Research Funding Services Brown Bag

April 29, 2013
11:45 am – 12:45 pm
Amphitheatre III (S6-102)

Agenda

- Office of Clinical Research Update – Meg Johnson
- Chief Research Officer Role
- New Supplemental Funding Routing Form
- Vendor Setup – New Subrecipients & DUNs Numbers
- NIH Updates
  - Salary Limitation Update
  - eRA Commons Reminder
  - eRA Commons Alert
  - NIH ASSIST (Multi-Project Applications) Reminder
- FCOI Update
- Research Administration Training Program Upcoming Courses
- Updated Proposal & Progress Report Statistics

Office of Clinical Research Update

Meg Johnson

Director, Office of Clinical Research

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Meg Johnson - OCR

- Background:
  - HIPAA privacy regulation
  - Human Subject research regulation
- Started 11/1/2012
- Current responsibilities:
  - Subset of Sheila Noone's responsibilities, with oversight of:
    - Clinical Trial Agreements & Budgeting (Industry)
    - Quality Assurance/Quality Improvement
    - Clinical Trials Unit/Investigational Drug Service
    - Research Operations/Coordination

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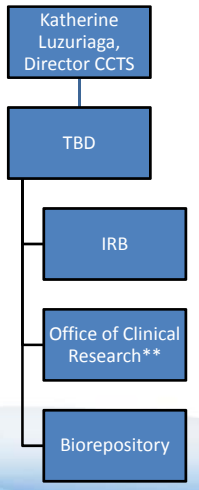
Oversight - Clinical Research in CCTS



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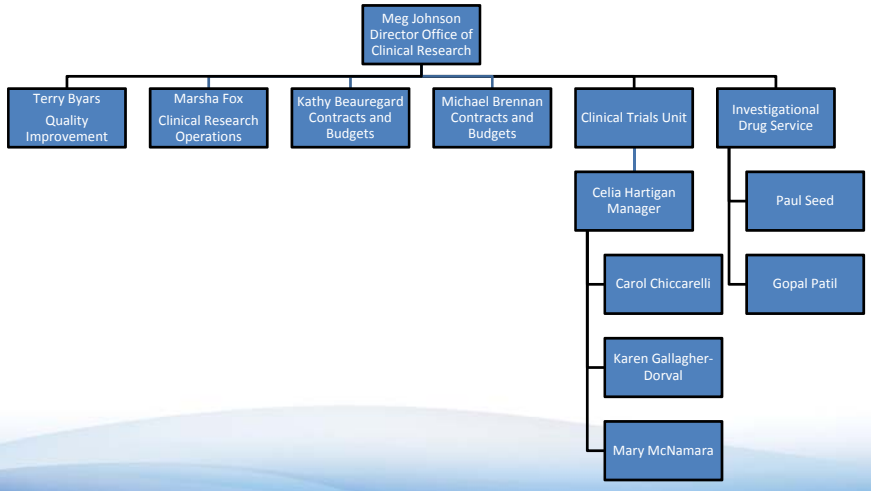
Office of Clinical Research Org Chart



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OCR Initiatives

- Designated points of contact (Kathy Beauregard or Mike Brennan) for assistance with Industry Clinical Trial Agreements
- Research billing coordination with the clinical system, including: refined invoicing process and preparing for a revised process to reduce errors and enhance compliance
- Working with IDS for revised pricing structure
- Working with CTU for greater awareness of services and flexibility.

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Questions? Pease contact me:

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Director, Office of Clinical Research
Phone: (508) 856-5152
Fax: (508) 856-5004

meg.johnson@umassmed.edu

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TO: University of Massachusetts Medical School Faculty

FROM: Terence R. Flotte, MD
Celia and Isaac Haidak Professor of Medical Education
Executive Deputy Chancellor, Provost and Dean

DATE: April 18, 2013

SUBJECT: Chief Research Officer Role

In our efforts to prioritize our investments in faculty who serve our academic mission and in the interests of maximizing efficiency, the Chancellor and I have decided to put the search for an Executive Vice Chancellor for Research on hold at the present time.

