

# Research Funding Services

## Brown Bag

April 28, 2014

11:45 am – 12:45 pm

Amphitheater III (S6-102)

UMASS  
Medical School

## Agenda



- Office of Research Update
  - Jean King, Ph.D. appointed Associate Provost for Biomedical Science Research
- NIH Update
  - NOT-OD-14-074 NIH and AHRQ Announce Updated Policy for Application Submission
  - NOT-OD-14-082 Clarifications to the NIH and AHRQ Policy for Application Submission
  - NOT-OD-14-079 NIH Will Open the Research Performance Progress Report (RPPR) for All Type 5 Non-SNAP Progress Reports on April 25, 2014
  - NOT-OD-14-084 NIH Updating Grant Closeout Policies and Procedures to Align with New HHS Requirements
- RFS Update
  - Pre-Award Dashboard - SUMMIT
  - Cayuse ASSIST Update
- Research Administration Training Program Upcoming Courses
- Proposal & Progress Report Statistics

- Effective May 15, 2014, Jean A. King, Ph.D. will assume the role of Associate Provost for Biomedical Research.
- Dr. King, professor of psychiatry, has served as vice chair for research, director of the Center for Comparative Neuroimaging, and director of the Career Development and Research Office at UMMS.
- Dr. King will develop the overall vision for and advancement of basic science research at UMMS; will serve as a member of the Dean's senior leadership team and work collaboratively with other senior leadership to ensure that advancing excellence in basic science research is fully integrated into our Academic Health Sciences Center Strategic Plan.
- Dr. King will be responsible for the integration and oversight of research support operations, including grants administration, institutional compliance, basic science research space review, IACUC and animal research services and facilities, the library and core facilities.

## NOT-OD-14-074: NIH and AHRQ Announce Updated Policy for Application Submission

- NIH and AHRQ have announced a change in policy on application submissions. This is good news for our research investigators, especially new investigators.
- Effective immediately, for application due dates after April 16, 2014, following an unsuccessful resubmission (A1) application, applicants may submit the same idea as a new (A0) application for the next appropriate due date.
- The NIH and AHRQ will not assess the similarity of the science in the new (A0) application to any previously reviewed submission when accepting an application for review.
- Although a new (A0) application does not allow an introduction or responses to the previous reviews, the NIH and AHRQ encourage applicants to refine and strengthen all application submissions.

## NOT-OD-14-082: Clarifications to the NIH and AHRQ Policy for Application Submission



### • Due Dates

- Following an unsuccessful resubmission (A1) application and release of the summary statement, an applicant may submit the same idea as a new (A0) application for any due date in the future that is appropriate for the grant mechanism and FOA.
- An application that was reviewed before April 16th, 2014, as well as any application submitted in the future, could be submitted as a new (A0) application for any subsequent, appropriate due date, if the previous summary statement has been released.
- If the FOA lists "standard dates apply", then the appropriate due date for a competing application can be found on the NIH website. If the FOA lists a different date, then the date(s) in the FOA is the appropriate due date.

### • Applicability

- The updated policy applies to major types of applications and activity codes - including applications for research grants, the NIH SBIR and STTR programs, Career Development Awards, Individual Fellowships, Institutional Training Grants, Resource Grants, Program Projects, and Center Grants.
- Eligibility criteria and any other restrictions or requirements in the FOA prevail. For example, a fellowship candidate must meet the eligibility requirements for each fellowship application submission.
- An application that was not accepted previously for being too similar to a resubmission (A1) application that had been reviewed previously ("virtual A2s") can be submitted now as a new (A0) application.

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-082.html>

## NOT-OD-14-082: Clarifications to the NIH and AHRQ Policy for Application Submission (continued)



### • Options

- The updated policy has no time limit between an unsuccessful resubmission (A1) application and a subsequent, new (A0) application, or between an unsuccessful new (A0) application and a subsequent new (A0) application. The time limit of thirty-seven months between an unsuccessful (A0) application and the subsequent resubmission (A1) application does remain in effect.
- The number of submission cycles is not limited, but NIH encourages applicants to update their applications to reflect the status of the field over the interim period and to incorporate new preliminary data, literature citations, letters of reference, etc. as time passes.
- The updated policy does not preclude submission of a new (A0) application following an unsuccessful new (A0) application, without an intervening resubmission (A1) application.

