Research Funding Services Brown Bag

March 30, 2015
11:45 am – 12:45 pm
Amphitheater II (S4-102)

Agenda

University of Massachusetts Medical School

- Biographical Sketch Clinics Update
- NIH Update
  - NOT-OD-15-085: Reminder: NIH and AHRQ Biosketch Requirements for Due Dates On or After May 25, 2015
  - NIH Interim Grant General Conditions
  - NOT-OD-15-081: New Form To Capture Additional Indirect Costs in Multi-project Grant Applications (ASSIST)
  - NOT-OD-15-080: Grantees and Contractors Required to Submit Invention Disclosures, Related Reports and Documents Via iEdison
  - NOT-OD-15-078: Use of Updated Inclusion Enrollment Format Now Required for Successful Submission of RPPR
  - NOT-OD-15-073: Correction to Application Guide Instructions for Subawards Not Active in All Budget Periods of the Prime Applicant
- eRA Commons Update
  - No Cost Extensions in Commons now require a justification when processing
- Updating Proposal Submission Dates Using SUMMIT Pre-Award Dashboard
- Proposal & Progress Report Statistics

Bisketch Clinics Update

- Where: Lamar Soutter Library Computer Room
- Time: Noon – 1:00 PM
- Dates: March 31, April 7, April 14, April 21, and April 28
- Pre requisites for attending a training session:
  - eRA Commons username/password
  - flashdrive with a copy of your current CV or Biosketch
- Investigators are encouraged to invite their Admin Delegates so they can also see the benefits of the SciENcv and NCBI systems.
- Computers are available or you may bring a laptop. Seating is limited to 15 Faculty/PI's per session.

NOT-OD-15-085: Reminder: NIH and AHRQ Biosketch Requirements for Due Dates On or After May 25, 2015

- NIH and the AHRQ require the new biosketch format for all competing and non-competing applications submitted for due dates on or after May 25, 2015.

- Applicants can use Science Experts Network Curriculum Vitae (SciENcv) to generate their biosketches faster and in the right format.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-085.html

NIH Interim Grant General Conditions

- On February 5, 2015, NIH published interim general conditions of NIH grant awards aligned with HHS' regulation implementing OMB's Uniform Guidance at 45 CFR Part 75.

- **The Interim Grant General Conditions document was issued in order to serve as the applicable terms and conditions for recipients of NIH awards, until such time as revised Research Terms and Conditions become effective.**

  - The conditions are effective for Notices of Award (NoA) issued on or after December 26, 2014, that obligate new or supplemental funds.
  - NoAs issued on or after December 26, 2014 that do not involve obligation of new or supplemental funds remain subject to 45 CFR Part 74 or Part 92, as applicable, until such time that new funds are obligated.

  See NOT-OD-15-065 for more information.

NOT-OD-15-081: New Form To Capture Additional Indirect Costs in Multi-project Grant Applications (ASSIST)

University of Massachusetts
UMASS. Medical School

- The NIH has added a new optional form to the overall component of all multi-project Funding Opportunity Announcements (FOAs). The "PHS Additional Indirect Costs" form allows NIH to gather the additional indirect cost information needed from the applicant organization to correctly calculate an application's indirect costs when entire components of a multi-project application are led by collaborating organizations.

- Provides solution on how to capture subrecipient F&A in ASSIST.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-081.html

NOT-OD-15-080: Grantees and Contractors Required to Submit Invention Disclosures, Related Reports and Documents Via iEdison

University of Massachusetts Medical School

- NIH requires all invention disclosures, related reports and documents to be submitted electronically via Interagency Edison (iEdison)

- Bayh-Dole regulations permit funding recipients to report inventions electronically (37 CFR 401.16).

- NIH requires electronic reporting through an internet-based system, iEdison (http://iEdison.gov). iEdison supports confidential transmission of required information and provides a utility for generating reports and reminders of pending reporting deadlines.

- All required iEdison submissions that are submitted via **fax, mail, drop offs, etc. will not be accepted and will be returned to the submitter**.

  http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-080.html

- Inclusion data records (IDRs) included with RPPR submitted on/after March 5, 2015, must be updated into the enrollment format supported by the eRA Inclusion Management System (IMS), even if no new enrollment has occurred in the past year. Attempts to submit the RPPR without updating the cumulative inclusion enrollment data will result in an error. If the inclusion data are already in the IMS format and are not updated in the RPPR, grantees will continue to receive a warning to ensure that section G.4.b has not been overlooked.