As you know, I have been fulfilling the Chief Research Officer responsibilities for the past nine months; I will to continue to subsume this role within the scope of my responsibilities.

I have begun meeting with small groups of chairs, program directors and other faculty for advice on various issues that benefit from their input as to the scientific merit and impact of investments made through the Office of Research. I look forward to continuing to do so, as the breadth of knowledge and experience our scientific leaders possess is a core strength of our enterprise.

In conjunction with the Scientific Council, I also continue to welcome feedback from faculty as to the adequacy of support they receive from the infrastructure in the Office of Research, including research funding services, research core services and research compliance functions.

Thank you all for your support.

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Supplemental Funding Routing Form

- For review and approval of requests for supplemental funding from sponsors with existing awards.
- A Proposal Routing Form (PRF) is not required for this type of submission.

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Supplemental Funding Routing Form

PS Award #:

This form is required for RFS review and approval of requests for supplemental funding from sponsors for existing awards. A Proposal Routing Form (PRF) is not required for this type of submission.

Document Contact: Name | Phone | Email | Requested Return Date | Sponsor Due Date

PI Name: | Phone: | Department: | Email:

Sponsor Award #: | Submission Method: | Supplement Type:

Award Title:

Supplement Start Date: | Supplement End Date:

Initial Supplemental Budget Period — Funds Requested:

Total Supplemental Period — Funds Requested:

The following items must accompany this form for review:

* The related RFA/Notice/Request for Supplement or email correspondence issued by sponsor.
* Internal budget worksheet
* Budget Justification
* Human Subjects/Vertebrate Animal Approval Documentation (if applicable)
* Updated SDFI (Financial Conflict of Interest) Form

NIH Paper submissions of supplement requests require the following forms:

* PHS 398 Form Pages 1, 4, 5 and the Checklist Form
* Biographical Sketch for any/all NEW Senior/Key Personnel
* If submitting a diversity supplement please include the Eligibility Statement letter for Authorized Official signature/upload.

COMPLIANCE INFORMATION/CERTIFICATIONS

	Yes	No	Docket/Protocol#	Approval Date		Yes	No
Human Subjects?	○	○			Has the involvement of human subjects changed?	○	○
Animal Subjects?	○	○			Has the involvement of animal subjects changed?	○	○

APPROVALS

Signature of the **Principal Investigator** below indicates:

* Assurance that the information submitted in the supplement request 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 supplement with applicable, institution, sponsor, federal, and state rules, regulations and guidelines.
* Acceptance of the responsibility to continue to conduct and judiciously manage the supplement and parent project in accordance with the terms and conditions of the sponsoring agency and the institution.
* UMMS 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 supplement is funded.
* Assurance that they are in compliance with the Institutions' Intellectual Property Policy and have provided updated FCOI 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.

Principal Investigator — Date | Department Administrator — Date

INSTITUTION APPROVALS

Authorized Institutional Official - Office of Research Funding Services — Date | Special Approval (as Required) — Date

New Subrecipient - Vendor Setup Up

- New subrecipients need to be set up as a vendor in PeopleSoft before RFS can generate the subaward and Purchase Order
- Use the Vendor Add/Update Information Form to add the vendor. The form is available at:

  http://www.umassmed.edu/uploadedFiles/APVendorForm.doc

  A W-9 must be submitted for all new vendors. The UMW-9 is available at:

  http://inside.umassmed.edu/uploadedfiles/policies/Vol5_forms/UMW-9.pdf
- Subrecipients are required to have a valid DUNS number. If they do not, they can request a DUNS number at:

  https://iupdate.dnb.com/iUpdate/companylookup.htm

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NIH Salary Limitation Update

- The NIH Salary Limitation remains at $179,700.
- In January, the President issued Executive Order 13635, which would have allowed for certain rates of pay to be adjusted after March 27, 2013, effectively resulting in an increase in the Executive Level II NIH Salary Limitation from $179,700 to $180,600.
- However, on April 5, 2013, Executive Order 13641 was signed and superseded Executive Order 13635.
- Executive Order 13641 provides for no increase in the Executive Level pay scale and the Executive Level II salary level remains at $179,700.
- Potential for Executive Salary Level III to come into play with the FY2014 federal budget.

