Research Funding Services Brown Bag

April 27, 2015
11:45 am – 12:45 pm
Hiatt Auditorium (S1-608)

Agenda

University of Massachusetts Medical School

- Budgeting Process for Proposals Involving Clinical Research
- Biographical Sketch Update
  - NOT-OD-15-085: Reminder: Biosketch Requirements for Due Dates On or After 5/25/15
  - Listing Non-Key Faculty and Post-Docs on Proposal Routing Forms
- NIH Update
  - NOT-OD-15-095: NIH Policy on Application Compliance
  - NOT-OD-15-090: Reporting Publications in the Research Performance Progress Report (RPPR)
  - NOT-OD-15-088: Notice of Potential Delays to NIH Issuing Awards in May 2015
- SDFI Form – Disclosing Sponsors & Mentors
- Subrecipient Monitoring Requirements – Upcoming Changes
- Reminder - Updating Proposal Submission Dates Using the SUMMIT Pre-Award Dashboard
- Proposal & Progress Report Statistics

Budgeting Process for Proposals Involving Clinical Research

Presented by:

Kathy Beauregard, Contract Administrator, OCR
Marsha Fox, Clinical Operations Manager, OCR
Elena Del Prete, Contract Administrator, OCR

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Objectives

- When do I need to involve the OCR?
- What costs are associated with grant funded Clinical Research?
- How do I determine what clinical services will be necessary?
- Who do I go to for costs of clinical services?

Charges by Activity
Table 3.

University of Massachusetts Medical School
UMASS

Table 3 Charges by activity

Service Line	Type of Charge	Federal	Other Non Profit (Foundation, Department)	Industry
IRB	Start up	None	$500	$3000 $1000 if central IRB
	Annual	None	$200	$1000 $300 if central IRB
	Amendment (major, requiring consent change)	None	$100	$500 $100 if central IRB
IDS (Pharmacy)	Start up	None	$500 if charge	$1250
	Per patient dispense	Calculated by IDS	Calculated by IDS	Calculated by IDS
	Maintenance	None	$50	$75
	Closeout	None	$250	$250
Clinical trials unit[1]	IRB submission	$50/hour or $500[2]	$50/hour or $500[2]	$1250
	Ongoing regulatory (amendments, annual renewals)	$50/hour	$50/hour	$75/hour
	Nursing charge per hour (in CRC)	$75/hour	$75/hour	$100/hour
	Nursing charge per hour (outside of CRC, weekends)	$100/hour	$100/hour	$125/hour
	Full coordination fee (includes nursing)	$100/hour	$100/hour	$125/hour
	Full day service (Investigator meetings)	$500	$500	$800
	Room charge per hour	None	$40/hour	$60/hour
Research Operations	Monitoring by Res Op staff	$50/hour	$50/hour	$75/hour
	Study close out	None	None	$750
UMMC purchased services[3]	Laboratory, radiology	Research rate	Research rate	1.25 x Research Rate

1. Consultation with the Manager of the Clinical Research Center (CTU) should be obtained for estimates of costs in developing budgets
2. Costs will be based on the lowest amount
3. Regardless of actual amount budgeted or awarded, patient care services purchased for non-industry trials are charged to study teams at the current research rates for that service. Industry pricing is set at 1.25 times the research rate and are charged to study teams at the applicable rate as reflected on the billing grid or research billing agreement. In all cases, these rates should be used as a floor for budget development and contract negotiations. While individual line items in a budget may not reflect the actual research rate charged to the study team, total charges for purchased services must be equal to the total direct patient care costs at the applicable research rate.
4. For multiyear budgets a 5% inflation factor should be applied to all budgets irrespective of sponsor

Request for Research Rates

University of Massachusetts Medical School
UMASS

REQUEST FOR RESEARCH RATES				
INVESTIGATOR				
FUNDING SOURCE				
PROTOCOL#		MEDICARE RATES WILL BE QUOTED		
REQUEST DATE		FOR ALL FEDERALLY FUNDED PROJECTS		
DEPARTMENT				
LOCATION				
DESCRIPTION* (DO NOT USE ABBREVIATIONS)	CPT CODE	FACILITY FEE	GROUP CODE	GROUP FEE

