

# Research Funding Services Brown Bag

November 8, 2012



## Agenda

- New Policy - Effort Commitments & Salary Charges on Sponsored Projects
- NIH Continuing Resolution (NOT-OD-13-002)
- NIH Guidance Regarding Hurricane Sandy & Delays in Grant Application Submissions
- Revisions to PHS 3734 (Grant Relinquishment Form)
- Research Performance Progress Report (RPPR) Update
- FCOI Update
- RFS Forms Update
- August/September Proposal & Progress Report Statistics

## Effort Commitments & Salary Charges on Sponsored Projects

- Policy 10.06.05      Effective Date 10-1-12
- Effort is defined as the proportion of time spent on any University activity and expressed as a percentage of total time. Total effort for an employee must equal 100%.
- Charges to sponsored projects must be based on the UMMS funded salary and, where appropriate cannot exceed salary caps or other limitations imposed by external sponsors.
- Faculty may commit and/or fund up to 95% of their UMMS effort annually on sponsored projects. Only in exceptional circumstances should faculty research effort and salary exceed 95%.
- Faculty cannot be committed and/or funded 100% off of sponsored awards if they do any teaching, grant writing, serve on committees or perform any other UMMS administrative duties.

[http://inside.umassmed.edu/uploadedFiles/policies/Vol10-6 Research Funding Services/10.06.05%20Effort%20Commitments%20and%20Salary%20Charges%20on%20Sponsored%20Projects.pdf](http://inside.umassmed.edu/uploadedFiles/policies/Vol10-6%20Research%20Funding%20Services/10.06.05%20Effort%20Commitments%20and%20Salary%20Charges%20on%20Sponsored%20Projects.pdf)



## NIH Continuing Resolution

- NIH Notice NOT-OD-13-002; Released 10/11/12
- DHHS is operating under a Continuing Resolution (CR) that was signed by President Obama on 9/28/12. The CR continues government operations through March 27, 2013 at the FY 2012 level plus 0.6 percent.
- Until FY 2013 appropriations are enacted, NIH will issue non-competing research grant awards at a level below that indicated on the most recent Notice of Award (generally up to 90% of the previously committed level). This is consistent with NIH's practice during the CRs of FY 2006 - 2012.
- Upward adjustments to awarded levels will be considered after FY 2013 appropriations are enacted but NIH expects institutions to monitor their expenditures carefully during this period.
- All legislative mandates in effect in FY 2012 remain in effect under the CR, including the salary limitation set at Executive Level II of the Federal Pay Scale (\$179,700), which was effective with grant awards with an initial Issue Date on or after December 23, 2011 (see NOT-OD-12-034 and NOT-OD-12-035).



## Delays in Grant Application Submission due to Hurricane Sandy

**Notice Number:** NOT-OD-13-006

### Key Dates

**Release Date:** October 26, 2012

### Issued by

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

### Purpose

The NIH realizes that the path of Hurricane Sandy may cause problems in grant application submission for organizations located over a wide portion of the east coast. The usual NIH practice for such circumstances will apply. Electronic and paper applications submitted late because of weather problems must include a cover letter noting the reasons for the delay. It is not necessary to get permission in advance for weather-related delays in grant application submissions. The delay should not exceed the time period that an applicant organization/institution is closed. NIH has established a Web page on the NIH Extramural Response to Natural Disasters that provides information on a variety of topics: [http://grants.nih.gov/grants/natural\\_disasters.htm](http://grants.nih.gov/grants/natural_disasters.htm).

Presentation Title



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### NIH Extramural Response to Natural Disasters and Other Emergencies [http://grants.nih.gov/grants/natural\\_disasters.htm](http://grants.nih.gov/grants/natural_disasters.htm)

Assistance to the NIH community during natural disasters is handled on a case-by-case basis in a manner appropriate to the circumstances.

A primary concern of NIH applicants is how to handle when an institution is closed due to natural disaster or other emergency situation.

In these cases it is not necessary to get permission in advance for delays in grant application submissions. Instead, electronic and paper applications submitted late must include a cover letter indicating the reasons for the delay.

**The delay should not exceed the time period that the applicant organization is closed.**

Presentation Title



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## Revised PHS 3734

- Revised to remove Financial Officer signature
- Grant Accounting still required to review and approve unobligated balance amount and equipment transfers before the form can be submitted to RFS for Authorized Official Signature
- Grant Accounting Notification to RFS will be via email.

Form Approved Through 05/31/2015  
OMB No. 0925-0002

Department of Health and Human Services, Public Health Service  
**Official Statement Relinquishing Interests  
and Rights in a Public Health Service Research Grant**  
(Return original to awarding unit)

The PHS estimates that it will take 30 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive, Room 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0002). Do not return the completed form this address.

Name of Institution \_\_\_\_\_  
Address (city and state) \_\_\_\_\_  
Principal Investigator \_\_\_\_\_  
on Public Health Service grant number \_\_\_\_\_  
has expressed a desire to continue his/her research project at the \_\_\_\_\_

In view of the fact that we do not wish to nominate another principal investigator or continue the research project at this Institution, this is to signify our willingness to terminate this grant as of \_\_\_\_\_ (date) and to relinquish all claims to any unexpended and uncommitted funds remaining in the grant as of that date, as well as to all recommended future support of this project.

| Equipment Costing \$5,000 or More<br>Transferring with the Project (itemize) | Unexpended Balance — Estimated                      |
|--|---|
| 1. _____   | The unexpended balance on termination date of _____ |
| 2. _____   | _____ calculated on basis of total amount           |
| 3. _____   | awarded for the grant year, will be approximately   |
| 4. _____   | \$ _____ direct cost                                |
| 5. _____   | \$ _____ indirect cost                              |
| 6. _____   |   |

Use separate page for additional items.

That portion of the estimated unexpended balance which has been received will be returned to the Public Health Service, upon request, with a final adjustment, if required, to be made after the grant account has been audited.

Official Authorized to Sign Application

Signature \_\_\_\_\_  
Name and Title (print or type) \_\_\_\_\_

**Privacy Act Statement.** The NIH maintains application and grant records as part of a system of records as defined by the Privacy Act: NIH 09-25-0006, Extramural Awards and Chartered Advisory Committees (IMPAC 2), Contract Information (C012), and Cooperative Agreement Information, HHS/NIH: <http://oma.od.nih.gov/omk/privacy/privacy0035.htm>.

