

# Research Funding Services Brown Bag

February 25, 2013



## Agenda

- NIH Notice on Sequestration
- Impact of Continuing Resolution on UMMS NIH Funding
- Proposal Routing Form Overview
- SDFI Form Overview
- Revised Annual Progress Report Form
- Revised Proposal Approvals/Signature Checklist Form
- Research Performance Progress Report (RPPR) Training
- Updated Proposal & Progress Report Statistics

## NIH Operation Plan in the Event of a Sequestration

**Notice Number:** NOT-OD-13-043

### Key Dates

**Release Date:** February 21, 2013

### Related Announcements:

[NOT-OD-13-002](#)

### Issued by

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

### Purpose

The NIH continues to operate under a Continuing Resolution as described in [NOT-OD-13-002](#), and therefore all non-competing continuation awards are currently being funded at a level below that indicated on the most recent Notice of Award (generally up to 90% of the previously committed level). Final levels of FY 2013 funding may be reduced by a sequestration. Despite the potential for reduced funding, the NIH remains committed to our mission to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce the burdens of illness and disability.

Should a sequestration occur, NIH likely will reduce the final FY 2013 funding levels of non-competing continuation grants and expects to make fewer competing awards to allow the agency to meet the available budget allocation. Although each NIH Institute and Center (IC) will assess allocations within their portfolio to maximize the scientific impact, non-competing continuation awards that have already been made may be restored above the current level as described in [NOT-OD-13-002](#) but likely will not reach the full FY 2013 commitment level described in the Notice of Award. Finally, in the event of a sequestration, NIH ICs will announce their respective approaches to meeting the new budget level.

### Inquiries

Questions regarding adjustments applied to individual grant awards may be directed to the Grants Management Specialist identified on the Notice of Award.

## Impact of Current Continuing Resolution on UMMS NIH Funding

- Since October 12, 2012 UMMS has received 31 non-competing awards at a level below that indicated on the most current notice of award
- Cumulative downward adjustment:
  - \$2,820,804
- NIH will consider upward adjustments if/when FY13 appropriations are enacted.



## SDFI Form

- The following must be completed:
- Proposal ID# or Sponsor Award ID#
- Section A – PI must answer Yes or No to the question and sign and date the form
- Section C – PI must select Yes or No and complete as necessary.
  - All Subrecipient PI's meet the FCOI definition of an investigator.
  - The UMMS PI determines if Consultants, Collaborators, and/or Others meet FCOI definition of an Investigators.

**University of Massachusetts Medical School**  
**Summary Disclosure of Financial Interests**

Completion of this form is **mandatory** for all proposals. This information is required to comply with the University of Massachusetts Medical School Policy for Promoting Objectivity in Biomedical Research and applicable federal and state laws and regulations regarding timely and proper disclosure of financial interests.

Principal Investigator Name: Last, First, MI \_\_\_\_\_ Principal Investigator Title: \_\_\_\_\_ Department: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

**A. The Project Principal Investigator is responsible for determining who meets the definition of an "Investigator" on their project and certifies that this form provides:**

- a complete disclosure of all investigation responsible for the design, conduct, or reporting of activities associated with this project, and
- an accurate report of the current state of the named investigator's disclosure in the institution's electronic reporting system.

Principal Investigator agrees to update the UMMS COI system annually during the period of the award and within 30 days of discovering or acquiring a new Significant Financial Interest.

**Principal Investigator Disclosure & Certification**

Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests (SFI) related to the investigator's Institutional Responsibilities? Please answer below. (Reference definitions on the reverse side of this form.)

☐ Yes ☐ No If yes, investigator confirms the disclosure on the UMMS COI System (<http://biol.umassmed.edu/coi/>) has been updated and is current.

Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

**Disclosures & Certifications for UMMS Personnel Identified as "Investigators"**

**B. 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 and may include consultants and unpaid collaborators.**

By signing below each investigator (1) certifies that this form provides an accurate report of whether there are any Significant Financial Interests related to their Institutional Responsibilities, and (2) acknowledges responsibility to provide a complete disclosure of all Significant Financial Interests reasonably related to their Institutional Responsibilities prior to award receipt, as those interests change, and on an annual basis during the project award period.

**Institutional Responsibilities** means an investigator's professional responsibilities on behalf of the institution, including activities such as research, teaching, clinical or other professional practice, academic activities, scholarly events, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests (SFI) related to the investigator's Institutional Responsibilities? Please answer below. (Reference definitions on the reverse side of this form.)

1. ☐ Yes ☐ No If yes, investigator confirms the disclosure on the UMMS COI System (<http://biol.umassmed.edu/coi/>) has been updated and is current.

Disclosing Investigator \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2. ☐ Yes ☐ No If yes, investigator confirms the disclosure on the UMMS COI System (<http://biol.umassmed.edu/coi/>) has been updated and is current.

Disclosing Investigator \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

3. ☐ Yes ☐ No If yes, investigator confirms the disclosure on the UMMS COI System (<http://biol.umassmed.edu/coi/>) has been updated and is current.

Disclosing Investigator \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

4. ☐ Yes ☐ No If yes, investigator confirms the disclosure on the UMMS COI System (<http://biol.umassmed.edu/coi/>) has been updated and is current.

Disclosing Investigator \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Check here if additional investigator disclosures are being submitted on the Additional Signatures Page.

**C. ☐ Yes ☐ No (All Non-University Investigators are responsible with the PI or Co-PI for the design, conduct, or reporting of the activities associated with the project (e.g., subrecipients, consultants, collaborators, others with significant responsibilities). If yes, UMMS must be assured that the investigator's home institution(s) have policies that comply with the sponsor's regulations. Such assurance should be provided along with the participant's Letter of Intent/Commitment to the project at the submission stage.**

If yes, please identify non-University investigator type (check all that apply): ☐ Subrecipients ☐ Consultants ☐ Collaborators ☐ Others w/SFIs

## SDFI Form – Section B

- Completed when PI determines that additional UMMS personnel on the project meet FCOI investigators definition
- Space available for 4 Investigators (in addition to PI) to disclose. Insert investigator's name and title and have them select Yes or No to the question and sign and date.
- Use all four available lines on the SDFI. Do not create an individual SDFI form for each additional Investigator. The additional signatures page may be used if additional Investigator disclosures are needed.
- If an Investigator is unavailable to sign the SDFI form, an email from the Investigator to RFS with the response to the SFI question will be sufficient to move the proposal forward. The SDFI form with the Investigator's signature is still needed and should be obtained and submitted to RFS asap.
- It is the department's responsibility to ensure that all signatures are obtained and submitted to RFS.

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If yes, please identify non-University investigator type (check all that apply): ☐ Subrecipients ☐ Consultants ☐ Collaborators ☐ Others w/SFIs

## Revised Annual Progress Report Form

- Section I (Award Information)  
Revised to include Submission Type Box
  - RPPR added as a choice
  - SNAP remains
  - Paper submission added as a choice
  - Other type added for non-NIH sponsors
- Section IV (Next Period Budget & Subrecipients)
  - Reminder to use the Direct, Indirect and Total Costs committed in the sponsor's previous year Notice of Grant Award

## University of Massachusetts Medical School Annual Progress Report Form

This form is required for RPPS review and approval of Progress Reports on established projects.