CPT codes are required for all lab tests and can be found at the following link:
http://www.questdiagnostics.com/testcenter/TestCenterHome.action

Resources

University of Massachusetts UMASS Medical School

- Office of Clinical Research Website
  http://www.umassmed.edu/ccts/human-research/
- Office of Clinical Research email
  clinicalresearch@umassmed.edu
- Quest Diagnostics Link – CPT code look up for Lab services
  http://www.questdiagnostics.com/testcenter/TestCenterHome.action
- Department Administrator
- Clinic Billing Staff
- When all else fails GOOGLE

Biosketch Clinic Update

University of Massachusetts UMASS Medical School

- Where: Lamar Soutter Library Computer Room
- Time: Noon – 1:00 PM
- Dates: 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.

- 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

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Listing Non-Key Faculty and Post-Docs on Proposal Routing Forms (PRF)

University of Massachusetts UMASS. Medical School

- In order to capture an individual's full involvement in grant projects using the Biographical Sketch Dashboard (BSD) in SUMMIT we have created the "Other" coding category for use in the PRF.
- This category should be used when an individual is not listed as key personnel on the project.
- It will allow for the individual's information to be captured in the BSD and will facilitate the development and maintenance of the individual's biosketch.
- The only additional signature required on the PRF when using the Other category is that of the Department Administrator of the individual listed.
- Multi-PI's & Co-Investigator's listed on the PRF will still require Chair signature.

Individual's Category	PRF Coding	Individual's Signature Required?	Department Approval
Faculty	OTHER	No	Proposal Routing Form (PRF) only requires Department Administrator signature
Post-Doctoral Research Associate	OTHER	No	Proposal Routing Form (PRF) only requires Department Administrator signature

NOT-OD-15-095: NIH Policy on Application Compliance

University of Massachusetts UMASS Medical School

- NIH may withdraw any application identified during the receipt, referral and review process that is not compliant.
- Examples of what may cause a proposal to be withdrawn include but are not limited to:
- Applications containing one or more biosketches that do not conform to the required format.
- Applications that do not conform to the page limit requirements because inappropriate materials have been included in other parts of the application.
- Applications submitted as new but containing elements of a resubmission or renewal application are noncompliant with the resubmission policy.
- Applications submitted after 5 PM on the application due date.
- If an application is withdrawn because it does not conform to the application preparation and submission instructions, a letter will be placed in the eRA Commons Status page for that application. The PI and the AOR will be notified by eRA Commons to access their account and view the explanatory letter.

  http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-095.html

NOT-OD-15-090: Reporting Publications in the Research Performance Progress Report

University of Massachusetts UMASS Medical School

- Amends instructions for reporting publications in the RPPR.
- Awardees are encouraged to electronically report any publications found in Table 1 of the RPPR previously reported using the paper 2590 process or as part of a competing renewal application.
- This transitional, one-time measure ensures that NIH systems can store all appropriate award-publication associations.
  - Current RPPR instructions direct awardees to report only those publications that have been accepted for publication during the reporting period.
  - NIH can only systematically link publications to awards if they were reported electronically using RPPR or eSNAP.
  - These definitive linkages have not been possible for publications reported on paper forms, such as the PHS 2590.
  - Maintaining appropriate linkages between publications and awards enables electronic systems, such as My Bibliography, to automatically populate biosketches and reporting systems, such as RePORTER, to identify results of NIH supported research.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-090.html