PHS 3734 (Rev. 05/12)

## Revised PHS 3734 (Relinquishment Statement)

- Revised in August 2012
  - Requires only one Institutional signature
  - For internal processing, submit a completed PHS 3734 to Financial Services
  - Include a worksheet with an estimated balance
  - Financial Services will approve and forward to RFS for signature

| PI _____            |                  | Grant: NIH 5R01XX00001-02 |             | Effective date: _____ |                  |                   |   |
|---------------------|------------------|---------------------------|-------------|-----------------------|------------------|-------------------|---|
| Total               | Budget           | Balance as of 10-29-12    | Encumbrance | Balance Available     | Reserve @ 10%    | Relinquish Amount | Notes   |
| Salary              | \$158,447        | \$ 65,000                 |             | \$ 65,000             | \$ 6,500         |                   |   |
| Fringe              | \$45,553         | \$ 18,688                 |             | \$ 18,688             | \$ 1,869         |                   |   |
| Travel              | \$6,000          | \$ 3,000                  | \$ 1,200    | \$ 1,800              | \$ 180           |                   |   |
| Supplies            | \$25,000         | \$ 12,500                 |             | \$ 12,500             | \$ 1,250         |                   |   |
| Animal Care         | \$10,000         | \$ 5,000                  | \$ 800      | \$ 4,200              | \$ 420           |                   |   |
| Other               | \$5,000          | \$ 3,500                  | \$ 500      | \$ 3,000              | \$ 300           |                   |   |
| <b>DIRECT TOTAL</b> | <b>\$250,000</b> | <b>\$ 107,688</b>         |             | <b>\$ 105,188</b>     | <b>\$ 10,519</b> | <b>\$ 94,669</b>  |   |
| Indirect            | \$161,250        | \$ 69,458                 |             | \$ 67,846             | \$ 6,785         | \$ 61,061         |   |
| <b>TOTAL</b>        | <b>\$411,250</b> | <b>\$ 177,146</b>         |             | <b>\$ 173,033</b>     | <b>\$ 17,303</b> | <b>\$ 155,730</b> | Emp reimb pending late to bill recharges remaining animal exp Core facility charges |

## Research Performance Progress Report (RPPR)

- Mandated effective April 2013
- Replaces eSNAP Progress Reports
- Option to use it now for all Progress Reports
  - Must initiate either RPPR or eSNAP in the Commons
- Applicable to all SNAP awards
- Not available to Complex Awards and Training Grants

Additional information at: <http://grants.nih.gov/grants/rppr/>



## RPPR - 7 Active Reporting Components

- A. **Cover Page:** Mostly pre-populated
- B. **Accomplishments:** Scientific goals and milestones
- C. **Products:** Publications, Inventions, etc. (dynamic link to MyNCBI)
- D. **Participants:** (All Personnel Report)
  - Effort reported in whole numbers
  - PI effort is entered, even if <1 cm
  - Other Support: (only if changes) include current award
- E. **Impact:**
  - Additional information required for 1<sup>st</sup> tier foreign Subrecipients
- F. **Changes:** In HS, animals, biohazards and/or select agents
- G. **Special Reporting Requirements:** As stated in the NoA



U.S. Department of Health & Human Services  
**eRA Commons**  
 Sponsored by National Institutes of Health

Welcome: SUE PA  
 Institution: SCIENCE UNIVERSITY  
 Role: PI  
[Logout](#) | [Contact Us](#) | [Help](#)

Home | Admin | Institution Profile | Personal Profile | Status | **eSNAP** | Internet Assisted Review | xTrain | Admin Supp | eRA Partners

Grant List | **Manage eSNAP** | B Accomplishments | C Products | D Participants | E Impact | F Changes | G Special Reporting Req | H Budget

**A. Cover Page**

|   |  |   |  |
|---|--|---|--|
| <b>Grant Information</b><br>Grant Number: SR01DE000000-03<br>Project Title: Pain Pathways   |  | <b>A.4 Recipient Organization Information</b><br>Organization Name: SCIENCE UNIVERSITY<br>Address: SCIENCE UNIVERSITY<br>31 Jackson Pl Rd<br>PORTLAND, OR 970909098 |  |
| <b>A.1 Program Director/Principal Investigator (PD/PI) Information</b><br>Name: SUE, SUE A<br>E-mail: eRATest@mail.nih.gov<br>Phone: (555) 555-2550   |  | DUNS: 090909099<br>EIR: 1909090909A1<br>Recipient ID: <input type="text"/>  |  |
| Is there a change of contact PD/PI on a multiple-PI award? <input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No<br>If yes, provide the eRA Commons ID of the new contact PD/PI: <input type="text"/> |  | <b>Project/Grant Period</b><br>Start Date: 02/01/1999 End Date: 03/31/2014  |  |
| <b>A.2 Signing Official Information</b><br>Name: NULL, JESSE<br>E-mail: eRATest@mail.nih.gov<br>Phone: (555) 555-2550   |  | <b>Reporting Period</b><br>Start Date: 04/01/2012 End Date: 03/31/2013  |  |
| <b>A.3 Administrative Official Information</b><br>Name: VALERIE, VALERIE<br>E-mail: eRATest@mail.nih.gov<br>Phone: (555) 555-2550   |  | <b>Requested Budget Period</b><br>Start Date: 04/01/2012 End Date: 03/31/2013<br>Report Frequency: <input type="text"/> Other Frequency: <input type="text"/>       |  |

A Cover Page | B Accomplishments | C Products | D Participants | E Impact | F Changes | G Special Reporting Req | H Budget

## FCOI Update

- Policy has been in effect since 8/1/12
- 1,317 UMMS faculty/staff have taken the FCOI training
- RFS continues to request a current SDFI disclosure form for awards received after 8/1/12 in order to confirm Investigator status and COI training
- Reminder – all individuals identified on the SDFI form must have completed FCOI training before a project can be set up
- New Non-UMMS Individual Investigator Disclosure Form



## New Non-UMMS Individual Investigator Disclosure Form

- Intended for non-UMMS Consultants, Collaborators or Individuals meeting investigator definition
- Not intended for subrecipients (form is for individuals)
- Form available on FCOI website and on RFS Forms page

**University of Massachusetts Medical School**  
**Non-UMMS Individual Investigator Disclosure of Financial Interests**

This form is for non-UMMS Consultants, Collaborators or Other Individuals with significant responsibilities who meet the PHS definition of an Investigator. Subrecipients **do not** fill out this form. This information is required to comply with the PHS Regulations on the Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought (42 CFR Part 50, Subpart F) and responsible Prospective Contractors (42 CFR Part 94). Completion of this form is **mandatory**.