- Grantees affected by this change:
  - ongoing clinical research projects subject to the inclusion policies,
  - with an award that started prior to FY2015, who provided inclusion enrollment (planned or actuals) in the previous reporting format,
  - and who will complete an RPPR in FY2015.

- If required to monitor inclusion, there will be a link called "Inclusion" in Section G.4.b of the RPPR. Click on that link and select the appropriate inclusion data record(s) (IDRs) to update. If desired, click the "View" link to see the most recently reported data. Once ready to update the enrollment data, click the "Edit Cumulative Enrollment" and update the enrollment numbers, click "Save," and then click "Return to RPPR." Be sure to save your RPPR as well.

- Grantees are also encouraged to update planned enrollment into the IMS format by clicking "Edit Planned Enrollment" but this is not required for submission of the RPPR.

  http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-078.html

NOT-OD-15-073: Correction to Application Guide Instructions for Subawards Not Active in All Budget Periods of the Prime Applicant

University of Massachusetts
UMASS. Medical School

- Revised guidance requires completion of all budget periods in the R&R Budget form for subaward budgets including periods where the subaward is not active.

- Provide the following information for inactive budget periods:
  - Organization DUNS
  - Budget Type = Subaward/Consortium
  - Budget Period Start/End Dates (align with budget periods and dates of the prime budget)
  - In section A: Senior/Key Person, provide a single entry including the following:
  - PD/PI or subaward lead First and Last names
  - Project Role (may default to PD/PI; can be adjusted as needed)
  - Calendar Months = .01 (smallest amount effort allowed in the field)
  - Requested Salary = $0
  - Fringe Benefits = $0
  - Explanation of the inactive budget periods in the budget justification

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-073.html

No Cost Extensions in eRA Commons now Require a Justification When Processing

University of Massachusetts
UMASS. Medical School

- eRA Commons NCE page has been modified to require a justification be included when processing the request.
- Please use the explanation/justification box on the Initial No Cost Extension Request Form to provide the scientific/programmatic rationale for the extension.
- RFS will incorporate this into the NCE notification in Commons.

U.S. Department of Health & Human Services — www.hhs.gov

eRA Commons — A program of the National Institutes of Health

NIH OER

Welcome: Janice Lagace
ID: JLAGACE
Institution: UNIV OF MASSACHUSETTS MED SCH WORCESTER
Roles: AO SO PACR
Logout | Contact Us | Help

Home   Admin   Institution Profile   Personal Profile   Status   RPPR   xTrain   Admin Supp   eRA Partners

Extension ❓

This Grant is eligible to be extended for up to 1 year. Note that only a SO has the ability to perform a project extension and that you may do this only once through the Commons.

Application Information

Grant Number: 5R01
PI Name:
Proposal Title:

To extend the period, select the number of months for which you would like to extend the project period for this grant.

Project End Date: 5/31/2015
Extend: * Please Select Number of Month(s) for NCE ▼
Justification for extension: * (Max 2000 characters)

This will extend the project to 5/31/2015

Extend Project Date   Cancel

Updating Proposal Submission Dates
Using SUMMIT Pre-Award Dashboard

University of
Massachusetts
UMASS. Medical School

- School leadership will be looking at proposal submission and success rate metrics using SUMMIT pre-award dashboard data.
  - For non-Cayuse proposals previously submitted that appear as "In Process" without a Date Submitted, use the RFS Submitted Proposal Form link to update the status.
  - **Please note that this is not an electronic process. The form must be completed and submitted to RFS for updating.**
  - There are currently a significant amount of proposals out there with submit dates that have yet to be submitted to RFS for updating.
- A job aid is available on Financial Services website at:
  - http://inside.umassmed.edu/uploadedFiles/Pre%20Award%20Dashboard_040314.docx

PROPOSAL SUBMISSIONS TO RFS
February 2014 – February 2015

University of
Massachusetts
UMASS. Medical School

	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015
Count	93	71	70	110	127	104	67	100	115	77	62	119	117
On Time	43%	44%	39%	43%	50%	40%	37%	48%	44%	34%	50%	54%	40%
Late	53%	56%	55%	49%	46%	52%	58%	47%	52%	61%	48%	42%	56%
After the fact	4%	0%	6%	8%	4%	8%	5%	5%	3%	4%	2%	4%	4%
Withdrawn	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Expedited Request (3 days or less)	40%	37%	44%	29%	33%	36%	49%	30%	30%	38%	29%	28%	44%