Document Control: Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Requested Return Date \_\_\_\_\_

### I. AWARD INFORMATION

Award Title: \_\_\_\_\_  
 Award Type: \_\_\_\_\_ Federal Flow-Through ☐ Yes ☐ No  
 Sponsor Name: \_\_\_\_\_ Type: Continuation ☐ Date Due to Sponsor: \_\_\_\_\_  
 Sponsor Ref. Award #: \_\_\_\_\_ PS Project #: \_\_\_\_\_  
 PS Award #: \_\_\_\_\_ Is Progress Report required by sponsor? ☐ Yes ☐ No

### II. PRINCIPAL INVESTIGATOR INFORMATION

PI Name: \_\_\_\_\_ Current Effort %: \_\_\_\_\_ Will the level of effort for the Principal Investigator change significantly (25% or more) in the next budget period? ☐ Yes ☐ No  
 PI Phone: \_\_\_\_\_  
 Dept. Name: \_\_\_\_\_ Project Location (if changed): \_\_\_\_\_

### III. CO-INVESTIGATORS

Must be UMMS Faculty or Professional Staff unless a Subawardee/Subrecipient is indicated below.

Name	Department	Signature (See Declarations in Sec. VII) for UMMS Faculty Staff

### IV. NEXT PERIOD BUDGET & SUBRECIPIENTS

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ LEGAL NAME OF SUBRECIPIENT (Attach additional sites if necessary): \_\_\_\_\_ NEXT PERIOD BUDGET

Direct Costs	Indirect Costs	Total Costs

Use amounts from most recent Notice of Grant Award (NOA)

### V. COST SHARING

Does Award Include Cost Sharing? ☐ Yes ☐ No If yes, identify type and attach documentation: \_\_\_\_\_ Sponsor Required ☐ In Kind/Voluntary ☐

### VI. PROVISIONAL ACCOUNT REQUEST

Is the Principal Investigator requesting the establishment of a provisional account? ☐ Yes ☐ No  
 If yes, the Department Chair needs to sign the APR Form. RPPS will submit a copy of the fully signed/approved APR Form to Grant Accounting to set up the provisional account. If the award is not received, or expenditures processed are determined to be unallowable due to the terms of the award, the PS STM account referenced below will provide the funding source for these expenses.  
 \*PS STM (funding source must be institutional funds): \_\_\_\_\_

For awards that will require multiple projects for the year please attach a listing of the number of projects needed, the title of the project(s), the project investigator(s) and the department ID(s).

## Revised Proposal Approvals/Signature Checklist Form

- 'Department Administrator' added to list of signatures required for grant submission review

Proposal ID #: \_\_\_\_\_

### Proposal Approvals - Signature Checklist

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Contact: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_

### Signatures Required for Grant Submission Review

Check the box for all signatures that have been secured. A blank box indicates the signature has not been secured.

	Summary Disclosure of Financial Interest Form (SDFI)	DATE RECEIVED		Proposal Routing Form (PRF)	DATE RECEIVED	
		COPY	ORIGINAL		COPY	ORIGINAL
Principal Investigator	<input type="checkbox"/>			<input type="checkbox"/>		
Co-Investigator (list below)	<input type="checkbox"/>			<input type="checkbox"/>		
1. _____	<input type="checkbox"/>			<input type="checkbox"/>		
2. _____	<input type="checkbox"/>			<input type="checkbox"/>		
3. _____	<input type="checkbox"/>			<input type="checkbox"/>		
4. _____	<input type="checkbox"/>			<input type="checkbox"/>		
5. _____	<input type="checkbox"/>			<input type="checkbox"/>		
Individuals identified by the PI that meet the FCOI policy Investigator* definition are required to disclose on the SDFI. * Investigator is defined as any person, regardless of title or position, who is responsible for the design, conduct or reporting of research.	<input type="checkbox"/>			<input type="checkbox"/>		
1. _____	<input type="checkbox"/>			<input type="checkbox"/>		
2. _____	<input type="checkbox"/>			<input type="checkbox"/>		
3. _____	<input type="checkbox"/>			<input type="checkbox"/>		
4. _____	<input type="checkbox"/>			<input type="checkbox"/>		
5. _____	<input type="checkbox"/>			<input type="checkbox"/>		
PI's Chair / Department Administrator	<input type="checkbox"/>			<input type="checkbox"/>		
Additional Chairs for Co-Investigators & Other Key Personnel	<input type="checkbox"/>			<input type="checkbox"/>		
1. _____	<input type="checkbox"/>			<input type="checkbox"/>		
2. _____	<input type="checkbox"/>			<input type="checkbox"/>		
3. _____	<input type="checkbox"/>			<input type="checkbox"/>		