UMMS PHS Supported Project Title: \_\_\_\_\_

UMMS Principal Investigator: \_\_\_\_\_

The UMMS Principal Investigator responsible for this PHS application has determined that you meet the definition of an "Investigator" for this project.

For the purposes of this disclosure, **Investigator** is defined as any person, regardless of title or position, who is responsible for the design, conduct, or reporting of research, or proposed for such funding, which includes subawardees, consultants and unpaid collaborators.

Name of Disclosing Individual: \_\_\_\_\_ E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_

**INVESTIGATOR DISCLOSURE**

1. Do you (and your spouse and dependent children) have a significant financial interest in a publicly traded entity that when aggregated exceeds \$5,000? When determining your response to this question, please add the value of any equity interest as of the date of this disclosure to any remuneration received from the entity in the twelve months preceding this disclosure.  
☐ Yes ☐ No If yes, provide name of business entity: \_\_\_\_\_
2. Do you (or your spouse and dependent children) have the following significant financial interests in a non-publicly traded entity?  
 a. Remuneration that when aggregated exceeds \$5,000.  
☐ Yes ☐ No If yes, provide name of business entity: \_\_\_\_\_  
 b. Any interest equity.  
☐ Yes ☐ No If yes, provide name of business entity: \_\_\_\_\_
3. Have you (and your spouse and dependent children) received income in excess of \$5,000 during the twelve months preceding this disclosure that is related to intellectual property rights and interests (e.g., patents, copyrights)?  
☐ Yes ☐ No If yes, provide name of business entity: \_\_\_\_\_
4. Has any organization sponsored or reimbursed you for any travel you have taken that is related to the proposed work on this project? *Note: You are not required to disclose travel that is reimbursed or sponsored by a Federal, state or local government agency, an institution of higher education as defined in 10 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.*  
☐ Yes ☐ No If yes, provide name of business entity: \_\_\_\_\_
5. Is your participation in this application/project being conducted as a consulting or outside activity separate from your primary appointment at an academic institution or hospital?  
☐ Yes ☐ No If yes, provide name of institution/hospital: \_\_\_\_\_

**INVESTIGATOR CERTIFICATION**

I certify to the best of my knowledge that the information disclosed herein is complete and accurate. By signing this form I agree to comply with the applicable FCOI regulations set forth in 42 CFR Part 94 and 42 CFR Part 50, Subpart F. Should this project be funded, I understand that I will be required to provide documentation to UMMS that I have completed the required FCOI training at: <http://grants.nih.gov/grants/policy/ohrt/ohrt2011.html> before I can begin work on the project.

Signature of Individual Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

PHS FCOI regulations available at: <http://grants.nih.gov/grants/policy/ohrt/>

## Revised No Cost Extension Request Form

<http://www.umassmed.edu/uploadedFiles/research/funding/RFS/Forms/NCE%20Form.pdf>

Clarification language added indicating that the form is to be used for initial no-cost extension requests.

NCE Request Form is to be used only for grant awards where UMMS is the prime recipient.

The one-time NCE election does not exist at the subrecipient level as subrecipient NCE's are always dependent on the prime recipient's award end date.

**University of Massachusetts Medical School**  
**Initial No-Cost Extension Request**

(This form is to be used for grant awards where UMMS is the prime recipient)

*While sponsors expect Principal Investigators (PIs) to complete projects and deliverables, inclusive of final reports by the stipulated end date, occasionally additional time is needed. A no-cost extension gives the PI time to complete the scope and objectives of the project without additional funds being provided by the sponsor. Although requests may not be made for the sole purpose of spending remaining funds, you may expend remaining funds during the no-cost extension period.*

This form is applicable for the initial no-cost extension request. Additional requests beyond the first no-cost extension require prior approval by the sponsor. Please contact Research Funding Services for these requests.

If the sponsor of the project does not allow UMMS to execute a no-cost extension under expanded authorities (i.e., non-federal grants, foundation awards, etc.), please attach documentation of prior approval for the no-cost extension from the sponsor.

*\*Indicate required fields*

**AWARD INFORMATION**

\*Award Title: \_\_\_\_\_ \*Sponsor Ref. Award #: \_\_\_\_\_

\*Sponsor Name: \_\_\_\_\_ \*Current End Date: \_\_\_\_\_ \*Requested End Date: \_\_\_\_\_

\*PI Award #: \_\_\_\_\_

\*For NIH Awards: please indicate the requested time period of the extension: ☐ 6 MONTHS ☐ 9 MONTHS ☐ 12 MONTHS

\*PI Name: \_\_\_\_\_ \*Dept. Name: \_\_\_\_\_

\*Current Effort %: \_\_\_\_\_ \*Will the level of effort for the PI change significantly (25% or more) in the no-cost extension period? ☐ Yes ☐ No (Prior approval required if Yes)

\*Will the level of effort for other Senior/Key Personnel change significantly (25% or more) in the no-cost extension period? ☐ Yes ☐ No

\*Explanation/Justification for No-Cost Extension Request: \_\_\_\_\_

**SUBAWARDS/SUBRECIPIENTS**

\*Are there any subawards on this award? ☐ Yes ☐ No *Is the no-cost extension applicable to the subawards?* ☐ Yes ☐ No

LEGAL NAME OF SUBRECIPIENT: \_\_\_\_\_ SUBAWARD REFERENCE NO./PURCHASE ORDER: \_\_\_\_\_

If additional subawards need to be extended (please attach a separate sheet): \_\_\_\_\_

**COMPLIANCE INFORMATION/CERTIFICATIONS**

\*Human Subjects? ☐ Yes ☐ No Docket/Protocol #: \_\_\_\_\_ Approval Date: \_\_\_\_\_

\*Animal Subjects? ☐ Yes ☐ No Docket/Protocol #: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Please attach the IRB or IACUC approval letter for all protocols applicable to the scope of work.

**CERTIFICATIONS AND APPROVALS**

Signature of the Principal Investigator below assures that all information included here is true and accurate to the best of their knowledge and commits the investigator to take financial responsibility for the proposed action, including any associated cost share.

Signature of the Department Administrator (as required) below indicates concurrence with the investigator's certification above.