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-082.html>

## NOT-OD-14-079: NIH Opened RPPR for All Type 5 Non-SNAP Progress Reports on 4/25/14



- NIH has given all institutions the ability to submit type 5 non-SNAP progress reports using the RPPR.
- NIH encourages all institutions to use the RPPR to submit type 5 non-SNAP progress reports.
- Non-SNAP progress reports not submitted using the RPPR must be submitted using the PHS 2590.
- NIH anticipates requiring all grantee institutions to use the RPPR for non-SNAP progress reports beginning on **October 17, 2014**
- A separate Guide Notice announcing the requirement will be issued on a future date.

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-079.html>

## NOT-OD-14-084: NIH Updating Grant Closeout Policies and Procedures to Align with New HHS Requirements



- **Background**
  - NIH will revise certain policies and procedures in the closeout of NIH grants and cooperative agreements to strengthen accountability, monitoring and oversight of closeout activities for grants with project end dates after September 30, 2014.
  - HHS issued a directive to Agencies on new policies for closeout of grant awards. NIH will revise its policies and procedures to align with that guidance.
  - No changes are expected to the current NIH Standard Terms of Award provision allowing grantees to initiate a one-time, no-cost extension in the last year of the award. In addition, all final reports needed to close a grant will continue to be due within 90 days of the project end date.
- **Anticipated Changes**
  - Anticipated changes will focus on condensing the timeframe for reconciling discrepancies between financial expenditures and cash transactions reports and for resolving other post-submission issues affecting acceptance of the final financial report. Currently NIH allows the submission of a revised final FFR within 15 months of its original due date. New HHS policy initially provided a shorter timeframe. OMB recently published Uniform Guidance that provides agencies a longer timeframe in which to close awards than would have been allowed under new HHS policy. NIH is awaiting further guidance whether the HHS timeframe will be adjusted to align with the Uniform Guidance.
  - Grantees are advised that financial reconciliation upon completion of an award includes ensuring that the balances of expenditures and unobligated funds reported on the final expenditure FFR match those amounts as reported in the last federal cash report submitted to PMS

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-084.html>

# RFS Update

- **Pre-Award Dashboard – SUMMIT**
  - For proposals previously submitted that appear as “In Process” without a Date Submitted use the RFS Submitted Proposal Form link to update the status.
  - Please note that this is not an electronic process. The form must be completed and submitted to RFS for updating.
- **Cayuse – ASSIST Update**
  - RFS is currently evaluating Cayuse’s Multi-Project proposal development and submission solution.

## Research Administration Training Program Upcoming Courses - 2014

- **Intellectual Property (Elective)**  
04/29/14 9:00 – 11:00 Location – LRB, Michelson Conf. Room
- **Cost Sharing/Cost Transfers (Elective)**  
05/14/14 9:00 – 11:00 Location – University Campus, S2-351
- **Contributions & Gifts (Elective)**  
06/04/14 9:00 – 11:00 Location – University Campus, S2-351
- **Admin. Management of Clinical Research (Elective)**  
09/24/14 9:00 – 11:00 Location – HR Training Room, South Street

To register go to:

<http://i.umassmed.edu/Inside/registration/Register.aspx?pid=77>

# PROPOSAL SUBMISSIONS TO RFS

## March 2013 – March 2014



	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014
Count	93	56	82	99	100	70	91	110	86	74	147	93	71
On Time	32%	32%	56%	48%	44%	34%	54%	42%	37%	47%	44%	43%	44%
Late	59%	59%	39%	47%	48%	57%	42%	53%	58%	49%	51%	53%	56%
After the fact	9%	9%	5%	4%	8%	6%	4%	5%	5%	4%	5%	4%	0%
Withdrawn	0%	0%	0%	1%	0%	3%	0%	0%	0%	0%	0%	0%	0%
<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)	41%	39%	26%	30%	36%	37%	28%	33%	36%	30%	37%	40%	37%

**On Time:** Received by RFS 5 days prior to the requested return date.

**Late:** Received by RFS less than 5 days prior to the requested return date.

**After the Fact:** Received by RFS after the requested return date.

**Expedited Request:** Received by RFS with 3 days or less to review before requested return date.

# SUBMISSIONS TO RFS

## March 2013 to March 2014 Comparison



PROPOSALS	2013	2014	Change
Count	93	71	-22
On Time	32%	44%	+12
Late	59%	56%	-3
After the fact	9%	0%	-9
Withdrawn	0%	0%	-
<b>Total</b>	<b>100%</b>	<b>100%</b>	-
Expedited Request (3 days or less)	41%	37%	-4