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eRA Commons Reminder

- Do not bookmark the eRA Commons login page.
  - Bookmarking the login page can lead to error messages due to changes to the NIH network infrastructure.
- If you wish to bookmark a URL for Commons, keep it generic. Use:
  - https://public.era.nih.gov/commons

eRA Commons Alert

RPPR Errantly Made Available for Non-SNAP Eligible Awards

Due to a technical issue, eRA Commons is currently allowing for the initiation of a Research Performance Progress Report (RPPR) for non-SNAP awards. Per Guide Notice NOT-OD-13-035, the RPPR process can only be used for SNAP and Fellowship awards.

Please do NOT initiate RPPRs for non-SNAP grants.

RPPR currently only supports streamlined progress reports for SNAP and Fellowship awards, as it lacks the functionality to provide detailed budgets. As such, the RPPR is not currently an acceptable format for a progress report for non-SNAP awards.

Submit your non-SNAP progress report using the standard paper process as described in the instruction guide for Non-Competing Continuation Progress Report PHS 2590 (Revised 08/2012).

If you inadvertently initiate an RPPR for a non-SNAP award, please revert back to the standard paper process and contact RFS who will ask NIH to delete the electronic report from their database.

Electronic Submission of Multi-Project Applications (ASSIST)

- NIH plans to transition all multi-project applications to electronic submission using the SF 424 (R&R) form set by January 2014.
- November 2012 — Launched ASSIST and began issuing a series of pilot funding opportunity announcements of varying activity codes that will require electronic submission for due dates between January and September 2013. These FOAs will be listed on the multi-project application electronic submission transition timeline as they are published;
- September 25, 2013 — All applications submitted in response to FOAs with the following activity codes intended for September 25, 2013 due dates and beyond will require electronic submission: P01, P20, P50, R24, U24, U19.
- January 25, 2014 — All applications submitted in response to FOAs with the following activity codes intended for January 25, 2014 due dates and beyond will require electronic submission: G12, P30, P40, P41, P42, P51, P60, R28, U10, U41, U42, U45, U54, U56, UC7, UM1.
- Organizations that use system-to-system solutions to transmit applications via data stream to Grants.gov rather than using the Grants.gov forms will be able to send multi-project applications through Grants.gov using the same interfaces they do now.

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FCOI Update

- 1,601 UMMS faculty/staff have completed the FCOI training
- Institutional FCOI policy applicable to all UMMS sponsored project activity (not just PHS)
- Reminder – all individuals identified on the SDFI form must have completed FCOI training before a project can be set up
- NIH Intramural Investigators participating on NIH extramural funded projects are not subject to the FCOI regulation
- RFS is working with Grant Accounting to develop a process whereby department administrators can view submitted SDFI forms in PeopleSoft to ensure individuals have completed disclosure and training requirements before being appointed to the project

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Research Administration Training Program
Upcoming Courses

- Effort Management
  4/30/13 9:00 – 11:00 Location - S1-607 (Lazare Auditorium)
- Cost Sharing/Cost Transfers
  5/14/13 9:00 – 11:00 Location - LRB-1 (Michelson Conference Room)
- Clinical Research for Administrators
  5/23/13 9:00 – 11:00 Location - HR Training Room @ South Street
- Contributions & Gifts
  6/4/13 9:00 – 11:00 Location - TBD

To register go to: http://i.umassmed.edu/Inside/registration/Register.aspx?pid=77

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PROPOSAL SUBMISSIONS TO RFS
March 2012 – March 2013

	March 2012	April 2012	May 2012	June 2012	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013
Count	95	61	104	100	84	62	100	125	75	75	139	111	93
On Time	45%	33%	51%	50%	50%	60%	62%	50%	41%	43%	52%	40%	32%
Late	48%	57%	40%	43%	48%	35%	37%	48%	49%	48%	47%	55%	59%
After the fact	7%	10%	9%	7%	2%	5%	1%	2%	9%	9%	1%	5%	9%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Expedited Request (3 days or less)	35%	39%	31%	31%	29%	26%	22%	31%	29%	35%	32%	38%	41%

