



# RESEARCH FUNDING SERVICES BROWN BAG

**AUGUST 29, 2012**

# AGENDA

- Financial Conflict of Interest (FCOI) Implementation Update
- Revised New Award Provisional Status Account Request (NAPSAR) Form
- Revised Annual Progress Report (APR) Form
- Optional Streamlined Proposal Review Process
- July Proposal & Progress Report Statistics

# FCOI UPDATE

- Policy went into effect 8/1/12
- 1,000 UMMS faculty/staff have taken the FCOI training
- RFS is requesting an updated SDFI disclosure form for awards received after 8/1/12 to confirm Investigators (new definition) have taken COI training
- RFS will confirm that individuals identified on the SDFI form have completed FCOI training before a project can be set up



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## Financial Conflict of Interest

**Effective August 1, 2012**, the University of Massachusetts Medical School has implemented a Policy for Promoting Objectivity in Biomedical Research to comply with new federal financial conflict of interest reporting and training requirements. The new federal requirements are intended to promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct, and reporting of sponsored research will be free from bias resulting from Investigator financial conflicts of interest.

Major changes include:

- A more inclusive definition of "Investigator"
- A revised disclosure process at the application stage
- Lower financial disclosure thresholds
- Disclosure of all activities relating to "Institutional Responsibilities"
- A requirement to disclose sponsored travel
- A new conflict-of-interest training requirement

The Office of the Vice Provost for Research has created this website to provide the UMMS research community with the resources needed to understand and manage this process.

### FCOI Presentations and Resources:

Click [here](#) for a slide presentation detailing the new regulatory requirements.

Click [here](#) for the slides presented at the RFS FCOI Brown Bag information session of July 9, 2012.

# REVISED PROVISIONAL STATUS ACCOUNT REQUEST (NAPSAR) FORM

- Main Revision
  - PSAR Form to be used only for new awards (now referred to as NAPSAR). Provisional account requests for existing awards will be handled through the APR process.
- 2 types of provisional account requests that can be made:
  - Advance Accounts: Used when a PI and the department want to set up an account so that they can appoint personnel and be prepared to begin spending as of the start date of the award.
  - Pre-Award Spending Accounts: Used when the PI and department anticipate needing to spend funds in advance of the sponsor's start date. Most federal sponsors will allow expenditures to be incurred up to 90 days prior to the beginning date of the budget period.





## University of Massachusetts Medical School

### New Award Provisional Sponsored Account Request (NAPSAR) Form

Please read the guidance provided and complete the form below to request a provisional sponsored account for a new award. Incomplete requests will be returned to the Department for additional information.

Document Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PENDING PROPOSAL INFORMATION

\*Principal Investigator: \_\_\_\_\_ \*Dept. Name: \_\_\_\_\_ \*Dept. ID: \_\_\_\_\_

\*PS Proposal/Award #: \_\_\_\_\_ \*Sponsor Ref. Award #: \_\_\_\_\_

Award Type: ☐ Prime Recipient ☐ Subagreement ☐ Foundation/Private ☐ If Subagreement, Federal Flow-Through? ☐ Yes ☐ No

\*Sponsor: \_\_\_\_\_ \*Prime Sponsor (if Subagreement): \_\_\_\_\_

\*Award Title: \_\_\_\_\_

\*Project Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ \*Budget Period: \*Start Date: \_\_\_\_\_ \*End Date: \_\_\_\_\_

\*Anticipated Award Will Be: ☐ New ☐ Renewal ☐ Transfer-In If Transfer, Previous Institution: \_\_\_\_\_

\*Estimated Award Amount: \_\_\_\_\_

Provisional Account Type: ☐ Advance Account (no pre-award spending) ☐ Pre-Award Spending Account (provide pre-award spending date) \*Pre-award costs as of (date): \_\_\_\_\_

\*Justification: \_\_\_\_\_

#### COMPLIANCE INFORMATION/CERTIFICATIONS

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

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

#### STATEMENT OF RESPONSIBILITY FOR REQUESTING AN AT-RISK ACCOUNT

We request that a provisional sponsored account be created in connection with the sponsored proposal indicated above. There is a reasonable certainty that an award will be received with an effective date that will cover the charges made to the account. If such an 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): \_\_\_\_\_

Principal Investigator  
(Sign and Date) \_\_\_\_\_

Dept. Administrator  
(Sign and Date) \_\_\_\_\_

Department Chair  
(Sign and Date) \_\_\_\_\_

Department Chair Signature Required if PS ST# is a Departmental Account.

#### RFS/GA USE ONLY:

Date Logged In: \_\_\_\_\_ Proposed DC: \_\_\_\_\_

RFS Approval: \_\_\_\_\_ Date: \_\_\_\_\_

#### New Award Provisional Sponsored Account Request Form

The New Award Provisional Sponsored Account Request (NAPSAR) Form can be used to establish a chartfield in PeopleSoft to facilitate the initiation of a sponsored project prior to receiving an award or official notice from the sponsoring agency. It will provide the Principal Investigator (PI) access to funding by assigning an account number to the sponsored project in advance of the official award document. This will aid in the proper allocation of costs at the beginning of the project, which prevents the improper allocation of expenses to an incorrect account and minimizes the need for cost transfers. (A cost transfer is the reassignment of an expense to or from a sponsored project after the expense was initially charged to another sponsored project or non-sponsored project. Cost transfers include salary, fringe, supplies and other direct costs.)