**On Time:** Received by RFS 5 days prior to the requested return date.

**Late:** Received by RFS less than 5 days prior to the requested return date.

**After the Fact:** Received by RFS after the requested return date.

**Expedited Request:** Received by RFS with 3 days or less to review before requested return date.

# PROGRESS REPORT SUBMISSIONS TO RFS

## March 2013 – March 2014



	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014
<b>Count</b>	30	42	59	30	28	8	9	12	35	23	35	41	40
<b>On Time</b>	50%	45%	44%	44%	32%	38%	67%	42%	43%	30%	46%	42%	45%
<b>Late</b>	40%	41%	49%	53%	57%	12%	33%	25%	40%	44%	25%	36%	45%
<b>After the fact</b>	10%	14%	7%	3%	11%	50%	0%	33%	17%	26%	29%	22%	10%
<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>
<b>Expedited Request (3 days or less)</b>	17%	31%	22%	33%	46%	12%	22%	17%	29%	35%	14%	22%	33%

**On Time:** Received by RFS 5 days prior to the requested return date.

**Late:** Received by RFS less than 5 days prior to the requested return date.

**After the Fact:** Received by RFS after the requested return date.

**Expedited Request:** Received by RFS with 3 days or less to review before requested return date.

## SUBMISSIONS TO RFS

### March 2013 to March 2014 Comparison



PROGRESS REPORTS	2013	2014	Change
<b>Count</b>	30	40	+10
<b>On Time</b>	50%	45%	-5
<b>Late</b>	40%	45%	+5
<b>After the fact</b>	10%	10%	-
<b>Withdrawn</b>	0%	0%	-
<b>Total</b>	<b>100%</b>	<b>100%</b>	-
<b>Expedited Request (3 days or less)</b>	17%	33%	+16

**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.





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**From:** UMMS Communications  
**Sent:** Monday, April 07, 2014 9:38 AM  
**To:** Faculty List UMMS; UMassWorc Dept Heads; UMassWorc Dept Heads Information; AAG  
**Subject:** Associate Provost for Biomedical Science Research

TO: University of Massachusetts Medical School Faculty and Staff

FROM: Terence R. Flotte, MD, Executive Deputy Chancellor,  
Provost and Dean, School of Medicine

DATE: April 7, 2014

SUBJECT: Associate Provost for Biomedical Science Research

I am pleased to announce the appointment of Jean A. King, PhD, as the associate provost for biomedical science research, a new position reporting directly to me as dean, provost and executive deputy chancellor. Dr. King, professor of psychiatry, has served as vice chair for research, director of the Center for Comparative Neuroimaging, and director of the Career Development and Research Office. She will begin in this new role on May 15 and as the associate provost position is less than half time, she will continue in her director roles in the department of psychiatry.

As associate provost for biomedical science research, Dr. King will develop the overall vision for and advancement of basic science research at UMMS; she will serve as a member of my senior leadership team and work collaboratively with other senior leadership to ensure that advancing excellence in basic science research is fully integrated into our Academic Health Sciences Center Strategic Plan.

She will also be responsible for integration and oversight of research support operations, including grants administration, institutional compliance, basic science research space review, IACUC and animal research services and facilities, the library and core facilities, all of which provide services and innovation to support the growth of high impact research, while ensuring regulatory compliance for the institution. She will also work collaboratively with vice provost for clinical and translational research, Katherine Luzuriaga, MD, and the leadership of the Center for Clinical and Translational Science to facilitate the growth of a full spectrum of basic, clinical and translational research.

Dr. King's impressive research accomplishments at UMMS are widely known, as is her extensive involvement in mentoring, faculty development and advocacy. A former Executive Leadership in Academic Medicine (ELAM) fellow, she is a recent recipient of the Outstanding Mentor Award from the Women's Faculty Committee. Her current laboratory research includes studies involving imaging of nicotine-induced behavioral sensitization with fMRI; evaluating the significance of cholinergic influence in ADHD; developing a neural marker for mindfulness; and longitudinally assessing the impact of early trauma on neural circuitry development, all reflecting the important expansion of the field of functional neuroimaging, an area where she has long been a pioneer. Dr. King has received funding to support her work from multiple sources including, for example, NSF, NCI, NIDA, NIMH, and the CDC as well as various foundations and industry.

