMMS is currently submitting:
  - UMMS will continue to honor pass-through entities F&A rates negotiated by the subrecipient with the federal government, or
  - Allow the subrecipient to use a 10% Modified Total Direct Cost (MTDC) F&A rate in the absence of a federally negotiated rate for the subrecipient

UMMS Receiving NIH Awards with Budget Cuts

We have received Notices of Award with funding below the committed level due to the Continuing Resolution (see example below).

Budget reductions have generally been in the 10% range.

SECTION IV – NS Special Terms and Conditions – 5R01NS053538-10

NIH is currently operating under a Continuing Resolution; therefore, this non-competing award has been made at a level below that committed for FY2015 in the previous Notice of Award. If the final appropriation permits, adjustments may be made up to the FY2015 funding plan level.

NOT-OD-15-032: New Biosketch Format Required for Submissions on or after 5/25/15

- This Notice supersedes NOT-OD-15-024 and provides some latitude in the transition for those already compiling biosketches for their large grant applications with deadlines in early in 2015.

- Applicants are encouraged to use the newly published biosketch for all grant and cooperative agreement applications submitted for due dates on or after 1/25/15, and will require use of the new format for applications submitted for due dates on or after 5/25/15.

- Applicants may submit using the new biosketch format for due dates before 1/25/15 if they wish.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-032.html

---

New Biographical Sketch Format

- The new format extends the page limit for the biosketch from 4 to 5 pages, and allows researchers to describe up to 5 of their most significant contributions to science, along with the historical background that framed their research.

- Investigators can outline the central findings of prior work and the influence of those findings on the investigator's field. Investigators involved in Team Science are provided the opportunity to describe their specific role(s) in the work.

- Each description can be accompanied by a listing of up to 4 relevant peer-reviewed publications or other non-publication research products, including audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware that are relevant to the described contribution.

- In addition to the descriptions of specific contributions and documentation, researchers will be allowed to include a link to a full list of their published work as found in a publicly available digital database such as MyBibliography or SciENcv.

- New forms are available at: http://grants.nih.gov/grants/funding/424/index.htm#format and are included in your handout.

NIH Modification to Guidance on Marking Changes in Resubmission Applications

University of Massachusetts Medical School

- NIH has removed the requirement to identify 'substantial scientific changes' in the text of a Resubmission application by 'bracketing, indenting, or change of typography'.

- Effective immediately, it is sufficient to outline the changes made to the Resubmission application in the Introduction attachment.

- The Introduction must include a summary of substantial additions, deletions, and changes to the application. It must also include a response to weaknesses raised in the Summary Statement.

- The page limit for the Introduction may not exceed one page unless indicated otherwise in the Table of Page Limits.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-030.html

Updates/Enhancements in eRA Commons

University of Massachusetts Medical School

- NIH has added several new features to eRA Commons:
  - Inclusion Management System (IMS)
  - New Closeout Procedures and Policies
  - Commons ID for Students
  - RPPR Required for all non-SNAP Progress Reports
  - Individual Development Plans (IDPs) Needed in Annual Progress Reports

eRA Commons: Inclusions Management System (IMS)

University of Massachusetts Medical School

- eRA Commons has a new system to report inclusion of women and minorities in clinical research and for NIH staff to monitor inclusion data.

- Grantees will provide inclusion enrollment data with competing submissions and will be able to access the new Inclusion Management System (IMS) through eRA Commons to create new inclusion records or view/edit/update existing inclusion data records.

- Inclusion data submitted through competing applications, eRA Commons, or the RPPR (Research Performance Progress Report) will automatically populate IMS.

- See the Inclusion Management System (IMS) Online Help, the IMS Guide or click on the question mark on the IMS screens for more information.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-005.html

---

eRA Commons: New Closeout Procedures and Policies

University of Massachusetts Medical School

- HHS guidance on closeout of grant awards has prompted changes to improve communications, efficiency and policy compliance throughout the closeout process.

- Grantees will have the ability to identify grants that will be closing soon. A new 'quick query' on the home screen will allow grantees to view grants approaching the project end date. This feature will not require Commons login.

- The ability for grantees to submit any additional information sought by NIH through a feature called "Final Report Additional Material" (FRAM). Mirroring the functionality of Progress Report Additional Materials (PRAM) requests, grantees can upload FRAM data multiple times for multiple FRAM requests, but one upload per request.