NOT-OD-15-088: Notice of Potential Delays to NIH Issuing Awards in May 2015

- Competing and non-competing awards may be delayed for two weeks from 5/19/15 – 6/3/15 due to a series of software upgrades to NIH accounting and business systems.
- Extramural research activities that will be impacted by the outage:
  - No new or revised NOAs will be issued, regardless of grant type (e.g., New Type 1 awards, Non-competing Type 5 awards, Type 7 Transfer awards).
  - No establishment or changes of EINs (Employer Identification Numbers) used to pay awards will be made.
  - No processing of No-Cost Extensions of the final budget period. Although eRA Commons will remain available for institutions submitting these requests, and the Payment Management System will remain available for drawing down funds, NIH records will not be updated during the downtime.
  - No processing of Fellowship Activations. Although xTrain will remain available for institutions submitting activation forms, NIH records will not be updated during the downtime.
- Extramural research activities that NIH does not expect to be impacted by the outage:
  - Draw down of funds on existing awards from the Payment Management System
  - Submission and review of new applications through Grants.gov
- NIH will also be performing a software upgrade on 5/23/15 causing downtime expected to last up to 12 hours. The following functions will not be available during this time but will return and remain available throughout the rest of the two-week upgrade period.
  - Submissions to eRA Commons (e.g., Submission of RPPRs, Federal Financial Reports, Just-in-Time documents, institutional registrations, and other items submitted through eRA Commons).
  - Submission of new applications through ASSIST.
- Anticipated delays in making awards will not change the terms and conditions of any future or existing awards. Grantees will retain the ability to incur pre-award obligations and expenditures up to 90 days before the budget period start date at their own risk throughout this period.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-088.html

SDFI Form – Disclosures required for Application Sponsors & Mentors

- Applicant sponsors and mentors meet the Investigator definition and are required to complete the SDFI form for the application/project that they are listed on
- Investigator: any individuals responsible for the design, conduct, or reporting of the results of work performed or to be performed under the sponsored project.

Subrecipient Monitoring Requirements – Upcoming Changes

University of Massachusetts UMASS Medical School

- OMB Uniform Guidance, specifically sections §200.330 and §200.331, requires prime recipients of federal funds to monitor subawards and to ensure subrecipients meet audit requirements and use funds in accordance with applicable laws, regulations and terms of the award.

- As a non-profit recipient of federal UMMS must ensure that its subrecipients comply with the Uniform Guidance administrative requirements, cost principles and audit requirements. Our responsibilities include:
  - Informing subs of all applicable federal laws and regulations and all appropriate flow-down provisions from the prime agreement
  - Reviewing the subs' audit results via the Federal Audit Clearinghouse (http://harvester.census.gov/sac/)
  - Reviewing any corrective actions cited by subrecipients in response to their audit findings, where the audit findings are related to UMMS's awards to the subrecipients.
  - Issuing a management decision on subrecipient's audit findings within six months after receipt of the audit results and ensuring the subrecipient takes appropriate and timely corrective action

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
March 2014 – March 2015

	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
Count	71	70	110	127	104	67	100	115	77	62	119	117	89
On Time	44%	39%	43%	50%	40%	37%	48%	44%	34%	50%	54%	40%	47%
Late	56%	55%	49%	46%	52%	58%	47%	52%	61%	48%	42%	56%	46%
After the fact	0%	6%	8%	4%	8%	5%	5%	3%	4%	2%	4%	4%	7%
Withdrawn	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Expedited Request (3 days or less)	37%	44%	29%	33%	36%	49%	30%	30%	38%	29%	28%	44%	34%

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
March 2014 to March 2015 Comparison

PROPOSALS	2014	2015	Change
Count	71	89	+18
On Time	44%	47%	+3
Late	56%	47%	-9
After the fact	0%	7%	+7
Withdrawn	0%	0%	-
Total	100%	100%	
Expedited Request (3 days or less)	37%	34%	-3

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
March 2014 – March 2015

University of Massachusetts Medical School

	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
Count	40	54	36	39	32	13	15	23	20	26	33	33	50
On Time	45%	36%	58%	41%	25%	39%	40%	35%	25%	31%	61%	46%	42%
Late	45%	44%	36%	36%	56%	15%	33%	48%	50%	61%	30%	39%	52%
After the fact	10%	20%	6%	23%	19%	46%	27%	17%	25%	8%	9%	15%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Expedited Request (3 days or less)	33%	22%	31%	26%	38%	8%	27%	22%	45%	46%	18%	27%	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
March 2014 to March 2015 Comparison

University of Massachusetts Medical School

PROGRESS REPORTS	2014	2015	Change
Count	40	50	+10
On Time	45%	42%	-3
Late	45%	52%	+7
After the fact	10%	6%	-4
Withdrawn	0%	0%	-
Total	100%	100%	-
Expedited Request (3 days or less)	33%	38%	+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