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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SUBMISSIONS TO RFS
March 2012 to March 2013 Comparison

PROPOSALS	2012	2013	Change
Count	95	93	-2
On Time	45%	32%	-13%
Late	48%	59%	+11%
After the fact	7%	9%	+2%
Total	**100%**	**100%**	-
Expedited Request (3 days or less)	35%	41%	+6%

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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PROGRESS REPORT SUBMISSIONS TO RFS
March 2012 – March 2013

	March 2012	April 2012	May 2012	June 2012	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013
Count	40	45	39	29	26	10	11	23	22	20	25	45	30
On Time	45%	47%	34%	38%	23%	30%	37%	26%	27%	55%	40%	49%	50%
Late	38%	42%	56%	41%	62%	50%	27%	43%	41%	25%	48%	40%	40%
After the fact	17%	11%	10%	21%	15%	20%	36%	30%	32%	20%	12%	11%	10%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Expedited Request (3 days or less)	30%	29%	31%	17%	31%	30%	0%	35%	36%	10%	44%	24%	17%

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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SUBMISSIONS TO RFS
March 2012 to March 2013 Comparison

PROGRESS REPORTS	2012	2013	Change
Count	40	30	-10
On Time	45%	50%	+5%
Late	38%	40%	+2%
After the fact	17%	10%	-7%
Total	**100%**	**100%**	**-**
Expedited Request (3 days or less)	30%	17%	-13%