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
February 2014 to February 2015 Comparison

University of Massachusetts Medical School

PROPOSALS	2014	2015	Change
Count	93	117	+24
On Time	43%	40%	-3
Late	53%	56%	+3
After the fact	4%	4%	-
Withdrawn	0%	0%	-
Total	**100%**	**100%**	
Expedited Request (3 days or less)	40%	44%	+4

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
February 2014 – February 2015

University of Massachusetts Medical School

	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015
Count	41	40	54	36	39	32	13	15	23	20	26	33	33
On Time	42%	45%	36%	58%	41%	25%	39%	40%	35%	25%	31%	61%	46%
Late	36%	45%	44%	36%	36%	56%	15%	33%	48%	50%	61%	30%	39%
After the fact	22%	10%	20%	6%	23%	19%	46%	27%	17%	25%	8%	9%	15%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Expedited Request (3 days or less)	22%	33%	22%	31%	26%	38%	8%	27%	22%	45%	46%	18%	27%

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
February 2014 to February 2015 Comparison

PROGRESS REPORTS	2014	2015	Change
Count	41	33	-8
On Time	42%	46%	+4
Late	36%	39%	+3
After the fact	22%	15%	-7
Withdrawn	0%	0%	-
Total	**100%**	**100%**	-
Expedited Request (3 days or less)	22%	27%	+5

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.

APPENDIX

Reminder: NIH and AHRQ Biosketch Requirements for Due Dates On or After May 25, 2015

Notice Number: NOT-OD-15-085

Key Dates
Release Date: March 24, 2015

Related Announcements
NOT-OD-15-032

Issued by
National Institutes of Health (NIH)

Purpose

The National Institutes of Health (NIH) and the Agency for Health Research and Quality (AHRQ) require the new biosketch format (NOT-OD-15-032) for all competing and non-competing applications submitted for due dates on or after May 25, 2015. Biosketch format pages, instructions, samples and FAQs are available on the SF 424 (R&R) Forms and Applications page (http://grants.nih.gov/grants/funding/424/index.htm#format).

Applicants can use Science Experts Network Curriculum Vitae (SciENcv) to generate their biosketches faster and in the right format. A YouTube video provides instructions for using SciENcv.

Inquiries

Please direct all inquiries to:

Grants Information
Office of Extramural Research (OER)
National Institutes of Health (NIH)
Email: grantsinfo@od.nih.gov (preferred method of contact)
Phone: 301-435-0714

Weekly TOC for this Announcement
NIH Funding Opportunities and Notices

NIH National Institutes of Health
Office of Extramural Research

Department of Health
and Human Services (HHS)

USA.gov
Government Made Easy

New Form To Capture Additional Indirect Costs in Multi-project Grant Applications

Notice Number: NOT-OD-15-081

Key Dates
Release Date: March 18, 2015

Related Announcements
None

Issued by
National Institutes of Health ([NIH](#))

Purpose

The NIH has added a new optional form to the Overall component of all multi-project Funding Opportunity Announcements (FOAs). The "PHS Additional Indirect Costs" form allows NIH to gather the additional indirect cost information needed from the applicant organization to correctly calculate an application's indirect costs when entire components of a multi-project application are led by collaborating organizations.

NIH multi-project applications include an Overall component and two or more other components (e.g., projects, cores). The Overall component is used to describe the proposed center or program as a whole and the specific people, costs, sites, and scope of the 'work' to be accomplished are outlined in the other components. Consequently, the Overall component does not have its own budget form. Instead, the composite application budget is system-calculated based on the data provided in the other components.

Many applicant organization's negotiated F&A agreements use a modified total direct cost (MTDC) base rate that allows them to apply the first $25,000 of a subaward's total costs to their own indirect cost base.

When the applicant organization leads a component and that component has subawards, the Indirect Costs section of the component's standard R&R Budget form can include the first $25,000 of each subaward in the indirect cost base.

However, when a component is led by a collaborating organization, the entire component is considered a subaward to the applicant organization. In these situations, the PHS Additional Indirect Costs form can be added to the Overall component to collect the additional indirect cost information necessary for the automated composite budget calculations to perform correctly. The form should only be used to collect the first $25,000 of costs for subaward organizations and should not reflect any costs accommodated elsewhere in the application.

Attempting to use the PHS Additional Indirect Costs form when the applicant organization leads all components in the application will result in an error preventing successful submission.