Table 3 Charges by activity

Service Line	Type of Charge	Federal	Other Non Profit (Foundation, Department)	Industry
IRB	Start up	None	$500	$3000 $1000 if central IRB
	Annual	None	$200	$1000 $300 if central IRB
	Amendment (major, requiring consent change)	None	$100	$500 $100 if central IRB
IDS (Pharmacy)	Start up	None	$500 if charge	$1250
	Per patient dispense	Calculated by IDS	Calculated by IDS	Calculated by IDS
	Maintenance	None	$50	$75
	Closeout	None	$250	$250
Clinical trials unit[1]	IRB submission	$50/hour or $500[2]	$50/hour or $500[2]	$1250
	Ongoing regulatory (amendments, annual renewals)	$50/hour	$50/hour	$75/hour
	Nursing charge per hour (in CRC)	$75/hour	$75/hour	$100/hour
	Nursing charge per hour (outside of CRC, weekends)	$100/hour	$100/hour	$125/hour
	Full coordination fee (includes nursing)	$100/hour	$100/hour	$125/hour
	Full day service (Investigator meetings)	$500	$500	$800
	Room charge per hour	None	$40/hour	$60/hour
Research Operations	Monitoring by Res Op staff	$50/hour	$50/hour	$75/hour
	Study close out	None	None	$750
UMMC purchased services[3]	Laboratory, radiology	Research rate	Research rate	1.25 x Research Rate

1. Consultation with the Manager of the Clinical Research Center (CTU) should be obtained for estimates of costs in developing budgets
2. Costs will be based on the lowest amount
3. Regardless of actual amount budgeted or awarded, patient care services purchased for non-industry trials are charged to study teams at the current research rates for that service. Industry pricing is set at 1.25 times the research rate and are charged to study teams at the applicable rate as reflected on the billing grid or research billing agreement. In all cases, these rates should be used as a floor for budget development and contract negotiations. While individual line items in a budget may not reflect the actual research rate charged to the study team, total charges for purchased services must be equal to the total direct patient care costs at the applicable research rate.
4. For multiyear budgets a 5% inflation factor should be applied to all budgets irrespective of sponsor

REQUEST FOR RESEARCH RATES

INVESTIGATOR

FUNDING SOURCE

PROTOCOL#

REQUEST DATE

DEPARTMENT

LOCATION

MEDICARE RATES WILL BE QUOTED FOR ALL FEDERALLY FUNDED PROJECTS

DESCRIPTION* (DO NOT USE ABBREVIATIONS)	CPT CODE	FACILITY FEE	GROUP CODE	GROUP FEE

CPT codes are required for all lab tests and can be found at the following link:
http://www.questdiagnostics.com/testcenter/TestCenterHome.action

If related to a grant application this form should be attached to the paperwork you submit to Research Funding Service

Once you receive a Project/Grant number, you will need to submit a "Special Account Authorization" form and completed Billing Grid to the Office of Clinical Research in order to establish a G98 billing number for the study, a copy of this request should accompany that form.

Upcoming Biosketch Training Clinics

Event	Location	Date	Start	End
Biosketch Clinic	Library Comp Rm	4/14/2015	12:00	1:00 PM
Biosketch Clinic - K&R Club	TBD	4/15/2015	12:30	1:30 PM
Biosketch - QHS/Maps	9th floor ASC	4/16/2015	1:30	2:30 PM
Biosketch Clinic	Library Comp Rm	4/21/2015	12:00	1:00 PM
Biosketch ASG	LRB 203	4/21/2015	3:30	4:30 PM
Biosketch Clinic	Library Comp Rm	4/28/2015	12:00	1:00 PM
Biosketch ASG	AS6 - 2072	4/28/2015	3:30	4:30 PM
Biosketch QHS/Maps	9th floor ASC	4/30/2015	1:30	2:30 PM
Biosketch Training - Emer Med	TBD	5/5/2015	11:00	12:00 PM
Biosketch - Myers	Library Comp Rm	5/11/2015	9:30	10:30 AM
Biosketch Psychiatry	Chang Bldg	5/12/2015	10:00	11:00 AM
Biosketch - GSN	GSN Conf Rm	5/14/2015	9:00	10:00 AM
Biosketch Clinic	Library Comp Rm	TBD		
Biosketch Neurobiology	TBD	TBD		