Principal Investigator: \_\_\_\_\_ Department Administrator: \_\_\_\_\_

Research Funding Services: \_\_\_\_\_ Grant Accounting: \_\_\_\_\_

## SUBMISSIONS TO RFS

1/1/12 – 9/30/12

| PROPOSALS                             | January     | February    | March       | April       | May         | June        | July        | August      | September   |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Count                                 | 136         | 119         | 95          | 61          | 104         | 100         | 84          | 62          | 100         |
| On Time                               | 60%         | 61%         | 45%         | 33%         | 51%         | 50%         | 50%         | 60%         | 62%         |
| Late                                  | 36%         | 33%         | 48%         | 57%         | 40%         | 43%         | 48%         | 35%         | 37%         |
| After the fact                        | 4%          | 6%          | 7%          | 10%         | 9%          | 7%          | 2%          | 5%          | 1%          |
| <b>Total</b>                          | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> |
| Expedited Request<br>(3 days or less) | 24%         | 23%         | 35%         | 39%         | 31%         | 31%         | 29%         | 26%         | 22%         |

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

1/1/12 – 9/30/12

| PROGRESS REPORTS                      | January     | February    | March       | April       | May         | June        | July        | August      | September   |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Count                                 | 34          | 41          | 40          | 45          | 39          | 29          | 26          | 10          | 11          |
| On Time                               | 50%         | 41%         | 45%         | 47%         | 34%         | 38%         | 23%         | 30%         | 37%         |
| Late                                  | 47%         | 49%         | 38%         | 42%         | 56%         | 41%         | 62%         | 50%         | 27%         |
| After the fact                        | 3%          | 10%         | 17%         | 11%         | 10%         | 21%         | 15%         | 20%         | 36%         |
| <b>Total</b>                          | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> |
| Expedited Request<br>(3 days or less) | 44%         | 41%         | 30%         | 29%         | 31%         | 17%         | 31%         | 30%         | 0%          |

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.







## Effort Commitments and Salary Charges on Sponsored Projects

POLICY 10.06.05

Effective Date: 10-1-2012

Date Last Revised: NA

The following are responsible for the accuracy of the information contained in this document

### Responsible Policy Administrators

Diego Vazquez, Assistant Vice Provost  
Research Funding Services

Amy Miarecki, Senior Director,  
Post-Award Administration & Compliance

### Responsible Departments

Research Funding Services  
Office of the Vice Provost for Research

Grant Accounting & Compliance  
Department of Financial Services

**Contact** RFS (508) 856-2119

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## Policy Statement

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It is understood by the UMass Medical School (UMMS) that individuals receiving sponsored project funding will commit and expend effort in support of their project. Federal costing policies and the policies of individual granting agencies require that the Principal Investigator/Project Director of a sponsored project devote measurable effort to the project.

In addition, committed effort to all institutional activities, including sponsored projects, cannot exceed 100% of the effort for which an individual is paid by the Medical School. UMMS faculty are expected to charge their time commensurate with the effort spent on all activities they perform in their academic position. For the purposes of this policy, effort is measured in terms of percentage and not in terms of hours worked.

As a recipient of sponsored awards, UMMS must assure sponsors that the effort expended on a project corresponds with the salary charged to that project and any cost shared effort commitments are provided. Therefore, UMMS certifies faculty effort on sponsored projects by an annual Effort Certification process. The link between salary charged and effort expended is the underlying principle of this system. Salaries charged must match effort expended over the course of the year. Significant variances must be adjusted within the time limits prescribed in [Cost Transfer Policy 05.02.03](#).

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## Reason for Policy

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As part of its risk management and compliance function related to sponsored awards, the University is responsible for ensuring consistency in its effort reporting process.

It is the policy of UMMS that effort committed by faculty on sponsored projects be actively managed so that these effort commitments not only reasonably reflect the time devoted to each sponsored activity, but also allow the faculty member to fulfill his/her other University obligations.

Charges to sponsored projects must be based on the UMMS paid salary and, where appropriate cannot exceed salary caps or other limitations imposed by external sponsors. UMMS is committed to providing clear guidance to faculty and staff regarding maximum level of effort on sponsored projects in order to mitigate risk and ensure appropriate compliance oversight.

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## Entities Affected By This Policy

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This policy is applicable to all employees committed and/or paid from sponsored project accounts. This does not apply to faculty paid through consulting agreements.

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## Related Documents

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- ◆ [OMB Circular A-21, "Cost Principles for Educational Institutions"](#)
- ◆ [NIH Grants Policy Statement](#)
- ◆ [UMMS Cost Transfer Policy 05.02.03](#)
- ◆ Request for Faculty Exception from 95% Maximum Sponsored Effort Rule Form

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## Scope

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**Maximum Levels of Effort:** Faculty and Primary Individuals may commit and/or fund up to 95% of their UMMS effort annually on sponsored projects. Only in exceptional circumstances should faculty research effort and salary exceed 95%.

Faculty cannot be committed and/or funded 100% off of sponsored awards if they do ANY teaching, grant writing, serve on committees or perform any other UMMS administrative duties. Exceptions over 95% must be preapproved in writing, on an annual basis, by the Department Chair and the Assistant Vice-Provost, Research Funding Services. See the attached "Request for Faculty Exception From 95% Maximum Sponsored Effort Rule" Form.

Individuals other than faculty may recover up to 100% of their salaries on sponsored project(s) only if such recovery is commensurate with their duties on the sponsored project(s) and that no duties outside of the sponsored project(s) are performed including preparation of additional sponsored proposals, Medical School committee appointments, or other services to the Medical School. Exceptions may be made for research faculty provided they are approved by the Assistant Vice-Provost for Research Funding Services.

**Minimum Levels of Effort:** Each Primary Individual shall commit at least 1% effort to each sponsored project, including clinical research studies, in which he or she is responsible for proposing, conducting, or reporting the results of the project. Exceptions to the minimum level of effort requirement may include awards for equipment and instrumentation grants; doctoral dissertation grants, and limited purpose grants such as travel/conference support and administrative supplements. In the case of an institutional training grant, at the time of award effort commitments are required only of the Project Director and those faculty who are actually supervising individual trainees.

**Effort Commitments at the Time of Proposal:** Prior to proposal submission to an external funding agency or in the case of awards made in the absence of a final proposal, the Department Chair or appropriate unit head should review and approve the effort commitments of each faculty member. Review and approval of proposed effort commitments is deemed to have been made and granted by the Department Chair or appropriate unit head when the UMMS Proposal Routing Form is signed.

**Effort Commitments at the Time of Award:** At the time of award, it is the responsibility of the PI, department Chair and appropriate administrative designee to ensure that total effort commitments meet the requirements of this policy.