## Research Performance Progress Report Training

- Scheduled for Wednesday, 2/27/13  
– Hiatt Auditorium S1-608
- Use of RPPR submission method mandated effective April 2013
- Replaces eSNAP Progress Reports
- Not available for Complex Awards and Training Grants
- Additional information at: <http://grants.nih.gov/grants/rppr/>
- We strongly encourage your attendance. No registration is required



## SUBMISSIONS TO RFS

1/1/12 – 1/31/13

PROPOSALS	January 2012	February 2012	March 2012	April 2012	May 2012	June 2012	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013
Count	136	119	95	61	104	100	84	62	100	125	75	75	139
On Time	60%	61%	45%	33%	51%	50%	50%	60%	62%	50%	41%	43%	52%
Late	36%	33%	48%	57%	40%	43%	48%	35%	37%	48%	49%	48%	47%
After the fact	4%	6%	7%	10%	9%	7%	2%	5%	1%	2%	9%	9%	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>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Expedited Request (3 days or less)	24%	23%	35%	39%	31%	31%	29%	26%	22%	31%	29%	35%	32%

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

### January 2012 to January 2013 Comparison

PROPOSALS	2012	2013	Change
Count	136	139	+3
On Time	60%	52%	-8%
Late	36%	47%	+11%
After the fact	4%	1%	-3%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>-</b>
Expedited Request (3 days or less)	24%	32%	+8%

On Time: Received by RFS 5 days prior to the requested return date.  
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## SUBMISSIONS TO RFS

### 1/1/12 – 1/31/13

PROGRESS REPORTS	January 2012	February 2012	March 2012	April 2012	May 2012	June 2012	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013
Count	34	41	40	45	39	29	26	10	11	23	22	20	25
On Time	50%	41%	45%	47%	34%	38%	23%	30%	37%	26%	27%	55%	40%
Late	47%	49%	38%	42%	56%	41%	62%	50%	27%	43%	41%	25%	48%
After the fact	3%	10%	17%	11%	10%	21%	15%	20%	36%	30%	32%	20%	12%
<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>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Expedited Request (3 days or less)	44%	41%	30%	29%	31%	17%	31%	30%	0%	35%	36%	10%	44%

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



## SUBMISSIONS TO RFS

### January 2012 to January 2013 Comparison

PROGRESS REPORTS	2012	2013	Change
Count	34	25	-9
On Time	50%	40%	-10%
Late	47%	48%	+1%
After the fact	3%	12%	+9%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>-</b>
Expedited Request (3 days or less)	44%	44%	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.  
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Proposal No. 000000000015033

Status: STSR - Submit to Sponsor

I. Principal Investigator Information

PI Name: Investigator,Principal  
Department: W416800000 - Aches & Pains  
PI Phone:  
PI Email:

Alt. Name  
Alt. Phone  
Alt. Email

Wonderland,Alison  
508/856-4063  
alison.wonderland@umassmed.edu  
Requested Return Date: 02/04/2013

II. Proposal Information

Type: New  
Additional Attribute: GRANT  
Purpose: BASIC  
Proposal Title: Vectored Delivery of Oligoclonal Antibodies for Protection Against EMDD  
Sponsor: NATIONAL INSTITUTES OF HEALTH  
Proposed Period Start Date: 09/01/2013  
Proposal Location: MEDICAL SCHOOL  
Date Due to Sponsor: 02/05/2013  
Keywords:  
Adequate Space Available: Y

CFDA#: 12.190  
Foreign Component: N  
Foreign: N  
Proposed Period End Date: 08/31/2018  
Due By:  
Time:

III. Subawardees/Subrecipients

Name:	F-Y/N	1st Yr Budget	Total Budget
BOSTON UNIVERSITY		99,927.00	539,710.00
UNIVERSITY OF MARYLAND		147,691.00	663,144.00

IV. Proposal Budget

Initial Budget Period Start Date: 09/01/2013

Initial Budget Period End Date: 08/31/2014

	Direct Cost	Indirect Cost	Total Budget
1st Period Budget	\$ 3,465,734.00	\$ 281,747.00	\$ 3,747,481.00
2nd Period Budget	\$ 3,171,497.00	\$ 672,294.00	\$ 3,843,791.00
3rd Period Budget	\$ 3,481,442.00	\$ 671,645.00	\$ 4,153,087.00
4th Period Budget	\$ 2,574,846.00	\$ 402,572.00	\$ 2,977,418.00
5th Period Budget	\$ 457,275.00	\$ 6,500.00	\$ 463,775.00
Total Budget-Project	\$ 13,150,794.00	\$ 2,034,758.00	\$ 15,185,552.00

Does Proposal Involve Cost Sharing? N

Does Sponsor Require Cost Sharing? N

Does Sponsor Limit Indirect Costs? N

Has an Indirect Cost Waiver been Requested? N

Are InKind/Voluntary Costs Included? N

V. Co-Investigators

Name: Gao,Guangping

Department: Gene Therapy Center

Signature(UMASS Staff only)

VI. Certifications

Cert. Code/Description	Indicator	Docket/Protocol#	Approval Date
A025 ANIMAL	PD		
H001 HUMAN SUBJECTS	NO		

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VII. Declarations & Department Approvals

Signature of the Principal Investigator below (and Co-Investigators in Section V) indicates:

- \* assurance that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge
- \* certification that they are not currently suspended, debarred, or proposed for debarment or suspension for doing business with the Federal Government.
- \* compliance of the proposal with applicable, institution, sponsor, federal, and state rules, regulations and guidelines,
- \* acceptance of the responsibility to conduct and judiciously manage the project in accordance with the terms and conditions of the sponsoring agency and the institution in the event that this proposal is funded and accepted by the University,
- \* UMASS resources necessary to complete the project are available or provisions have been arranged with the appropriate personnel to make such resources available in the event that this proposal is funded,
- \* assurance that they are in compliance with the Institutions' Patent Policy and Conflict of Interest Policy.

Signature of the Department Administrator (as required) below indicates:

- \* assurance of departmental review of the proposal information and budget for accuracy and compliance with sponsor and institution guidelines.

Signature of the Department Chair(s) (as required) below indicates:

- \* approval of project and confirmation that appropriate space and facilities are available to meet the proposed goals,
- \* cognizance of the proposed project's risks and administrative obligations,
- \* acceptance of the obligation of Department funds to meet any cost sharing proposed in this project.

Principal Investigator Additional Department Chair/Division Chief (as Required)

Department Administrator (as Required) Additional Department Chair/Division Chief (as Required)

Department Chair (as Required) Additional Department Chair/Division Chief (as Required)

VIII. Institution Approvals

Dean/Provost (as Required) Chancellor (as Required)

Dean/Provost (as Required) Special Approval (as Required)

Authorized Institutional Official - Grants & Contracts/Research Funding/ Sponsored Projects Office



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Sponsor:

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Date

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Title:

Signature

Date

2. ☐ Yes ☐ No If yes, investigator confirms the disclosure on the UMMS COI System (<http://coi.umassmemorial.org/coi/>) has been updated and is current.

Disclosing Investigator:

Title:

Signature

Date

3. ☐ Yes ☐ No If yes, investigator confirms the disclosure on the UMMS COI System (<http://coi.umassmemorial.org/coi/>) has been updated and is current.

Disclosing Investigator:

Title:

Signature

Date

4. ☐ Yes ☐ No If yes, investigator confirms the disclosure on the UMMS COI System (<http://coi.umassmemorial.org/coi/>) has been updated and is current.