Inquiries

Please direct all inquiries to:

NIH Grants Information
Email: grantsinfo@od.nih.gov (preferred method of contact)
Telephone: 301-435-0714

Notice Regarding Requirement of Grantees and Contractors to Submit Invention Disclosures, Related Reports and Documents Via iEdison

Notice Number: NOT-OD-15-080

Key Dates
Release Date: March 17, 2015

Related Announcements
NOT-OD-15-004

Issued by
National Institutes of Health (NIH)

Purpose

The purpose of this Guide Notice is to inform Grantees and Contractors that NIH requires all invention disclosures, related reports and documents to be submitted electronically via Interagency Edison (iEdison).

Background

It is NIH's policy that the results and accomplishments of the activities that it funds should be made available to the public. Program Directors/Principal Investigators (PD/PIs) and funding recipients are expected to make the results and accomplishments of their activities available to the research community and to the public at large. If the outcomes of the research result in inventions, the provisions of the Bayh-Dole Act of 1980, as amended, and set forth at 35 U.S.C. § 200 et. al. and implemented at 37 C.F.R. § 401, apply. iEdison has been available since 1995 and the majority of NIH grantees and contractors use iEdison to comply with the requirements of the Bayh Dole Act.

Electronic Reporting Via iEdison Required

Bayh-Dole regulations permit funding recipients to report inventions electronically (37 CFR 401.16). To meet the objectives of the Federal Financial Assistance Management Improvement Act of 1999 (P.L. 106-107), NIH requires electronic reporting through an internet-based system, iEdison (http://iEdison.gov). iEdison supports confidential transmission of required information and provides a utility for generating reports and reminders of pending reporting deadlines.

All required iEdison submissions that are submitted via fax, mail, drop offs, etc. will not be accepted and will be returned to the submitter.

NIH Intellectual Property Policies and Notices in the NIH Guide for Grants and Contracts applicable to Extramural Awards are available at the following URL: http://grants.nih.gov/grants/intell-property.htm. Additionally, information about how to use Interagency Edison and information about the iEdison system which is managed by NIH and used by more than 30 federal agency offices is available at the following URL: http://era.nih.gov/iedison/iedison.cfm.

Inquiries

Please direct all inquiries to:

Scott Cooper
Office of Policy for Extramural Research Administration (OPERA)
National Institutes of Health
Telephone: 301-435-0785
Email: Scott.Cooper@nih.gov

Weekly TOC for this Announcement
NIH Funding Opportunities and Notices

National Institutes of Health
Office of Extramural Research
Department of Health
and Human Services (HHS)

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Note: For help accessing PDF, RTF, MS Word, Excel, PowerPoint, Audio or Video files, see Help Downloading Files.

Use of Updated Inclusion Enrollment Format Now Required for Successful Submission of RPPR

Notice Number: NOT-OD-15-078

Key Dates
Release Date: March 12, 2015

Related Announcements
NOT-OD-13-092
NOT-OD-14-085
NOT-OD-14-086
NOT-OD-15-005

Issued by
National Institutes of Health (NIH)

Purpose

Recently, the NIH transitioned to the new eRA Inclusion Management System (IMS) and updated the reporting format for reporting enrollment by sex/gender, race, and ethnicity. As part of the transition to the IMS, the NIH migrated inclusion enrollment data from the previous data system. However, the NIH was not able to automatically transfer these migrated data into the updated reporting format.

Inclusion data records (IDRs) included with Research Performance Progress Reports (RPPRs) submitted on/after March 5, 2015, must be updated into the enrollment format supported by the eRA Inclusion Management System (IMS), even if no new enrollment has occurred in the past year. Attempts to submit the RPPR without updating the cumulative inclusion enrollment data will result in an error. If the inclusion data are already in the IMS format and are not updated in the RPPR, grantees will continue to receive a warning to ensure that section G.4.b has not been overlooked.

This change is important to ensure that inclusion data for FY2015 and beyond is in the same format for Congressionally-mandated reporting.

Who is affected by this change?

Grantees with:

- ongoing clinical research projects subject to the inclusion policies,
- with an award that started prior to FY2015, who provided inclusion enrollment (planned or actuals) in the previous reporting format,
- and who will complete an RPPR in FY2015.

How to avoid the error:
If required to monitor inclusion, there will be a link called "Inclusion" in Section G.4.b of the RPPR. Click on that link to be taken to the eRA Inclusion Management System. Once there, select the appropriate inclusion data record(s) (IDRs) to update. If desired, click the "View" link to see the most recently reported data. Once ready to update the enrollment data, click the "Edit Cumulative Enrollment" and update the enrollment numbers, click "Save," and then click "Return to RPPR." Be sure to save your RPPR as well.