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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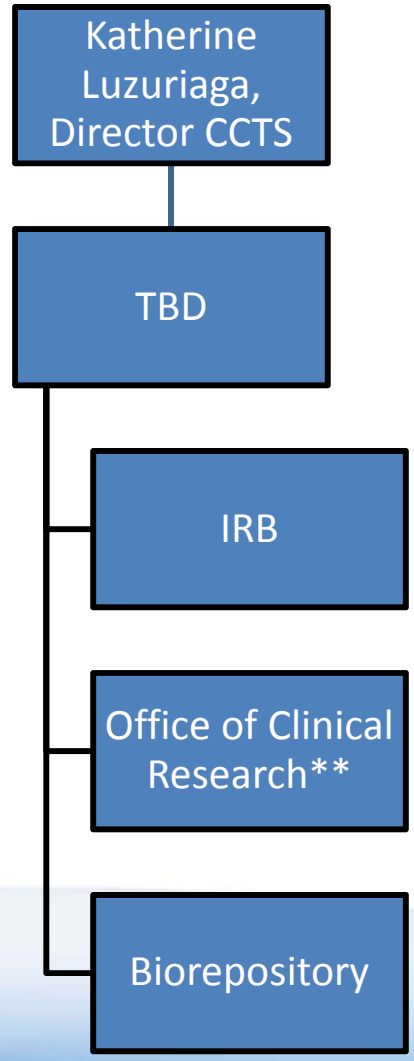
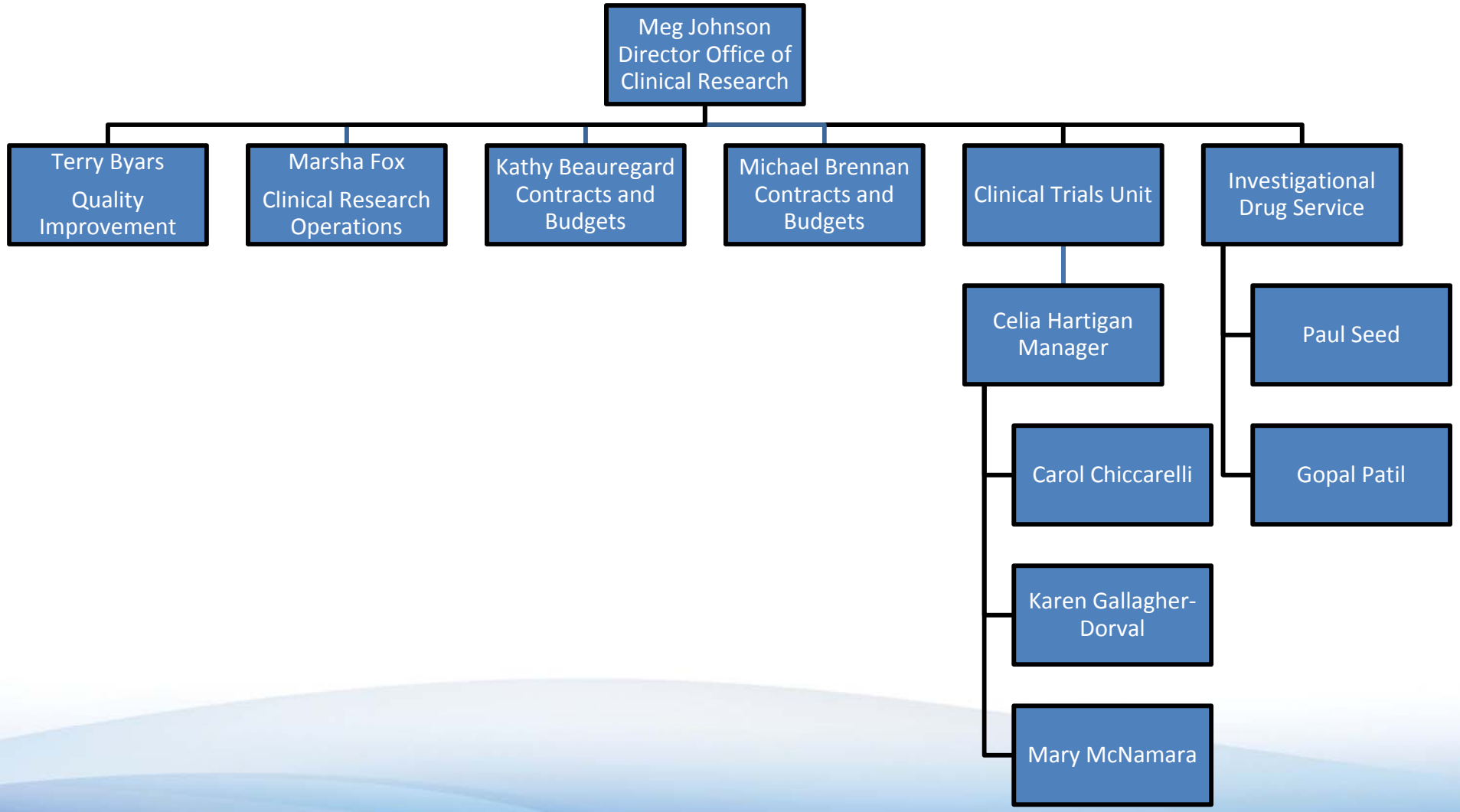
Oversight - Clinical Research in CCTS



Office of Clinical Research Org Chart



University of Massachusetts Medical School
Supplemental Funding Routing Form

PS Award #:

This form is required for RFS review and approval of requests for supplemental funding from sponsors for existing awards. A Proposal Routing Form (PRF) is not required for this type of submission.

Document Contact	Name	Phone	Email	Requested Return Date	Sponsor Due Date

PI Name: Phone: Department: Email:

Sponsor Award #: Submission Method: Supplement Type:

Award Title:

Supplement Start Date: Supplement End Date:

Initial Supplemental Budget Period
Funds Requested:

Total Supplemental Period
Funds Requested:

The following items must accompany this form for review:

* The related RFA/Notice/Request for Supplement or email correspondence issued by sponsor.
* Internal budget worksheet
* Budget Justification
* Human Subjects/Vertebrate Animal Approval Documentation (if applicable)
* Updated SDFI (Financial Conflict of Interest) Form

NIH Paper submissions of supplement requests require the following forms:

* PHS 398 Form Pages 1, 4, 5 and the Checklist Form
* Biographical Sketch for any/all NEW Senior/Key Personnel
* If submitting a diversity supplement please include the Eligibility Statement letter for Authorized Official signature/upload.