Disclosing Investigator:

Title:

Signature

Date

☐ (Check here if additional investigator disclosures are being submitted on the **Additional Signatures Page**)

C. ☐ Yes ☐ No Will **Non-University Investigators** be responsible with the PI or Co-PI for the design, conduct, or reporting of the activities associated with the project (e.g., subrecipients, consultants, collaborators, others with significant responsibilities)? If yes, UMMS must be assured that the Investigators' home institution(s) have policies that comply with the sponsor's regulations. Such assurance should be provided along with the participant's Letter of Intent/Commitment to the project at the submission stage.

If yes, please identify non-University Investigator type (check all that apply): ☐ Subrecipients ☐ Consultants ☐ Collaborators ☐ Others w/SFIs

# University of Massachusetts Medical School

## Annual Progress Report Form

This form is required for RFS review and approval of Progress Reports on established projects.

Document Contact Name Phone Email Requested Return Date

### I. AWARD INFORMATION

Award Title  
Award Type Federal Flow-Through ☐ Yes ☐ No  
Sponsor Name  
Sponsor Ref. Award #:  
PS Award #:  
PS Project #:  
Type: Continuation  
Date Due to Sponsor  
SUBMISSION TYPE  
RPPR ☐ SNAP ☐  
PAPER ☐  
OTHER  
Is Progress Report required by sponsor? ☐ Yes ☐ No

### II. PRINCIPAL INVESTIGATOR INFORMATION

PI Name Current Effort % Will the level of effort for the Principal Investigator change significantly (25% or more) in the next budget period? ☐ Yes ☐ No  
PI Phone  
Dept. Name Project Location (if changed):

### III. CO-INVESTIGATORS

Must be UMMS Faculty or Professional Staff unless a Subawardee/Subrecipient is indicated below.

Name	Department	Signature (See Declarations (in Sec. VIII) for UMMS Fac/Prof Staff)

### IV. NEXT PERIOD BUDGET & SUBRECIPIENTS

Start Date	End Date	LEGAL NAME OF SUBRECIPIENT (Attach additional sites if necessary)	NEXT PERIOD BUDGET
			\$
Direct Costs	Indirect Costs	Total Costs	\$
			\$

Use amounts from most recent Notice of Grant Award (NGA)

### V. COST SHARING

Does Award Include Cost Sharing? ☐ Yes ☐ No If yes, identify type and attach documentation: ☐ Sponsor Required ☐ In Kind/Voluntary

### VI. PROVISIONAL ACCOUNT REQUEST

Is the Principal Investigator requesting the establishment of a provisional account? ☐ Yes ☐ No

If yes, the Department Chair needs to sign the APR Form. RFS will submit a copy of the fully signed/approved APR form to Grant Accounting to set up the provisional account. If the award is not received, or expenditures processed are determined to be unallowable due to the terms of the award, the PS ST# account referenced below will provide the funding source for these expenses:

\*PS ST# (funding source must be institutional funds):

For awards that will require multiple projects for the year please attach a listing of the number of projects needed, the title of the project(s), the project investigator(s) and the department ID(s).



## VII. DISCLOSURE OF FINANCIAL INTEREST UPDATE

Please include an updated Summary Disclosure of Financial Interests (SDFI) form with the APR packet. All persons meeting the FCOI policy definition of an Investigator (**any person, regardless of title or position, who is responsible for the design, conduct or reporting of research, or proposed for such funding**) are required to provide an updated disclosure. Any new affirmative disclosures on the SDFI form will require institutional review and treatment before RFS can authorize the release of the next segment of funding. RFS will also confirm that FCOI training is current for all identified Investigators. Training must be current before the next segment of funding can be released.