I look forward to working with Dr. King as she enhances and nurtures basic science excellence by continuing to foster and support the outstanding basic science research enterprise. This will include building on existing strengths, identifying opportunities for growth and new directions in basic research, as well as working with me to secure the requisite resources for the successful execution of the overall goals and scientific strategy for basic science research. I will look to her to catalyze initiatives that combine and leverage the many talents of the faculty through interdisciplinary research and develop support mechanisms for sustained growth in grant applications and awards from federal and state government, industry and foundations working both within and across traditional disciplines. I know that she will also be an advocate for the faculty and the basic science enterprise and further our commitment to the mentoring and professional development of faculty engaged in research.

Please join me in welcoming Dr. King to this new position.



NIH and AHRQ Announce Updated Policy for Application Submission

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Notice Number: NOT-OD-14-074

**Update:** The following update relating to this announcement has been issued:

- [April 22, 2014](#) - Clarifications to the NIH and AHRQ Policy for Application Submission. See Notice NOT-OD-14-082.

#### Key Dates

Release Date: April 17, 2014

#### Related Announcements

[NOT-OD-14-028](#)

[NOT-OD-12-128](#)

[NOT-OD-11-101](#)

[NOT-OD-11-057](#)

[NOT-OD-10-140](#)

[NOT-HS-10-002](#)

[NOT-OD-09-100](#)

[NOT-OD-09-003](#)

#### Issued by

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

Agency for Healthcare Research and Quality ([AHRQ](#))

#### Purpose

The National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality (AHRQ) announce a change in policy on application submissions. Effective immediately, for application due dates after April 16, 2014, following an unsuccessful resubmission (A1) application, applicants may submit the same idea as a new (A0) application for the next appropriate due date. The NIH and AHRQ will not assess the similarity of the science in the new (A0) application to any previously reviewed submission when accepting an application for review. Although a new (A0) application does not allow an introduction or responses to the previous reviews, the NIH and AHRQ encourage applicants to refine and strengthen all application submissions.

#### Background

During the Enhancing Peer Review initiative, the NIH and AHRQ reduced the number of allowable resubmission applications from two to one ([NOT-OD-09-003](#); [NOT-HS-10-002](#)), and stipulated that any subsequent submission for that project must demonstrate significant changes in scientific direction compared to the previous submissions. Those policies were implemented to address the growing trend for resubmission applications to be scored more favorably, which in essence created a queue for meritorious applications before success in funding.

In this extended period of tight funding, this approach resulted in many meritorious research applications being deemed ineligible for additional submissions, and many investigators having to propose substantial changes to productive research programs. New Investigators may have been significantly affected because new research directions may be quite difficult during this phase in their careers.

#### Policy

Effective immediately, the NIH and AHRQ will accept a new (A0) application following an unsuccessful resubmission (A1) application. The subsequent new application need not demonstrate substantial changes in scientific direction compared to previously reviewed submissions, and must not contain an introduction to respond to the critiques from the previous review.

NIH's policy for accepting overlapping applications remains in effect (see [NOT-OD-09-100](#)). The NIH will not accept duplicate or highly overlapping applications under review at the same time. This means that the NIH will not accept:

- a new (A0) application that is submitted before issuance of the summary statement from the review of an overlapping resubmission (A1) application.

- a resubmission (A1) application that is submitted before issuance of the summary statement from the review of the previous new (A0) application.
- an application that has substantial overlap with another application pending appeal of initial peer review (see [NOT-OD-11-101](#)).

The NIH time limit for accepting resubmission (A1) applications remains in effect (see [NOT-OD-12-128](#) and [NOT-OD-10-140](#)). The NIH will not accept a resubmission (A1) application that is submitted later than 37 months after submission of the new (A0) application that it follows.

The NIH policy for New Investigator R01 resubmission deadlines, described in Guide Notice [NOT-OD-11-057](#), remains in effect. A New Investigator whose new (A0) R01 application was reviewed in the Center for Scientific Review or the National Institute of Mental Health, and was unsuccessful, may submit a resubmission (A1) R01 application by the next New Investigator resubmission due date (April 10, August 10, or December 10). New Investigators who wish to submit a new (A0) R01 application following an unsuccessful resubmission application must use the standard due dates, regardless of the previous submission history for that project, unless they are eligible for Continuous Submission (see [NOT-OD-14-028](#)).