COMPLIANCE INFORMATION/CERTIFICATIONS

	Yes	No	Docket/Protocol#	Approval Date		Yes	No
Human Subjects?	○	○			Has the involvement of human subjects changed?	○	○
Animal Subjects?	○	○			Has the involvement of animal subjects changed?	○	○

APPROVALS

Signature of the **Principal Investigator** below indicates:

* Assurance that the information submitted in the supplement request 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 supplement with applicable, institution, sponsor, federal, and state rules, regulations and guidelines,
* Acceptance of the responsibility to continue to conduct and judiciously manage the supplement and parent project in accordance with the terms and conditions of the sponsoring agency and the institution.
* UMMS 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 supplement is funded.
* Assurance that they are in compliance with the Institutions' Intellectual Property Policy and have provided updated FCOI 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.

Principal Investigator Date

Department Administrator Date

INSTITUTION APPROVALS

Authorized Institutional Official - Office of Research Funding Services Date

Special Approval (as Required) Date

Vendor Add / Update - Information Form

University of Massachusetts

A W9 or MW9 MUST be submitted for all NEW Vendors

For Department Use Only

Current Vendor ID: **Requested by:** **Phone:**

Action Required: ☐ **Add** ☐ **Update** **UMASS Campus:**

☐ **Change Legal Address** ☐ **Change Tax Reporting Status** ☐ **Add Additional Remittance Address**

☐ **Change FEI / SSN / TIN** ☐ **Change Legal Name** ☐ **Add New Vendor**

To Be Completed by Vendor

Vendor Name:

Acronym if Applicable: **FEI** ☐ **SS#:** ☐

Order Address:

City: **State:** **Zip:**

Remit Address:

City: **State:** **Zip:**

A/R Email:

Contact Name: **Contact Title:**

Contact Tel:

Do you accept Fax orders? ☐ **Yes** ☐ **No** **PO Fax #:**

PO Email:

U.S. Citizen? ☐ **Yes** ☐ **No** **U.S. Business?** ☐ **Yes** ☐ **No**

Are you a current or former Commonwealth of Massachusetts Employee? ☐ **Yes** ☐ **No**

Vendor Type: ☐ **Minority-Owned** ☐ **Woman-Owned** ☐ **Small Disabled Owned** ☐ **Small Disabled Veteran Owned**
(Please see reverse for Vendor Type Definitions – Check all applicable Vendor Types**)**

Certification Type: **Expiration Date of Certification:**

☐ **Performer** ☐ **Speaker/Lecturer** ☐ **Entertainer/Entertainment Related** ☐ **Athletic Official**

Services Provided:

If business, # of employees

Vendor Signature:

I, the Contractor, or acting in behalf of the contractor, certify under pains and penalties of perjury that to the best of my knowledge and belief, the above information is true, correct, and complete.

Form **UMW-9**
University of Massachusetts Substitute W-9 Form
(Rev. December 2012)

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See **Specific Instructions** on page 3

Name (as shown on your income tax return):

Business name, if different from above:

Check appropriate box: ☐ Individual/Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust Estate

☐ Limited liability company. Enter the tax classification: _____ (C =Corporation, S = S Corporation, P = Partnership)

☐ Other (see instructions) _____

☐ Exempt Payee

Legal Address (number, Street, and apt. or suite no.):

Remit Address:

City, state, and ZIP code:

Required

Order Email Address:

Order Fax Number:

Contact Phone Number:

Vendor's preferred method for Purchase Orders: ☐ Email ☐ Fax

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see ***How to get a TIN*** on page 4.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

☐☐☐-☐☐-☐☐☐☐

or

Employer identification number

☐☐-☐☐☐☐☐☐☐

Vendors:
Dunn and Bradstreet Universal Numbering System (DUNS)

DUNS

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person:** _____ **Date:** _____

If you have questions on completing this form, please contact Vendor Maintenance at: (508) 856-2234.
Upon completion of this form, please return to: University of Massachusetts Department you are doing business with. (UMWOR)

Part III For University Verification Purposes Only – Do Not Write Below This Line

Business Name Acronym

☐ IRS TIN Matching ☐ OFAC Signature _____ Date: _____