### FOR RFS USE ONLY

	Yes	No
SDFI Form Submitted?	<input type="radio"/>	<input type="radio"/>
Affirmative Disclosures?	<input type="radio"/>	<input type="radio"/>
Investigator Training Confirmed?	<input type="radio"/>	<input type="radio"/>

## VIII. COMPLIANCE INFORMATION/CERTIFICATIONS

	Yes	No	Docket/Protocol#	Approval Date		Yes	No
Human Subjects?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Has the involvement of human subjects changed?	<input type="radio"/>	<input type="radio"/>
Animal Subjects?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Has the involvement of animal subjects changed?	<input type="radio"/>	<input type="radio"/>
Inventions?	<input type="radio"/>	<input type="radio"/>	Previously Reported?	<input type="radio"/>	<input type="radio"/>		

Indicate below the appropriate activities involved in this project. Please list the valid IBC Protocols that cover this activity.

	Yes	No	Docket/Protocol#	Approval Date		Yes	No	Docket/Protocol#	Approval Date
Radioactive Materials	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Blood - Animal	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Recombinant DNA	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Blood - Human	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Adult Stem Cells	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Tissue - Animal	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Embryonic Stem Cells	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Tissue - Human	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Select Agent	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Microbial Pathogen-Animal	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Biologic Toxin	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Microbial Pathogen-Human	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Pathogen - Animal	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Cell Lines - Animal	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Pathogen - Human	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	Cell Lines - Human	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

## IX. DECLARATIONS & DEPARTMENT APPROVALS

Signature of the **Principal Investigator** below (and Co-Investigators in Section III) indicates:

- \* Assurance that the information submitted within the report (if applicable) is true, complete and accurate to the best of their knowledge.
- \* Certification that they are not currently suspended, debarred, or proposed for debarment or suspension for doing business with the Federal Government.
- \* Compliance of the award with applicable, institution, sponsor, federal, and state rules, regulations and guidelines.
- \* Acceptance of the responsibility to continue to conduct and judiciously manage the project in accordance with the terms and conditions of the sponsoring agency and the institution.
- \* UMMS resources necessary to complete the project will continue to be available for the project.
- \* Assurance they are in compliance with the Institutions' Intellectual Property Policy and have provided updated COI disclosures for all project investigators.

Signature of the **Department Administrator** (as required) below indicates:

- \* Assurance of departmental review of the information and budget for accuracy and compliance with sponsor and institution guidelines.
- \* Assurance of departmental review and confirmation of accurate and updated protocol information for this project.

Signature of the **Department Chair(s)** (as required) below indicates:

- \* Approval of project and confirmation that appropriate space and facilities are available to continue to meet the project goals,
- \* Cognizance of the project's risks and administrative obligations,
- \* Acceptance of the obligation of Department funds to meet any cost sharing in this project.
- \* Acceptance of the financial risk on provisional account requests when the award is not received.

Principal Investigator

Additional Department Chair/Division Chief (as Required)

Department Administrator

Additional Department Chair/Division Chief (as Required)

Department Chair

Additional Department Chair/Division Chief (as Required)

## X. INSTITUTION APPROVALS

Authorized Institutional Official - Office of Research Funding Services

Special Approval (as Required)

## Proposal Approvals - Signature Checklist

Principal Investigator:

Date:

Department Contact:

Contact E-Mail:

Contact Phone:

## Signatures Required for Grant Submission Review

Check the box for all signatures that have been secured. A blank box indicates the signature has not been secured.

	Summary Disclosure of Financial Interest Form (SDFI)	DATE RECEIVED		Proposal Routing Form (PRF)	DATE RECEIVED	
		COPY	ORIGINAL		COPY	ORIGINAL
		Principal Investigator	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
Co-Investigator (list below)						
1. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Individuals identified by the PI that meet the FCOI policy Investigator\* definition are required to disclose on the SDFI.

\* Investigator is defined as any person, regardless of title or position, who is responsible for the design, conduct or reporting of research.

1. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

DATE RECEIVED  
COPY ORIGINAL

PI's Chair / Department Administrator

<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
--------------------------	----------------------	----------------------

Additional Chairs for Co-Investigators & Other Key Personnel

1. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>