**Cost Sharing of Effort:** Where effort is committed in a proposal but the corresponding salary is not fully funded by the grant, effort must be reflected for mandatory and committed cost sharing. Federal regulations require that committed cost sharing be tracked, documented and reportable. It is recommended that a cost sharing account be established to capture the cost shared salary within the general ledger. If a separate cost share account is not created in PeopleSoft then it is required that the cost sharing be reported manually during the annual Effort Certification process.

- **Voluntary Cost Sharing of Effort:** UMMS does not typically cost share effort on a voluntary basis, consistent with its objectives of receiving fair compensation from sponsors for research and scholarly activity conducted at the University. A voluntary commitment of uncompensated effort should be made only where the competitive circumstances or perceived institutional benefit of receiving the award are deemed to be sufficiently strong to warrant the commitment. Approval for voluntary committed cost sharing must be obtained from the Vice-Provost for Research. The signature of the Department Chair on a proposal routing form indicates that he/she also has approved any voluntary commitment to cost share effort.

**Reduction of Effort Commitments:** During the life of an award, when required by sponsor policies, it is the PI's responsibility to obtain University and sponsor prior approval for absences (generally a continuous period of 3 months or more). In addition, a significant (25% or more from the level of effort approved at the time of award) reduction of the PI's and/or other key personnel specifically named in the award requires the prior approval of most sponsors. If a reduction in effort commitment is made, the salary support coming from that award must be reduced commensurate with the effort.

- **No Cost Extensions:** It is the expectation of most sponsors that the PI and key personnel will continue to devote the same level of effort during a no cost extension period as during the original award period. If this is not the case it is the responsibility of the PI, working with Research Funding Services, to obtain, in writing from the sponsor, prior approval for reductions in effort of the PI and/or key personnel (25% or more) at the time of the request for the No Cost Extension.

**DHHS Salary Cap:** Where an individual's University salary for the period of the Effort Certification exceeds the Department of Health and Human Services salary cap, effort percentages for all DHHS funded sponsored research must reflect the total effort on such research, rather than just the percentage of salary reimbursed from federal grants. Effort in excess of the salary cap should be reflected as cost sharing on the Effort Certification statement.

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## Responsibilities

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**Principal Investigators** – are required to understand the principles of accurate effort reporting, to be aware of the level of effort committed to a sponsor in relation to all other work, must authorize all necessary HR/Payroll forms and certify annual effort cards for all staff working on their grants. They should work to ensure that payroll distributions are updated in a timely manner for changes in ongoing effort of staff working on their sponsored awards.

**Department Administrator** - should work to ensure that payroll distributions are updated in a timely manner for changes in ongoing effort of staff working on their departments sponsored awards, ensure effort certifications are completed and processed in a timely manner.

**Department Chair** – review and approve the Proposal Routing Form, to assure that other activities required of the faculty member will not conflict with the proposed effort commitment and confirm approval of any voluntary cost sharing.

**Research Funding Services** – ensure that federal awards accurately represent the amount of time that key personnel are committing to the project and will not result in an over commitment of effort on sponsored projects and in accordance with this policy.

**Assistant Vice Provost, Research Funding Services** – review, approve and provide a copy, to Grant Accounting, of approved requests for exception from the 95% maximum sponsored effort rule.

**Grant Accounting** – will ensure that level of effort funded from the grant is commensurate with the award notice for all key personnel, keep PeopleSoft key personnel effort commitments accurate and ensure no one is paid from federal grants at a rate above the current salary cap.

**Cost Analysis** – will review to ensure effort certifications are approved and processed in compliance with policy, sponsor agency requirements, and in a timely manner. This review will include reviewing to ensure level of effort commitments are certified within 25% of committed levels and cost sharing is reported appropriately.

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## Procedures

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Please see “Request for Exception from 95% Maximum Sponsored Effort Rule” Form for procedures.

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## Definitions

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**Effort:** The proportion of time spent on any University activity and expressed as a percentage of total time. Total effort for an employee must equal 100%. The University appointment serves as the basis for an individual’s total effort. In other words, for a 50% appointment, 100% effort is the 50% appointment.

**Faculty:** UMMS faculty at and above the rank of Assistant Professor (e.g., Department Chairs, Associate Professors, Research Assistant Professors, and Clinical Professors). This policy does not apply to faculty paid through consulting agreements (non-payroll payments).

**Committed Effort:** The amount of effort proposed in a grant or other project application and accepted by a sponsor, regardless of whether salary support is requested for the effort.

**Maximum Level of Effort:** The maximum level of effort that can be committed and/or funded on sponsored projects during a 12-month period. For the purposes of this policy the maximum level of effort committed/and or funded on sponsored projects is limited to 95% of a maximum of total UMMS effort. Only in exceptional circumstances should faculty research effort and salary exceed 95%.

**Minimum Levels of Effort:** The minimum level of effort that can be committed and/or funded on sponsored projects during a 12-month period. Each Primary Individual shall commit at least 1% effort to each sponsored project, including clinical research studies, in which he or she is responsible for proposing, conducting, or reporting the results of the project.

**Primary Individual:** A Primary Individual is a person listed as a principal investigator (PI), project director, co-investigator, co-project director, or those with comparable responsibilities on a sponsored project. A Primary Individual typically, but not always, carries an academic (i.e., faculty) appointment.

**Proposal Routing Form:** The UMMS form that documents internal approvals for proposals prior to submission.

**Sponsored Project:** a formal award, such as a contract, grant, or cooperative agreement that is made to UMMS for a research, training, clinical study, public service, or other activity; or an internally funded project which is the result of a formal application and approval process. Industry sponsored clinical studies are included in the definition.

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## Approvals

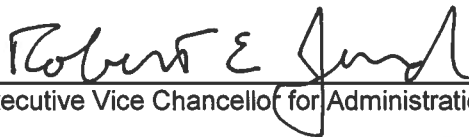
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Interim Chief Research Officer



Date



Executive Vice Chancellor for Administration & Finance



Date

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## Forms / Instructions

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In support of this policy, the following forms are included:

**Name**

**Number**

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## Appendices

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In support of this policy, the following appendices are included:

**Name**

**Number**



Department of Health and Human Services, Public Health Service  
**Official Statement Relinquishing Interests  
and Rights in a Public Health Service Research Grant**

(Return original to awarding unit)

The PHS estimates that it will take 30 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0002). Do not return the completed form this address.