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

National Institutes of Health
Office of Extramural Research

Department of Health
and Human Services (HHS)

USA.gov
Government Made Easy
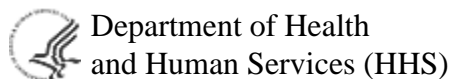
NIH… Turning Discovery Into Health®

Reminder: NIH Policy on Application Compliance

Notice Number: NOT-OD-15-095

Key Dates
Release Date: April 15, 2015

Related Announcements
None

Issued by
National Institutes of Health (NIH)

Purpose

The purpose of this notice is to remind applicants, both investigators and grants office officials, that to be fair to all concerned the NIH needs to consistently apply standards for application compliance.

Policy

Be mindful that non-compliance can have serious consequences. NIH may withdraw any application identified during the receipt, referral and review process that is not compliant with the instructions in the SF424 (R&R) Application Guide, the Funding Opportunity Announcement, and relevant NIH Guide Notices.

Some **examples** of how this policy is applied to NIH applications *include but are not limited to*:

- Applications containing one or more biosketches that do not conform to the required format may be withdrawn (NOT-OD-15-032).
- Applications that do not conform to the page limit requirements because inappropriate materials have been included in other parts of the application may be withdrawn (NOT-OD-11-080).
- Applications submitted as new but containing elements of a resubmission or renewal application are noncompliant with the resubmission policy and may be withdrawn (NOT-OD-15-059).
- Applications submitted after 5 PM local (applicant organization) time on the application due date may be withdrawn (NOT-OD-15-039).

It is important to remember that these are just examples, and that all requirements specified in the SF424 (R&R) Application Guide, the Funding Opportunity Announcement, and relevant NIH Guide Notices are to be followed. When in doubt about compliance policy, contact NIH "Grants Info" or the Division of Receipt and Referral as listed below.

If an application is withdrawn because it does not conform to the application preparation and submission instructions, a letter will be placed in the eRA Commons Status page for that application. The PD/PI and the AOR from the applicant organization will be notified by eRA Commons to access their account and view the explanatory letter.

Inquiries

Please direct all inquiries to:

Grants Info
Office of Extramural Research (OER)
National Institutes of Health
Telephone: 301-435-0714
Email: grantsinfo@nih.gov

or

Division of Receipt and Referral
Center for Scientific Review (CSR)
National Institutes of Health
Telephone: 301-435-0715
Email: csrdrr@mail.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)

USA.gov
Government Made Easy

NIH… Turning Discovery Into Health®

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

Reporting Publications in the Research Performance Progress Report (RPPR)

Notice Number: NOT-OD-15-090

Key Dates
Release Date: April 10, 2015

Related Announcements
None

Issued by
National Institutes of Health (NIH)

Purpose

The purpose of this guide notice is to amend instructions for reporting publications in the Research Performance Progress Report (RPPR). Awardees are encouraged to electronically report any publications found in Table 1 of the RPPR which were previously reported using the paper 2590 process or as part of a competing renewal application. This transitional, one-time measure to report each publication electronically in the RPPR ensures that NIH systems can store all appropriate award-publication associations.

Background

Current RPPR instructions direct awardees to report only those publications that have been accepted for publication during the reporting period. However, NIH can only systematically link publications to awards if those papers were reported to us electronically using RPPR or eSNAP. These definitive linkages have not been possible for publications reported on paper forms, such as the PHS 2590. Maintaining appropriate linkages between publications and awards enables electronic systems, such as My Bibliography, to automatically populate biosketches and reporting systems, such as RePORTER, to identify results of NIH supported research.

For more information and resources on the RPPR, please visit
http://grants.nih.gov/grants/rppr/index.htm.