- Expanded notification to grantees throughout the closeout process.

eRA Commons:
Commons IDs for Students

- Graduate and undergraduate students working on grants need to have Commons IDs as of October 1, 2014 if they are to be included in progress reports.

- The RPPR will receive an error and will not be accepted without this information (See NOT-OD-13-097).

- Individuals with Undergraduate, Graduate Student and Postdoctoral roles must complete the following fields in the Personal Profile: Birthdate, Gender, Race/Ethnicity, US Citizenship Status Country of Citizenship or indicate that they do not wish to respond.

- Individuals with a Graduate Student Role must enter at least one degree and those with a Postdoctoral role must enter a doctoral degree.

- The Individual's Commons profile must also include the name of the institution issuing the degree.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-13-097.html

---

NOT-OD-14-129: eRA Commons Username Required for Sponsor in Individual Fellowship Grant Applications to NIH & AHRQ

- NIH & AHRQ now require a valid eRA Commons Username to be included for the primary Sponsor designated on competing Individual Fellowship grant applications.

- Including the eRA Commons IDs for personnel designated as Co-sponsors remains optional.
  - Applies to students with one person month of effort or more

- Lack of sponsor's ID can prevent successful application submission.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-129.html

University of
Massachusetts
UMASS. Medical School

- Use of the Research Performance Progress Report (RPPR) is required for all type 5 non-SNAP progress reports submitted on or after October 17, 2014
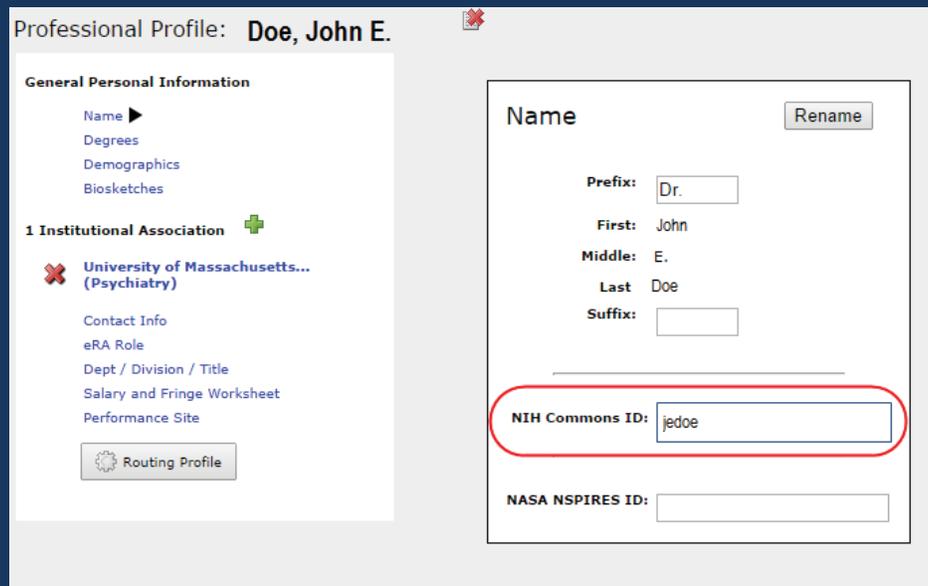
  http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-092.html

University of
Massachusetts
UMASS. Medical School

- Grantees will need to include a section on how individual development plans are being used to "identify and promote the career goals of graduate students and postdoctoral researchers associated with the award." (See NOT-OD-14-113)

- The Graduate School of Biomedical Sciences has provided guidance on how to complete this section (see GSBS link below).