\_\_\_\_\_ (date)

Name of Institution \_\_\_\_\_

Address (city and state) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal Investigator \_\_\_\_\_

on Public Health Service grant number \_\_\_\_\_

has expressed a desire to continue his/her research project at the

In view of the fact that we do not wish to nominate another principal investigator or continue the research project at this Institution, this is to signify our willingness to terminate this grant as of \_\_\_\_\_ (date) and to relinquish all claims to any unexpended and uncommitted funds remaining in the grant as of that date, as well as to all recommended future support of this project.

| Equipment Costing \$5,000 or More<br>Transferring with the Project ( <i>itemize</i> ) | Unexpended Balance — Estimated  |
|---|---|
| 1.  | The unexpended balance on termination date of _____ calculated on basis of total amount awarded for the grant year, will be approximately<br><br>\$ |

That portion of the estimated unexpended balance which has been received will be returned to the Public Health Service, upon request, with a final adjustment, if required, to be made after the grant account has been audited.

Official Authorized to Sign Application

Signature \_\_\_\_\_

Name and Title (*print or type*) \_\_\_\_\_  
\_\_\_\_\_

**Privacy Act Statement.** The NIH maintains application and grant records as part of a system of records as defined by the Privacy Act: NIH 09-25-0036, *Extramural Awards and Chartered Advisory Committees (IMPAC 2)*, *Contract Information (DCIS)*, and *Cooperative Agreement Information*, HHS/NIH: <http://oma.od.nih.gov/ms/privacy/pa-files/0036.htm>.



## A. RPPR COVER PAGE

|   |   |
|---|---|
| <b>Project Title:</b> Sample Title  |   |
| <b>Grant Number:</b> 5R01GMXXXXXX-08  | <b>Project/Grant Period:</b> 04/01/2005 - 11/30/2014  |
| <b>Reporting Period:</b> 12/01/2011 - 11/30/2012  | <b>Requested Budget Period:</b> 12/01/2012 - 11/30/2013   |
| <b>Report Term Frequency:</b> Annual  | <b>Date Submitted:</b> 10/12/2012   |
| <b>Program Director/Principal Investigator Information:</b><br><br>JOHN DOE<br><br><b>Phone number:</b> (508) 856-XXXX<br><b>Email:</b> XXXXX.XXXXX@umassmed.edu  | <b>Recipient Organization:</b><br><br>UNIV OF MASSACHUSETTS MED SCH WORCESTER<br>55 LAKE AVENUE NORTH<br>WORCESTER, MA 016550002<br><br><b>DUNS:</b> 603847393<br><b>EIN:</b> 1043167352A1<br><br><b>RECIPIENT ID:</b>                                    |
| <b>Change of Contact PD/PI:</b> N/A   |   |
| <b>Administrative Official:</b><br><br>DIEGO R VAZQUEZ<br>Research Funding Services<br>55 Lake Avenue North<br>Worcester, MA 016550002<br><br><b>Phone number:</b> 508-856-5600<br><b>Email:</b> diego.vazquez@umassmed.edu | <b>Signing Official:</b><br><br>DIEGO R VAZQUEZ<br>Univ. of Massachusetts Medical<br>Office, Vice Prov., Research<br>55 Lake Avenue North<br>Worcester, MA 016550002<br><br><b>Phone number:</b> 508-856-2119<br><b>Email:</b> diego.vazquez@umassmed.edu |
| <b>Human Subjects:</b> No   | <b>Vertebrate Animals:</b> Yes<br>Assurance Number: A3306-01  |
| <b>hESC:</b> No   | <b>Inventions/Patents:</b> No   |

**B. ACCOMPLISHMENTS****B.1 WHAT ARE THE MAJOR GOALS OF THE PROJECT?**

INSERT SPECIFIC AIMS HERE

**B.1.a Have the major goals changed since the initial competing award or previous report?**

No

**B.2 WHAT WAS ACCOMPLISHED UNDER THESE GOALS?**

INSERT UPDATED AIMS

**B.3 COMPETITIVE REVISIONS/ADMINISTRATIVE SUPPLEMENTS****For this reporting period, is there one or more Revision/Supplement associated with this award for which reporting is required?**

No

**B.4 WHAT OPPORTUNITIES FOR TRAINING AND PROFESSIONAL DEVELOPMENT HAS THE PROJECT PROVIDED?**

NOTHING TO REPORT

**B.5 HOW HAVE THE RESULTS BEEN DISSEMINATED TO COMMUNITITES OF INTEREST?**

NOTHING TO REPORT

**B.6 WHAT DO YOU PLAN TO DO DURING THE NEXT REPORTING PERIOD TO ACCOMPLISH THE GOALS?**

## C. PRODUCTS

**C.1 PUBLICATIONS**

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award?

Yes

**Publications Reported for this Reporting Period**

| NIH Public Access Compliance | Citation |
|------------------------------|----------|
| Complete                     |          |
| Complete                     |          |

**C.2 WEBSITE(S) OR OTHER INTERNET SITE(S)**

NOTHING TO REPORT

**C.3 TECHNOLOGIES OR TECHNIQUES**

NOTHING TO REPORT

**C.4 INVENTIONS, PATENT APPLICATIONS, AND/OR LICENSES**

Have inventions, patent applications and/or licenses resulted from the award during the reporting period?

No

**C.5 OTHER PRODUCTS AND RESOURCE SHARING****C.5.a Other products**

NOTHING TO REPORT

**C.5.b Resource sharing**

NOTHING TO REPORT

## D. PARTICIPANTS

## D.1 WHAT INDIVIDUALS HAVE WORKED ON THE PROJECT?

| Commons ID | S/K | Name | SSN | DOB | Degree(s) | Role  | Cal | Aca | Sum | Foreign Org | Country | SS |
|------------|-----|------|-----|-----|-----------|-------|-----|-----|-----|-------------|---------|----|
|            |     |      |     |     | BS,PHD    | PD/PI | 5   | 0   | 0   |             |         | NA |
|            |     |      |     |     |           |       |     |     |     |             |         |    |
|            |     |      |     |     |           |       |     |     |     |             |         |    |

**Glossary of acronyms:**

S/K - Senior/Key  
 DOB - Date of Birth  
 Cal - Person Months (Calendar)  
 Aca - Person Months (Academic)  
 Sum - Person Months (Summer)

Foreign Org - Foreign Organization Affiliation  
 SS - Supplement Support  
 RE - Reentry Supplement  
 DI - Diversity Supplement  
 OT - Other  
 NA - Not Applicable

## D.2 PERSONNEL UPDATES

## D.2.a Level of Effort

Will there be, in the next budget period, either (1) a reduction of 25% or more in the level of effort from what was approved by the agency for the PD/PI(s) or other senior/key personnel designated in the Notice of Award, or (2) a reduction in the level of effort below the minimum amount of effort required by the Notice of Award?