#### Inquiries

Please direct all inquiries to:

Division of Receipt and Referral  
NIH Center for Scientific Review (CSR)  
301-435-0715

Or

NIH Review Policy Officer  
[ReviewPolicyOfficer@mail.nih.gov](mailto:ReviewPolicyOfficer@mail.nih.gov)

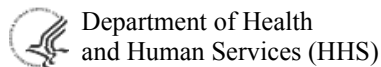
Or

Dr. Gerald (Jerry) Calderone  
AHRQ Referral Officer  
[Gerald.Calderone@ahrq.hhs.gov](mailto:Gerald.Calderone@ahrq.hhs.gov)

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[Weekly TOC for this Announcement](#)  
[NIH Funding Opportunities and Notices](#)

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Clarifications to the NIH and AHRQ Policy for Application Submission

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Notice Number: NOT-OD-14-082

**Key Dates**

Release Date: April 22, 2014

**Related Announcements**

[NOT-OD-14-074](#)

**Issued by**

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

Agency for Healthcare Research and Quality ([AHRQ](#))

**Purpose**

The National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality (AHRQ) announce clarifications to policy on application submissions that was updated recently ([NOT-OD-14-074](#)).

**Background**

On April 17, 2014 the NIH and AHRQ announced a change in policy on application submissions ([NOT-OD-14-074](#)):

"Effective immediately, for application due dates after April 16, 2014:

- Following an unsuccessful resubmission (A1) application, applicants may submit the same idea as a new (A0) application for the next appropriate due date.
- The NIH and AHRQ will not assess the similarity of the science in the new (A0) application to any previously reviewed submission when accepting an application for review.
- Although a new (A0) application does not allow an introduction or responses to the previous reviews, the NIH and AHRQ encourage applicants to refine and strengthen all application submissions."

All of the provisions of the updated submission policy in [NOT-OD-14-074](#) remain in effect. Clarifications are provided below for certain key points that were raised in questions we received.

**Clarifications****Due Dates**

Questions were received that asked whether a new (A0) application, following an unsuccessful resubmission (A1) application, could be submitted only for the next, appropriate due date. To clarify, following an unsuccessful resubmission (A1) application and release of the summary statement, an applicant may submit the same idea as a new (A0) application for any due date in the future that is appropriate for the grant mechanism and Funding Opportunity Announcement (FOA).

- An application that was reviewed before April 16th, 2014, as well as any application submitted in the future, could be submitted as a new (A0) application for any subsequent, appropriate due date, if the previous summary statement has been released.
- If the FOA lists "standard dates apply", then the appropriate due date for a competing application can be found on the NIH website (<http://grants.nih.gov/grants/funding/submissionschedule.htm>). If the FOA lists a different date, then the date(s) in the FOA is the appropriate due date.

**Applicability**

Questions were received asking which grant programs fall under the policy. To clarify, the updated policy applies to major types of applications and activity codes - including applications for research grants, the NIH Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs, Career Development Awards, Individual Fellowships, Institutional Training Grants, Resource Grants, Program Projects, and Center Grants.

- Eligibility criteria and any other restrictions or requirements in the FOA prevail. For example, a fellowship candidate must meet the eligibility requirements for each fellowship application submission.

- An application that was not accepted previously for being too similar to a resubmission (A1) application that had been reviewed previously ("virtual A2s") can be submitted now as a new (A0) application.

### Options

The updated policy allows an investigator to submit a new (A0) application following an unsuccessful resubmission (A1) application. Subsequent questions asked whether a time limit exists between an unsuccessful resubmission (A1) application and the subsequent new (A0) application, whether the number of such cycles is limited, and whether an intervening resubmission (A1) application is required in order to submit a new (A0) application again.

- The updated policy has no time limit between an unsuccessful resubmission (A1) application and a subsequent, new (A0) application, or between an unsuccessful new (A0) application and a subsequent new (A0) application. The time limit of thirty-seven months between an unsuccessful (A0) application and the subsequent resubmission (A1) application does remain in effect.
- The number of submission cycles is not limited, but NIH encourages applicants to update their applications to reflect the status of the field over the interim period and to incorporate new preliminary data, literature citations, letters of reference, etc. as time passes.
- The updated policy does not preclude submission of a new (A0) application following an unsuccessful new (A0) application, without an intervening resubmission (A1) application.