  http://www.umassmed.edu/gsbs/career/educators/ummsfaculty/

  http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-113.html

Cayuse Professional Profile: Updating NIH Commons ID

- If the investigator's Commons ID is not updated, it will not populate the credential, e.g., agency login field in the key persons section in Cayuse. The Commons ID will only populate NIH proposals.
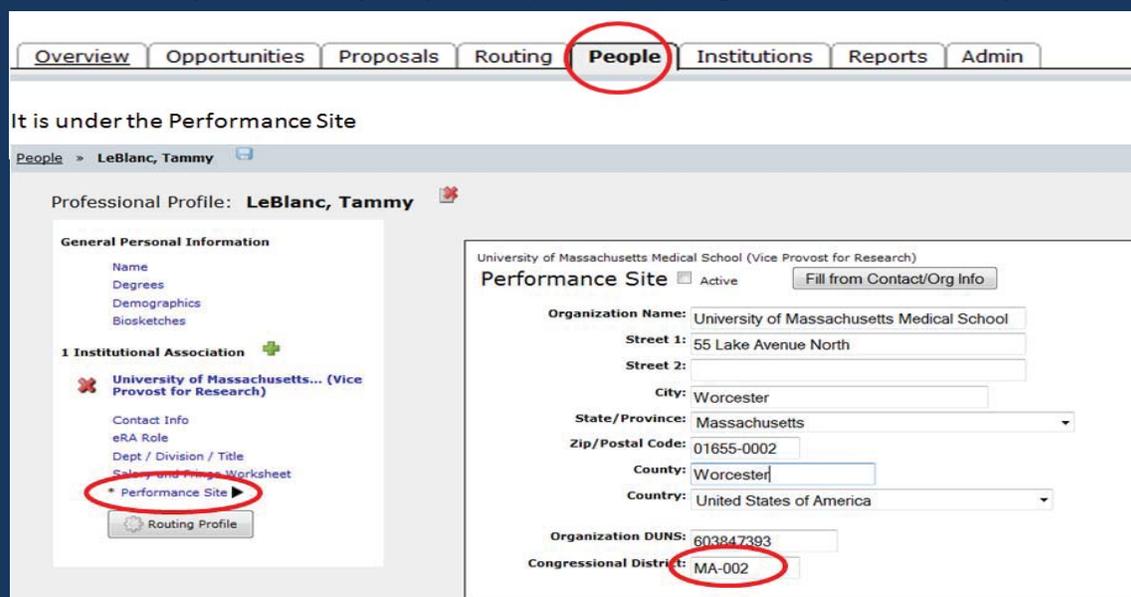

Cayuse Professional Profile: Updating/Correcting Congressional District

Under the People Tab in Cayuse please update the Congressional District for your PIs.

Reminder: Do not upload Biosketches under Professional Profiles. They should be uploaded directly into the proposal.

- # Federal Contracts (Elective)
  12/10/14   9:00 – 11:00
  Location – University Campus, S1-608

To register go to:
http://i.umassmed.edu/Inside/registration/Register.aspx?pid=77

PROPOSAL SUBMISSIONS TO RFS
November 2013 – November 2014

University of Massachusetts Medical School

	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014
Count	86	74	147	93	71	70	110	127	104	67	100	115	77
On Time	37%	47%	44%	43%	44%	39%	43%	50%	40%	37%	48%	44%	34%
Late	58%	49%	51%	53%	56%	55%	49%	46%	52%	58%	47%	52%	61%
After the fact	5%	4%	5%	4%	0%	6%	8%	4%	8%	5%	5%	3%	4%
Withdrawn	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Expedited Request (3 days or less)	36%	30%	37%	40%	37%	44%	29%	33%	36%	49%	30%	30%	38%

On Time: Received by RFS 5 days prior to the requested return date.
Late: Received by RFS less than 5 days prior to the requested return date.
After the Fact: Received by RFS after the requested return date.
Expedited Request: Received by RFS with 3 days or less to review before requested return date.

SUBMISSIONS TO RFS
November 2013 to November 2014 Comparison

University of Massachusetts Medical School

PROPOSALS	2013	2014	Change
Count	86	77	-9
On Time	37%	34%	-3
Late	58%	61%	+3
After the fact	5%	4%	-1
Withdrawn	0%	1%	+1
Total	**100%**	**100%**	-
Expedited Request (3 days or less)	36%	38%	+2

On Time: Received by RFS 5 days prior to the requested return date.
Late: Received by RFS less than 5 days prior to the requested return date.
After the Fact: Received by RFS after the requested return date.
Expedited Request: Received by RFS with 3 days or less to review before requested return date.