No

## D.2.b New Senior/Key Personnel

Are there, or will there be, new senior/key personnel?

No

NOTHING TO REPORT

## D.2.c Changes in Other Support

Has there been a change in the active other support of senior/key personnel since the last reporting period?

No

NOTHING TO REPORT

## D.2.d New Other Significant Contributors

Are there, or will there be, new other significant contributors?

No

NOTHING TO REPORT

## D.2.e Multi-PI (MPI) Leadership Plan



Will there be a change in the MPI Leadership Plan for the next budget period?

NA

NOTHING TO REPORT

**E. IMPACT****E.1 Not Applicable****E.2 WHAT IS THE IMPACT ON PHYSICAL, INSTITUTIONAL, OR INFORMATION RESOURCES THAT FORM INFRASTRUCTURE?**

NOTHING TO REPORT

**E.3 Not Applicable****E.4 WHAT DOLLAR AMOUNT OF THE AWARDS BUDGET IS BEING SPENT IN FOREIGN COUNTRY(IES)?**

NOTHING TO REPORT

## F. CHANGES

|  |
|--|
| <b>F.1 Not Applicable for R01</b>  |
| <b>F.2 ACTUAL OR ANTICIPATED CHALLENGES OR DELAYS AND ACTIONS OR PLANS TO RESOLVE THEM</b><br>NOTHING TO REPORT                                    |
| <b>F.3 SIGNIFICANT CHANGES TO HUMAN SUBJECTS, VERTEBRATE ANIMALS, BIOHAZARDS, AND/OR SELECT AGENTS</b><br><b>F.3.a Human Subjects</b><br>No Change |
| <b>F.3.b Vertebrate Animals</b><br>No Change   |
| <b>F.3.c Biohazards</b><br>No Change   |
| <b>F.3.d Select Agents</b><br>No Change  |

## G. SPECIAL REPORTING REQUIREMENTS

**G.1 SPECIAL NOTICE OF AWARD TERMS AND FUNDING OPPORTUNITIES ANNOUNCEMENT REPORTING REQUIREMENTS**

NOTHING TO REPORT

**G.2 Not Applicable****G.3 Not Applicable****G.4 HUMAN SUBJECTS****G.4.a Does the project involve human subjects?**

No

**G.4.b Inclusion Enrollment Data****G.4.c ClinicalTrials.gov****Does this project include one or more applicable clinical trials that must be registered in ClinicalTrials.gov under FDAAA?****G.5 HUMAN SUBJECTS EDUCATION REQUIREMENT****Are there personnel on this project who are newly involved in the design or conduct of human subjects research?****G.6 HUMAN EMBRYONIC STEM CELLS (HESCS)****Does this project involve human embryonic stem cells (only hESC lines listed as approved in the NIH Registry may be used in NIH funded research)?**

No

**G.7 VERTEBRATE ANIMALS****Does this project involve vertebrate animals?**

Yes

**G.8 PROJECT/PERFORMANCE SITES**

| Organization Name:   | DUNS      | Congressional District | Address  |
|--|-----------|------------------------|--|
| <b>Primary:</b> University of Massachusetts Medical School | 603847393 | MA-003                 | University of Massachusetts Medical School<br>364 Plantation St.<br>Worcester MA 016054321 |

**G.9 FOREIGN COMPONENT****No foreign component****G.10 ESTIMATED UNOBLIGATED BALANCE****G.10.a Is it anticipated that an estimated unobligated balance (including prior year carryover) will be greater than 25% of the current year's total approved budget?**

No

|   |
|---|
|   |
| <b>G.11 PROGRAM INCOME</b><br>Is program income anticipated during the next budget period?<br>No      |
| <b>G.12 F&amp;A COSTS</b><br>Is there a change in performance sites that will affect F&A costs?<br>No |





## How does the RPPR differ from eSNAP progress reports?

The RPPR and eSNAP modules have a number of *similarities*:

- The substance of the RPPR is not significantly different from an [eSNAP](#). The grantee will be asked to describe progress, study results, the significance of the findings, and any significant changes.
- Where possible, information is pre-populated from NIH systems for the grantee, including PD/PI information, grant number, project title and period, performance sites, and personnel.
- Publications in PD/PI's MyNCBI account will be displayed for easy association with the progress report.
- SNAP awards using the RPPR format will *not* be required to submit a detailed budget.
- Information required by NIH policies will continue to be requested from grantees. For example, the RPPR will address policies covering such areas as human subjects education, inclusion enrollment reporting, and use of human embryonic stem cells.

The RPPR and eSNAP have a number of *differences*:

- The RPPR will have separate screens for each of the following reporting components:
  - Cover Page
  - Accomplishments
  - Products
  - Participants
  - Impact
  - Changes
  - Special [agency specific] Reporting Requirements
- The format of the report will be new. Users will answer questions by using a checkbox, entering text or uploading a PDF, or selecting "Nothing to Report."
- New information to be provided by grantees through the RPPR includes:
  - Foreign component information
  - Dollars spent in foreign country(ies) [through first-tier subawards]
  - Organizational affiliation of personnel at foreign sites
- Effort on All Personnel report will be rounded to nearest whole person month.
- Other features of the RPPR include:
  - Specific location to report on competitive revisions/administrative supplements associated with the award.
  - Public Access compliance status will be displayed
  - Other support will only be required if there has been a change
  - Notice of Award link

A full list of activity codes for which grantees will be able to submit RPPRs as of 10/19/2012 appears below:

|                           | Activity Codes  |
|---------------------------|---|
| <b>R01-like SNAPs</b>     | D71, DP1, DP5, G08, G11, G13, P40, R00, R01, R03, R18, R21, R33, R34, R36, R37, R56, RC1, RC2, RL1, S10, S21, S22, SC1, SC2, SC3, UB1, UC2, UH1, UH2, UH3, UP5, P01, P20, P30, P40, P41, P50, PL1, R24, S11, U01, U10, U19, U24, U34, U54 |
| <b>Individual K SNAPs</b> | K01, K02, K05, K06, K07, K08, K18, K22, K23, K24, K25, K26, K99, KL1  |
| <b>Education SNAPs</b>    | D43, K30, R13, R25, RL5, T14, T36, U13, U2R   |
| <b>Fellowships</b>        | F05, F30, F31, F32, F33, F34, F37   |
| <b>SBIR/STTR SNAPs</b>    | R41, R42, R43, R44, U43, U44  |

Grantees should decide which progress report format they will use (RPPR or eSNAP) before starting the process in the eRA Commons. Once a progress report has been initiated as either an RPPR or an eSNAP, the only way to change the progress report format is with the assistance of the eRA Help Desk at Commons Support (1-866-504-9552 or [commons@od.nih.gov](mailto:commons@od.nih.gov)). It may take eRA up to 2 business days to reset the progress report so the user can initiate a progress report in a different format.