Inquiries

Please direct all *policy* inquiries to:

Division of Grants Policy
Office of Policy for Extramural Research Administration (OPERA)
Telephone: 301-435-0949
Email: GrantsPolicy@od.nih.gov

Please direct all *technical* inquiries to:

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

Notice of Potential Delays to NIH Issuing Awards in May 2015

Notice Number: NOT-OD-15-088

Key Dates
Release Date: April 9, 2015

Related Announcements
None

Issued by
National Institutes of Health (NIH)

Purpose

This Notice is to inform NIH applicants and grantees that NIH's ability to issue competing and non-competing awards may be delayed for two weeks from May 19, 2015 until June 3, 2015. During this time, a series of software upgrades will be made to NIH accounting and business systems that have wide-reaching impacts across the NIH. These also connect to NIH grant-making systems, and while every effort will be made to minimize the expected downtime, it may take up to two weeks to complete all the work.

Extramural research activities that will be impacted by the outage:

- No new or revised Notices of Award will be issued, regardless of grant type (e.g., New Type 1 awards, Non-competing Type 5 awards, Type 7 Transfer awards, etc).
- No establishment or changes of EINs (Employer Identification Numbers) used to pay awards will be made.
- No processing of No-Cost Extensions of the final budget period. Although eRA Commons will remain available for institutions submitting these requests, and the Payment Management System will remain available for drawing down funds, NIH records will not be updated during the downtime.
- No processing of Fellowship Activations. Although xTrain will remain available for institutions submitting activation forms, NIH records will not be updated during the downtime.

Extramural research activities that NIH does not expect to be impacted by the outage:

- Draw down of funds on existing awards from the Payment Management System
- Submission and review of new applications through Grants.gov

Additionally, eRA systems will be performing a software upgrade on May 23, 2015. During this eRA downtime expected to last up to 12 hours, the following functions will not be available, but they will return and remain available throughout the rest of the two-week upgrade period.

- Submissions to eRA Commons (e.g., Submission of Research Performance Progress Reports, Federal Financial Reports, Just-in-Time documents, institutional registrations, and other items submitted through eRA Commons.
- Submission of new applications through ASSIST.

The anticipated delay in making awards will not change the terms and conditions of any future or existing awards. Grantees will retain the ability to incur pre-award obligations and expenditures up to 90 days before the budget period start date at their own risk throughout this period. See the NIH Interim Grant General Conditions (http://grants.nih.gov/grants/policy/NIH%20Interim%20Grant%20General%20Conditions.pdf) and the Grants Policy Statement for more details on this authority (http://grants.nih.gov/grants/policy/nihgps_2013/nihgps_ch7.htm#preaward_preagreement_costs).
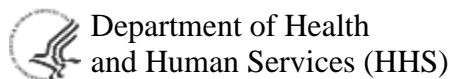
Additional information on this downtime will be published as it becomes available.

Inquiries

Please direct all inquiries to:

Office of Policy for Extramural Research Administration (OPERA)
Office of Extramural Research (OER)
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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)

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ACRONYM/TERM	DESCRIPTION
AHRQ	Agency for Health Care Research & Quality
ASSIST (NIH)	Application Submission System & Interface for Submission Tracking
AOR	The individual, named by the applicant organization, who is authorized to act for the applicant and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to NIH grant applications or grant awards. This official is equivalent to the Signing Official in the eRA Commons
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
BSD	Biographical Sketch Dashboard
Cayuse 424	Cayuse is a web-based system for submission of applications via grants.gov.
EIN	Employer Identification Number
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.
eSNAP	Electronic Streamlined Non-Competing Award is a streamlined process for the submission of information necessary to receive a non-competing award
IDS	Investigational Drug Service
IRB	Institutional Review Board (Human Subjects)
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
NOA	Notice of Award
OCR	Office of Clinical Research
OMB	Office of Management & Budget
PHS 2590	Non-Competing Continuation Progress Report
PI	Principal Investigator
PRF	Proposal Routing Form
RePORTER (NIH)	RePORTER is an electronic tool that allows users to search a repository of NIH-funded research projects and access publications and patents resulting from NIH funding.
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.
SDFI	Summary Disclosure of Financial Interests (SDFI) form. Used by UMMS to disclose signficant financial interests on a proposal/project basis.
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.
xTrain	xTrain provides program directors/principal investigators, university administrators, and trainees the ability to electronically prepare and submit NIH Statement of Appointment forms and Termination Notices associated with institutional research training grants, institutional career development awards, individual fellowships and research education awards.