PROGRESS REPORT SUBMISSIONS TO RFS
November 2013 – November 2014

University of Massachusetts Medical School

	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014
Count	35	23	35	41	40	54	36	39	32	13	15	23	20
On Time	43%	30%	46%	42%	45%	36%	58%	41%	25%	39%	40%	35%	25%
Late	40%	44%	25%	36%	45%	44%	36%	36%	56%	15%	33%	48%	50%
After the fact	17%	26%	29%	22%	10%	20%	6%	23%	19%	46%	27%	17%	25%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Expedited Request (3 days or less)	29%	35%	14%	22%	33%	22%	31%	26%	38%	8%	27%	22%	45%

On Time: Received by RFS 5 days prior to the requested return date.
Late: Received by RFS less than 5 days prior to the requested return date.
After the Fact: Received by RFS after the requested return date.
Expedited Request: Received by RFS with 3 days or less to review before requested return date.

SUBMISSIONS TO RFS
November 2013 to November 2014 Comparison

University of Massachusetts Medical School

PROGRESS REPORTS	2013	2014	Change
Count	35	20	-15
On Time	43%	25%	-18
Late	40%	50%	+10
After the fact	17%	25%	+8
Withdrawn	0%	0%	-
Total	**100%**	**100%**	-
Expedited Request (3 days or less)	29%	45%	+16

On Time: Received by RFS 5 days prior to the requested return date.
Late: Received by RFS less than 5 days prior to the requested return date.
After the Fact: Received by RFS after the requested return date.
Expedited Request: Received by RFS with 3 days or less to review before requested return date.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed five pages. Follow the formats and instructions below.

A. Personal Statement

Briefly describe why you are well-suited for your role in the project described in this application. The relevant factors may include aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C).   Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project.   If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability, and active duty military service.

B. Positions and Honors

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

C. Contribution to Science

Briefly describe up to five of your most significant contributions to science. For each contribution, indicate the historical background that frames the scientific problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work. For each of these contributions, reference up to four peer-reviewed publications or other non-publication research products (can include audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware) that are relevant to the described contribution. The description of each contribution should be no longer than one half page including figures and citations. Also provide a URL to a full list of your published work as found in a publicly available digital database such as SciENcv or My Bibliography, which are maintained by the US National Library of Medicine.

D. Research Support

List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.* Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES**.

NAME: Hunt, Morgan Casey

eRA COMMONS USER NAME (credential, e.g., agency login): huntmc

POSITION TITLE: Associate Professor of Psychology

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Berkeley	B.S.	05/1990	Psychology
University of Vermont	Ph.D.	05/1996	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/1998	Public Health and Epidemiology

A. Personal Statement

I have the expertise, leadership, training, expertise and motivation necessary to successfully carry out the proposed research project. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of drug addiction. My research includes neuropsychological changes associated with addiction. As PI or co-Investigator on several university- and NIH-funded grants, I laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to the aging substance abuser, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications. In addition, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced several peer-reviewed publications from each project. As a result of these previous experiences, I am aware of the importance of frequent communication among project members and of constructing a realistic research plan, timeline, and budget. The current application builds logically on my prior work. During 2005-2006 my career was disrupted due to family obligations. However, upon returning to the field I immediately resumed my research projects and collaborations and successfully competed for NIH support.

1. Merryle, R.J. & Hunt, M.C. (2004). Independent living, physical disability and substance abuse among the elderly. Psychology and Aging, 23(4), 10-22.
2. Hunt, M.C., Jensen, J.L. & Crenshaw, W. (2007). Substance abuse and mental health among community-dwelling elderly. International Journal of Geriatric Psychiatry, 24(9), 1124-1135.
3. Hunt, M.C., Wiechelt, S.A. & Merryle, R. (2008). Predicting the substance-abuse treatment needs of an aging population. American Journal of Public Health, 45(2), 236-245. PMCID: PMC9162292 Hunt, M.C., Newlin, D.B. & Fishbein, D. (2009). Brain imaging in methamphetamine abusers across the life-span. Gerontology, 46(3), 122-145.