Grantees are also encouraged to update planned enrollment into the IMS format by clicking "Edit

Planned Enrollment" but this is not required for submission of the RPPR.

For additional information about policies and procedures for the inclusion of women and minorities in clinical research: http://grants.nih.gov/grants/funding/women_min/women_min.htm

Inquiries

Please direct all inquiries to:

eRA Commons Help Desk
Web ticketing system: http://grants.nih.gov/support
Telephone: 301-402-7469 or 866-504-9552 (Toll Free)

Weekly TOC for this Announcement
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Department of Health
and Human Services (HHS)

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Note: For help accessing PDF, RTF, MS Word, Excel, PowerPoint, Audio or Video files, see Help Downloading Files.

Correction to Application Guide Instructions for Subawards Not Active in All Budget Periods of the Prime Applicant

Notice Number: NOT-OD-15-073

Key Dates
Release Date: February 26, 2015

Related Announcements
None

Issued by
National Institutes of Health ([NIH](#))

Purpose

This Notice informs the community of a correction to the [General Application Guide SF424 (R&R) - Forms Version C](#) instructions related to preparing R&R Budget forms for subaward budgets which are not active for all periods of the prime budget.

The guidance found under "Submitting Subaward Budgets that are not Active for all Periods of the Prime Grant" in section "4.8 Special Instructions for Preparing Applications with a Subaward/Consortium" no longer aligns with our system processing. That section should be replaced in its entirety with the following:

Submitting Subaward Budgets That Are Not Active for All Periods of the Prime Grant
Complete all budget periods in the R&R Budget form for your subaward budgets, aligning the budget period numbers, start dates and end dates with the budget periods of the prime grant.

Example: The prime fills out an R&R Budget form with the following periods:

- period 1 - Jan 1, 2016 – Dec 31, 2016
- period 2 - Jan 1, 2017 – Dec 31, 2017
- period 3 - Jan 1, 2018 – Dec 31, 2018
- period 4 - Jan 1, 2019 – Dec 31, 2019
- period 5 - Jan 1, 2020 – Dec 31, 2020

The budget period numbers and dates should be the same in the R&R Budget forms for the subawards.

The R&R Budget forms do not allow for "empty" budget periods. They include several required fields which must be completed (even for inactive periods) in order to successfully submit.

Provide the following information for inactive budget periods:

- Organization DUNS
- Budget Type = Subaward/Consortium
- Budget Period Start/End Dates (align with budget periods and dates of the prime budget)
- In section A: Senior/Key Person, provide a single entry including the following:
- PD/PI or subaward lead First and Last names
- Project Role (may default to PD/PI; can be adjusted as needed)
- Calendar Months = .01 (smallest amount effort allowed in the field)

- Requested Salary = $0
- Fringe Benefits = $0
- Explanation of the inactive budget periods in the budget justification

The next iteration of the General Application Guide SF424 (R&R) - Forms Version C will include the correction.

Inquiries

Please direct all inquiries to:

NIH Grants Information
Email: grantsinfo@od.nih.gov (preferred method of contact)
Telephone: 301-435-0714

Weekly TOC for this Announcement
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National Institutes of Health
Office of Extramural Research

Department of Health
and Human Services (HHS)

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Note: For help accessing PDF, RTF, MS Word, Excel, PowerPoint, Audio or Video files, see Help Downloading Files.

ACRONYM/TERM	DESCRIPTION
AHRQ	Agency for Health Care Research & Quality
ASSIST (NIH)	Application Submission System & Interface for Submission Tracking
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
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.
FOA	Funding Opportunity Announcement
IDR	Inclusion Data Records
iEdison	iEdison (which stands for Interagency Edison) helps government grantees and contractors comply with a federal law, the Bayh-Dole Act. Bayh-Dole regulations require that government funded inventions be reported to the federal agency who made the award.
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.
NCE	No Cost Extension
NIH	National Institutes of Health
PHS	Public Health Service
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/
SciENcv	SciENcv is a new feature in My NCBI that helps users create an online professional profile that can be used to generate a biosketch. In SciENcv users can document their education, employment, research activities, publications, honors, research grants, and other professional contributions.
SUMMIT	SUMMIT is the UMass Medical School's web based reporting tool.
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.