### Inquiries

Please direct all inquiries to:

Division of Receipt and Referral  
NIH Center for Scientific Review  
301-435-0715

Or

NIH Review Policy Officer  
[ReviewPolicyOfficer@mail.nih.gov](mailto:ReviewPolicyOfficer@mail.nih.gov)

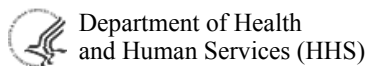
Or

Dr. Gerald (Jerry) Calderone  
AHRQ Referral Officer  
[Gerald.Calderone@ahrq.hhs.gov](mailto:Gerald.Calderone@ahrq.hhs.gov)

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## NIH Will Open the Research Performance Progress Report (RPPR) for All Type 5 Non-SNAP Progress Reports on April 25, 2014

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Notice Number: NOT-OD-14-079

### Key Dates

Release Date: April 15, 2014

### Related Announcements

[NOT-OD-14-026](#); [NOT-OD-13-113](#); [NOT-OD-13-035](#); [NOT-OD-13-061](#); [NOT-OD-12-083](#)

### Issued by

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

### Purpose

The National Institutes of Health (NIH) will open the Research Performance Progress Report (RPPR) for all type 5 non-SNAP progress reports following the April 24, 2014, eRA release.

### Background

NIH requires use of the RPPR module to submit progress reports for Streamlined Non-competing Award Process (SNAP), fellowship, and multi-year funded awards. NIH is continuing efforts to implement the RPPR module for non-SNAP awards; please see details below.

### **RPPR for Non-SNAP Progress Reports**

Federal Demonstration Partnership (FDP) institutions currently may opt to submit type 5 non-SNAP progress reports using the RPPR and NIH encourages FDP institutions to continue to do so.

On April 25, 2014, NIH will expand to all institutions the ability to submit type 5 non-SNAP progress reports using the RPPR. NIH encourages all institutions to use the RPPR to submit type 5 non-SNAP progress reports when access is available. While non-FDP institutions cannot submit type 5 non-SNAP progress reports using the RPPR until April 25, 2014, for institutions interested in learning more about non-SNAP RPPRs, an archive of a recent training session is available on the NIH RPPR webpage. Beginning on April 25, 2014, all institutions may use the RPPR for type 5 non-SNAP progress reports.

Non-SNAP progress reports not submitted using the RPPR must be submitted using the PHS 2590.

NIH anticipates requiring all grantee institutions to use the RPPR for non-SNAP progress reports beginning on October 17, 2014; however, a separate Guide Notice announcing the requirement will be issued on a future date. Note also, that NIH continues development of the RPPR for final progress reports and for administrative extensions (Type 4s; e.g., SBIR/STTR Fast-Track Phase II application). NIH will update the community as progress is made.

Additional information and resources on the RPPR, including the current RPPR Instruction Guide and training archives, can be found at: <http://grants.nih.gov/grants/rppr/>.

### Inquiries

General questions concerning using the eRA Commons and RPPR functionality should be directed to the eRA Commons Helpdesk at:

eRA Commons Help Desk

Web : <http://grants.nih.gov/support/index.html>

(Preferred method of contact)

Toll-free: 1-866-504-9552

Telephone: 301-402-7469

TTY : 301-451-5939

General inquiries about this Notice may be directed to:

Division of Grants Policy

Office of Policy for Extramural Research Administration

National Institutes of Health (NIH)

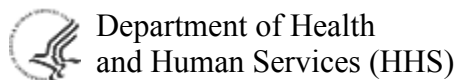
Telephone: 301-435-0938

Email: [GrantsPolicy@od.nih.gov](mailto:GrantsPolicy@od.nih.gov)

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## NIH Updating Grant Closeout Policies and Procedures to Align with New HHS Requirements

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Notice Number: NOT-OD-14-084

### Key Dates

Release Date: April 24, 2014

### Related Announcements

None

### Issued by

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

### Purpose

The purpose of this Guide Notice is to inform grantees that NIH will revise certain policies and procedures in the closeout of NIH grants and cooperative agreements to strengthen accountability, monitoring and oversight of closeout activities for grants with project end dates after September 30, 2014.

### Background

The U.S. Department of Health and Human Services (HHS) has issued a directive to Agencies on new policies for closeout of grant awards. NIH will revise its policies and procedures to align with that guidance and improve administrative efficiencies in its closeout processes.

No changes are expected to the current NIH Standard Terms of Award provision allowing grantees to initiate a one-time, no-cost extension in the last year of the award. In addition, all final reports needed to close a grant (financial, progress, and inventions statement/certification when applicable) will continue to be due within 90 days of the project end date.