B. Positions and Honors

Positions and Employment
1998-2000   Fellow, Division of Intramural Research, National Institute of Drug Abuse, Bethesda, MD
2000-2002   Lecturer, Department of Psychology, Middlebury College, Middlebury, VT

2001-	Consultant, Coastal Psychological Services, San Francisco, CA
2002-2005	Assistant Professor, Department of Psychology, Washington University, St. Louis, MO
2007-	Associate Professor, Department of Psychology, Washington University, St. Louis, MO

Other Experience and Professional Memberships
1995-	Member, American Psychological Association
1998-	Member, Gerontological Society of America
1998-	Member, American Geriatrics Society
2000-	Associate Editor, Psychology and Aging
2003-	Board of Advisors, Senior Services of Eastern Missouri
2003-05	NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer
2007-11	NIH Risk, Adult Addictions Study Section, members

Honors
2003	Outstanding Young Faculty Award, Washington University, St. Louis, MO
2004	Excellence in Teaching, Washington University, St. Louis, MO
2009	Award for Best in Interdisciplinary Ethnography, International Ethnographic Society

C. Contribution to Science

1. My early publications directly addressed the fact that substance abuse is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging addiction problems. These publications document this emerging problem but guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the problem and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for addicted older adults and will continue to provide assistance in relevant medical settings well into the future. I served as the primary investigator or co-investigator in all of these studies.
   a. Gryczynski, J., Shaft, B.M., Merryle, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. American Journal of Alcohol and Drug Abuse, 15(3), 222-238.
   b. Shaft, B.M., Hunt, M.C., Merryle, R., & Venturi, R. (2003). Policy implications of genetic transmission of alcohol and drug abuse in female nonusers. International Journal of Drug Policy, 30(5), 46-58.
   c. Hunt, M.C., Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2004). Early-life family and community characteristics and late-life substance abuse. Journal of Applied Gerontology, 28(2),26-37.
   d. Hunt, M.C., Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2007). Community-based intervention strategies for reducing alcohol and drug abuse in the elderly. Addiction, 104(9), 1436-1606. PMCID: PMC9000292

2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older substance abusers and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of addictive disorders and the disruptive potential of networks in substance abuse treatment. This body of work also discusses the prevalence of alcohol, amphetamine, and opioid abuse in older adults and how networking approaches can be used to mitigate the effects of these disorders.
   a. Hunt, M.C., Merryle, R. & Jensen, J.L. (2005). The effect of social support networks on morbidity among elderly substance abusers. Journal of the American Geriatrics Society, 57(4), 15-23.
   b. Hunt, M.C., Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2005). Aging out of methadone treatment. American Journal of Alcohol and Drug Abuse, 15(6), 134-149.
   c. Merryle, R. & Hunt, M.C. (2007). Randomized clinical trial of cotinine in older nicotine addicts. Age and Ageing, 38(2), 9-23. PMCID: PMC9002364

3. Methadone maintenance has been used to treat narcotics addicts for many years but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they

gradually begin to view treatment as an intrusion into normal life.   Elderly narcotics users were shown in carefully constructed ethnographic studies to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.

   a. Hunt, M.C. & Jensen, J.L. (2003). Morbidity among elderly substance abusers. Journal of the Geriatrics, 60(4), 45-61.
   b. Hunt, M.C. & Pour, B. (2004). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
   c. Merryle, R. & Hunt, M.C. (2005). The use of various nicotine delivery systems by older nicotine addicts. Journal of Ageing, 54(1), 24-41. PMCID: PMC9112304
   d. Hunt, M.C., Jensen, J.L. & Merryle, R. (2008). The aging addict: ethnographic profiles of the elderly drug user. NY, NY: W. W. Norton & Company.

Complete List of Published Work in MyBibliography:
http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7IEFIAJBtGMRDdWFmjWAO/?sort=date&direction=ascending

D. Research Support

Ongoing Research Support
R01 DA942367   Hunt (PI)   09/01/08-08/31/16
Health trajectories and behavioral interventions among older substance abusers
The goal of this study is to compare the effects of two substance abuse interventions on health outcomes in an urban population of older opiate addicts.
Role: PI

R01 MH922731   Merryle (PI)   12/15/07-11/30/15
Physical disability, depression and substance abuse in the elderly
The goal of this study is to identify disability and depression trajectories and demographic factors associated with substance abuse in an independently-living elderly population.
Role: Co-Investigator

Faculty Resources Grant, Washington University   08/15/09-08/14/15
Opiate Addiction Database
The goal of this project is to create an integrated database of demographic, social and biomedical information for homeless opiate abusers in two urban Missouri locations, using a number of state and local data sources.
Role: PI

Completed Research Support

R21 AA998075   Hunt (PI)   01/01/11-12/31/13
Community-based intervention for alcohol abuse
The goal of this project was to assess a community-based strategy for reducing alcohol abuse among older individuals.
Role: PI

