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
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.
Proposal Routing Form

Common Errors/Omissions:
1. Submit Status
   - Choose “Submit for Approval”
2. Department/Division
   - If there is a Division, enter it
3. Contact Information
   - Should reference person able to answer questions about proposal
4. Dates
   - Requested Return is when department would like approved proposal returned
   - Due to Sponsor is the sponsor’s deadline date
5. Foreign Component
   - ‘Yes’ or ‘No’ dependent on FPR form
6. Due By method & time of day
   - Method is almost always ‘Receipt’
7. Subawardees/Subrecipients
   - Both budget entries are Total Costs, entered as ‘Level 2 Direct Costs’
8. Cost-Sharing/Indirect Costs
   - Indirect rate limited or not allowed by sponsor is not cost sharing
9. Co-Investigators- use Co-PI in PS
10. Certifications
    - Always choose ‘A025 – Animal’ and ‘H001 – Human’; other designations not presently in use

Proposal Routing Form

Significance of Each Required Signature:
1. Principal Investigator
2. Department Administrator
3. Department Chair

Should any of the required signatories be unavailable at the time of submittal to RFS, please use the Proposal Approvals – Signature Checklist Form found on the Research Funding Services website:
http://www.umassmed.edu/research/rfsform.aspx
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.

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.
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

Revised Proposal Approvals/Signature Checklist Form

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

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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.
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## SUBMISSIONS TO RFS
**1/1/12 – 1/31/13**

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UNIVERSITY OF MASSACHUSETTS
PROPOSAL ROUTING FORM

Proposal No. 000000000015033
Status: STSR - Submit to Sponsor

I. Principal Investigator Information

PI Name: Investigator, Principal
Alt. Name: Wonderland, Alison
Department: W416800000 - Aches & Pains
PI Phone: 508/856-4063
Alt. Phone: 508/856-4063
PI Email: alison.wonderland@umassmed.edu
Requested Return Date: 02/04/2013

II. Proposal Information

Type: New
Additional Attribute: GRANT
Purpose: BASIC
CPDA#: 12.190
Foreign Component: N
Proposal Title: Vectored Delivery of Gliogclonal Antibodies for Protection Against EMEE
Sponsor: NATIONAL INSTITUTES OF HEALTH
Proposed Period Start Date: 09/01/2013
Proposed Period End Date: 06/30/2018
Proposed Period Start Date: 02/05/2013
Proposed Period End Date: 02/05/2013
Keywords: Adequate Space Available: Y

III. Subawardees/Subrecipients

Name: BOSTON UNIVERSITY
F-Y/N: 99,927.00
Total Budget: 539,710.50
UNIVERSITY OF MARYLAND
1st Yr Budget: 147,691.00
Total Budget: 663,144.00

IV. Proposal Budget

Initial Budget Period Start Date: 09/01/2013
Initial Budget Period End Date: 08/31/2014

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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
------------------------|-----------|-----------------|-----------------|
A026 ANIMAL             | PD        |                 |                 |
H001 HUMAN SUBJECTS     | NO        |                 |                 |
VII. Declarations & Department Approvals

Signature of the Principal Investigator below (and Co-Investigator(s) in Section VI) 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.
* UM&SS 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
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:
   1. a complete disclosure of all Investigators responsible for the design, conduct, or reporting of activities associated with this project, and
   2. 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://coi.umassmemorial.org/coi) has been updated and is current.

Signature of Principal Investigator  Date

Disclosures & Certifications for UMass 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://coi.umassmemorial.org/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://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.

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## I. Award Information

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

## II. Principal Investigator Information

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

## III. Co-Investigators

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

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<tr>
<th>Name</th>
<th>Department</th>
<th>Signature (See Declarations (in Sec. VIII) for UMMS Fac/Prof Staff)</th>
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## 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.

VII. COMPLIANCE INFORMATION/CERTIFICATIONS

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

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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 certification 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.

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<th>Proposal Routing Form (PRF)</th>
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Principal Investigator: [ ]

Co-Investigator (list below):

1. [ ]
   - Date: [ ]
   - Date: [ ]

2. [ ]
   - Date: [ ]
   - Date: [ ]

3. [ ]
   - Date: [ ]
   - Date: [ ]

4. [ ]
   - Date: [ ]
   - Date: [ ]

5. [ ]
   - Date: [ ]
   - Date: [ ]

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.

| [ ] | [ ] |

PI's Chair / Department Administrator: [ ]

Additional Chairs for Co-Investigators & Other Key Personnel:

1. [ ]
   - Date: [ ]
   - Date: [ ]

2. [ ]
   - Date: [ ]
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3. [ ]
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