Links: <http://grants.nih.gov/grants/rppr/> and [http://era.nih.gov/era\\_training/rppr.cfm](http://era.nih.gov/era_training/rppr.cfm)



## University of Massachusetts Medical School

Proposal ID# or  
Sponsor Award ID:

### Non-UMMS Individual Investigator Disclosure of Financial Interests

This form is for non-UMMS Consultants, Collaborators or Other Individuals with significant responsibilities who meet the PHS definition of an Investigator. Subrecipients **do not** fill out this form. This information is required to comply with the PHS Regulations on the Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought (42 CFR Part 50, Subpart F) and responsible Prospective Contractors (42 CFR Part 94). Completion of this form is **mandatory**.

UMMS PHS Supported Project Title:

UMMS Principal Investigator:

The UMMS Principal Investigator responsible for this PHS application has determined that you meet the definition of an "Investigator" for this project.

For the purposes of this disclosure, **Investigator** is defined as any person, **regardless of title or position**, who is responsible for the design, conduct, or reporting of research, or proposed for such funding, which includes subawardees, consultants and unpaid collaborators.

Name of Disclosing Individual:

E-mail:

Tel:

#### INVESTIGATOR DISCLOSURE

1. Do you (and your spouse and dependent children) have a significant financial interest in a publicly traded entity that when aggregated exceeds \$5,000? When determining your response to this question, please add the value of any equity interest as of the date of this disclosure to any remuneration received from the entity in the twelve months preceding this disclosure.  
☐ Yes ☐ No If yes, provide name of business entity:
2. Do you (or your spouse and dependent children) have the following significant financial interests in a non-publicly traded entity?
  - a. Remuneration that when aggregated exceeds \$5,000.  
☐ Yes ☐ No If yes, provide name of business entity:
  - b. Any interest equity.  
☐ Yes ☐ No If yes, provide name of business entity:
3. Have you (and your spouse and dependent children) received income in excess of \$5,000 during the twelve months preceding this disclosure that is related to intellectual property rights and interests (e.g., patents, copyrights)?  
☐ Yes ☐ No If yes, provide name of business entity:
4. Has any organization sponsored or reimbursed you for any travel you have taken that is related to the proposed work on this project? *Note: You are not required to disclose travel that is reimbursed or sponsored by a Federal, state or local government agency, an institution of higher education as defined in 10 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.*  
☐ Yes ☐ No If yes, provide name of business entity:
5. Is your participation in this application/project being conducted as a consulting or outside activity separate from your primary appointment at an academic institution or hospital?  
☐ Yes ☐ No If yes, provide name of Institution/Hospital:

#### INVESTIGATOR CERTIFICATION

I certify to the best of my knowledge that the information disclosed herein is complete and accurate. By signing this form I agree to comply with the applicable FCOI regulations set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F. Should this project be funded, I understand that I will be required to provide documentation to UMMS that I have completed the required FCOI training at: <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm> before I can begin work on the project.

Signature of Individual Investigator

Date

PHS FCOI regulations available at: <http://grants.nih.gov/grants/policy/coi/>.





# University of Massachusetts Medical School Initial No-Cost Extension Request

(This form is to be used for grant awards where UMMS is the prime recipient)

While sponsors expect Principal Investigators (PI) to complete projects and deliverables, inclusive of final reports by the stipulated end date, occasionally additional time is needed. A no-cost extension gives the PI time to complete the scope and objectives of the project without additional funds being provided by the sponsor. Although requests may not be made for the sole purpose of spending remaining funds, you may expend remaining funds during the no-cost extension period.

This form is applicable for the initial no-cost extension request. Additional requests beyond the first no-cost extension require prior approval by the sponsor. Please contact Research Funding Services for these requests.

If the sponsor of the project does not allow UMMS to execute a no-cost extension under expanded authorities (i.e., non-federal grants, foundation awards, etc.), please attach documentation of prior approval for the no-cost extension from the sponsor.

\* Indicates required fields

## AWARD INFORMATION

\*Award Title   
\*Sponsor Name  \*Sponsor Ref. Award #:   
\*PS Award #:  \*Current End Date:  \*Requested End Date:

\*For NIH Awards: please indicate the requested time period of the extension: ☐ 6 MONTHS ☐ 9 MONTHS ☐ 12 MONTHS

\*PI Name  \*Dept. Name   
\*Current Effort %  \*Will the level of effort for the PI change significantly (25% or more) in the no-cost extension period? ☐ Yes ☐ No  
(Prior approval required if Yes)

\*Will the level of effort for other Senior/Key Personnel change significantly (25% or more) in the no-cost extension period? ☐ Yes ☐ No

\*Explanation/Justification for No-Cost Extension Request:

## SUBAWARDS/SUBRECIPIENTS

\*Are there any subawards on this award? ☐ Yes ☐ No Is the no-cost extension applicable to the subawards? ☐ Yes ☐ No

LEGAL NAME OF SUBRECIPIENT

SUBAWARD REFERENCE NO./PURCHASE ORDER

If additional subawards need to be extended  
please attach a separate sheet.

## COMPLIANCE INFORMATION/CERTIFICATIONS

\*Human Subjects? ☐ Yes ☐ No

Docket/Protocol #:

Approval Date:

\*Animal Subjects? ☐ Yes ☐ No

Docket/Protocol #:

Approval Date:

Please attach the IRB or IACUC approval letter for all protocols applicable to the scope of work.

## CERTIFICATIONS AND APPROVALS

Signature of the **Principal Investigator** below assures that all information included here is true and accurate to the best of their knowledge and commits the investigator to take financial responsibility for the proposed action, including any associated cost share.

Signature of the **Department Administrator** (as required) below indicates concurrence with the investigator's certification above.

Principal Investigator

Department Administrator

Research Funding Services

Grant Accounting