ACRONYMS AND TERMS USED TODAY
RFS BROWN BAG - 12/08/2014

ACRONYM/TERM	DESCRIPTION
AHRQ	Agency for Health Care Research & Quality
Biosketch (NIH)	Standardized biographical sketch form used by NIH to capture senior/key personnel and other significant contributors in the proposal. Captures Name, eRA Commons ID, Education/Training, Personal Statement, Positions/Honors, Selected Publications and Research Support
Browser	A program with a graphical user interface for displaying HTML files used to navigate web. Examples include Internet Explorer, Firefox, Chrome and Opera.
Cayuse 424	Cayuse is a web-based system for submission of applications via grants.gov.
Cayuse Professional Profile	Repository of personnel information for Cayuse users, PIs and key personnel. User choose name from Professional Profile listing and personnel data, such as department, title, role and contact information, autopopulates in the proposal under development.
Commons User ID	The Commons User ID is your logon to the eRA Commons system. If you do not have a Commons login, you can request one from RFS .
Circular A-21	Cost Principles for Educational Institutions
Circular A-110	Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations
Circular A-133	Audits of States, Local Governments, and Non-Profit Organizations
eRA Commons	The eRA Commons is NIH's online interface where signing officials, principal investigators, trainees and post-docs at institutions/organizations can access and share administrative information relating to research grants and process prior approval requests.
FRAM	Final Report Additional Material allowed to be submitted by NIH at the closeout stage.
GSBS	UMMS's Graduate School of Biomedical Sciences
Inclusions Management System	New eRA Commons system for reporting the inclusion of women and minorities in clinical research and for NIH to monitor inclusion data.
Individual Development Plan (IDP)	An Individual Development Plan is a set of goals for the next 6-12 months that includes: research project goals, skill development goals and career advancement goals.
My Bibliography (Pub Med)	My Bibliography is a reference tool that helps save your citations (journal articles, books/chapters, patents, presentations and meetings) directly from PubMed or, if not found there, to manually enter citations using My Bibliography templates. My Bibliography provides a centralized place where citations are easily accessed, exported as a file, and made public to share with others.
MyNCBI	Electronic publication resource that NIH has mandated be used to demonstrate compliance with the NIH Public Access Policy. My NCBI publications report resources are available at: http://www.ncbi.nlm.nih.gov/books/NBK53595/
NCBI	The National Center for Biotechnology Information (NCBI) is part of the United States National Library of Medicine (NLM), a branch of the National Institutes of Health.
NIH	National Institutes of Health
PRAM	NIH - Progress Report Additional Materials.
Pub Med Central	PubMed Central (PMC) is a free archive of biomedical and life sciences journal literature at the U.S. National Institutes of Health's National Library of Medicine (NIH/NLM). In keeping with NLM's legislative mandate to collect and preserve the biomedical literature, PMC serves as a digital counterpart to NLM's extensive print journal collection. Launched in February 2000, PMC was developed and is managed by NLM's National Center for Biotechnology Information (NCBI).
RFS	Research Funding Services
RPPR	Research Performance Progress Report. Progress reports are required annually to document grantee accomplishments and compliance with terms of award. They describe scientific progress, identify significant changes, report on personnel, and describe plans for the subsequent budget period or year. See http://grants.nih.gov/grants/rppr/
SNAP	Streamlined Non-Competing Award Process. Streamlined process that includes a number of provisions that modify annual progress reports, NoAs, and financial reports. Funds are automatically carried over and are available for expenditure during the entire project period. All NIH award notices identify whether the grant is subject to or excluded from SNAP.
Type 5 Application	A type 5 application is a non-competing continuation. A non-competing continuation is a financial assistance request (in the form of an application or progress report) or resulting award for a subsequent budget period within a previously approved project period for which a recipient does not have to compete with other applicants.
Uniform Guidance	Refers to the new OMB guidance on administrative requirements, cost principles and audit requirements for federal awards (which includes research grant awards) that will come into effect December 26, 2014. This guidance consolidates OMB Circulars A-21, A-87, A-110 and A-122 (which have been placed in 2 C.F.R. Parts 220, 225, 215 and 230); Circulars A-89, A-102 and A-133; and the guidance in Circular A-50 on Single Audit Act follow-up.