### Anticipated Changes

Anticipated changes will focus on condensing the timeframe for reconciling discrepancies between financial expenditures and cash transactions reports and for resolving other post-submission issues affecting acceptance of the final Federal Financial Report (FFR). Current NIH policy allows the submission of a revised final FFR within 15 months of its original due date. New HHS policy initially provided a shorter timeframe. However, the Office of Management and Budget (OMB) recently published *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule* (Uniform Guidance) that provides agencies a longer timeframe in which to close awards than would have been allowed under new HHS policy. Therefore, NIH is awaiting further guidance from HHS on department wide implementation, including whether the HHS timeframe will be adjusted to align with the Uniform Guidance.

Grantees are advised that financial reconciliation upon completion of an award includes ensuring that the balances of expenditures and unobligated funds reported on the final expenditure FFR match those amounts as reported in the last federal cash report submitted to PMS. New HHS policy stipulates that if the NIH cannot undertake a “bilateral closeout”—i.e., closeout with the cooperation of the grantee—within 180 days of the project end date, it must initiate “unilateral closeout”—i.e., closeout without

receipt of acceptable final reports—or for those grantees that are not in compliance with the policy. It is important to note that for financial closeout, if a grantee fails to submit a final expenditure FFR, new HHS policy directs NIH to close the grant using the last recorded cash drawdown level. NIH is also awaiting further guidance from HHS on whether this timeframe will be adjusted. If the grantee submits a final expenditure FFR but does not reconcile any discrepancies between expenditures reported on the final expenditure FFR and the last cash report to PMS, NIH is required to close the award at the lower amount. This could be considered a debt or result in disallowed costs.

NIH has posted a web page with [Frequently Asked Questions](#) (FAQs) on grant closeout. We will provide further guidance to the community as additional information becomes available from HHS and changes are announced.

### Inquiries

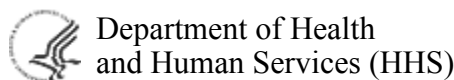
Please direct all inquiries to:

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

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## ACRONYMS AND TERMS USED TODAY

### RFS BROWN BAG - 04/28/2014

ACRONYM/TERM	DESCRIPTION
A0 Application	NIH - new application
A1 Application	NIH - resubmission application
A2 Application	NIH - second or amended resubmission (discontinued in 2011)
AHRQ	Agency for Healthcare Research and Quality - part of US Dept of Health & Human Services
ASSIST (NIH)	Application Submission System & Interface for Submission Tracking
Cayuse	Cayuse is a web-based system for submission of applications via grants.gov.
FFR	The Federal Financial Report (SF425) is a single form consolidating the collection of financial information previously collected on the Cash Transaction Report (SF 272 and the Financial Status Report (SF269). NIH grantees now required to submit all required expenditure reports using the FFR. Further all FFR expenditure reports must be submitted to NIH electronically through the eRA Commons.
FOA	Funding Opportunity Announcement. A publicly available document by which a Federal Agency makes known its intentions to award discretionary grants or cooperative agreements, usually as a result of competition for funds. Funding opportunity announcements may be known as program announcements, requests for applications, notices of funding availability, solicitations, or other names depending on the Agency and type of program.
HHS	US Department of Health & Human Services
NOT	A Notice (Guide Notice) is an official NIH announcement relating to a change in policy, procedure, form, or system. Notices are posted on the NIH website and users can be notified via a variety of NIH listservs. You can search for notices and funding opportunities at the NIH Guide.
PHS 2590	Non-Competing Continuation Progress Report Forms
PMS	US DHHS Payment Management System. Used to request funds and report expenditures.
RPPR	Research Performance Progress Report. Progress reports are required annually to document grantee accomplishments and compliance with terms of award. They describe scientific progress, identify significant changes, report on personnel, and describe plans for the subsequent budget period or year. See <a href="http://grants.nih.gov/grants/rppr/">http://grants.nih.gov/grants/rppr/</a>
SBIR	Small Business Innovation Research Grants
SNAP	Streamlined Non-Competing Award Process. Streamlined process that includes a number of provisions that modify annual progress reports, NoAs, and financial reports. Funds are automatically carried over and are available for expenditure during the entire project period. All NIH award notices identify whether the grant is subject to or excluded from SNAP.
STTR	Small Business Technology Transfer Grants
SUMMIT	SUMMIT is the UMass Medical School's web based reporting tool.