There are two types of New Award Provisional Accounts that PI's may request.

- 1.) Advance Accounts are used when a PI and the department want to set up an account so that they can appoint personnel and be prepared to begin spending as of the start date of the award.
- 2.) Pre-Award Spending accounts are used when the PI and department anticipate needing to spend funds in advance of the sponsor's start date. Most federal sponsors will allow expenditures to be incurred up to 90 days prior to the beginning date of the budget period.

New Award Provisional Sponsored Accounts must be secured by an institutional unrestricted account. If an award is not received, or expenditures processed are determined to be unallowable due to the conditions of award, this account will provide the funding sources for these expenditures.

PIs are encouraged to use New Award Provisional Sponsored Accounts when appropriate. If the PI has received notification, or has information of a sponsor's intent to fund a proposal, but the issuance of the actual award document by the sponsor may be delayed and an immediate need exists to begin work or continue existing work that benefits the sponsored project, please complete the NAPSAR Form.

#### Regulatory Compliance

UMMS does not release budget into animal, human subjects or biosafety expenditure categories on provisional sponsored accounts. Should the PI need to spend in these categories while in provisional status, RFS will require that any of the following applicable regulatory protocols have been submitted, reviewed and approved by the appropriate regulatory office:

- All animal protocols are approved and determined to be congruent to the proposal by the Institutional Animal Care and Use Committee (IACUC).
- All human subject protocols are approved and determined to be congruent to the proposal by the Institutional Review Board (IRB).
- All other regulatory compliance requests (biohazards, radiation safety, hazardous material, etc.) are on file and approved.

#### Pre-Award Costs

Pre-award costs are those obligations and expenditures incurred up to 90 days prior to the beginning date of the initial budget period of a new or renewal award. OMB Circular A-110 gives authority to federal granting agencies to permit grantees to approve 90 day pre-award spending at the grantee's risk. If the sponsor allows the institution to approve pre-award spending, these costs are allowable providing:

- The costs are necessary to conduct the project, and
- The costs would be allowable under the grant, if awarded, without prior approval from the sponsor, and
- All required regulatory compliance approvals are completed.

#### To Request a New Award Provisional Sponsored Account

Please complete the NAPSAR Form. Required fields are marked with an \*. Fields on the NAPSAR Form may be left blank if the information is included on the Proposal Routing Form and a copy is attached to the NAPSAR Form. The completed form requires the signatures of the PI and the Department Administrator.

New Award Provisional Sponsored Accounts must be secured by an institutional unrestricted account by providing a valid PeopleSoft (PS) SpeedType (ST) account number for the unrestricted account. The signature of the Department Chair is required if the PS ST account number is a Departmental Account.

This form must be accompanied by:

- 1.) Supporting documentation and/or justification regarding the notification that the award will be funded, and
- 2.) Copies of all approval letters for regulatory protocols, and
- 3.) A copy of the Proposal Routing Form if duplicate fields are blank.

Once RFS reviews the information provided and determines the request is allowable, they will approve the establishment of a New Award Provisional Sponsored Account and forward the form to Grant Accounting for processing. Grant Accounting will notify the department when the account is established by forwarding a Project Information Notification (PIN) Report to the Department Administrator.



# REVISED ANNUAL PROGRESS REPORT (APR) FORM

- Main Revisions
  - A provisional account request section has been added to the APR form.
  - A disclosure of financial interests section requesting an updated SDFI form for the project has been added to the APR.
  - The Compliance Certifications area has been reformatted for better clarity
  - The Declarations section has been modified to add an assurance that Investigators have provided updated disclosures and that they are willing to accept the financial risk on provisional account requests.

REVISED

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
<b>I. AWARD INFORMATION</b>				
Award Title				
Award Type	<b>Federal Flow-Through</b> <input type="radio"/> Yes <input type="radio"/> No			
Sponsor Name	Type: Continuation <input type="radio"/> SNAP? <input type="radio"/> Yes <input type="radio"/> No			
Sponsor Ref. Award #	Date Due to Sponsor <input type="radio"/> Receipt <input type="radio"/> Postmark <input type="radio"/> Electronic <input type="radio"/> Time (if Elec.)			
PS Award #	PS Project # <input type="radio"/> Is Progress Report required by sponsor? <input type="radio"/> Yes <input type="radio"/> No			
<b>II. PRINCIPAL INVESTIGATOR INFORMATION</b>				
PI Name	Current Effort %	Will the level of effort for the Principal Investigator change significantly (25% or more) in the next budget period? <input type="radio"/> Yes <input type="radio"/> No		
PI Phone				
Dept. Name	Project Location (if changed):			
<b>III. CO-INVESTIGATORS</b>				
Must be UMMS Faculty or Professional Staff unless a Subawardee/Subrecipient is indicated below.				
Name	Department	Signature (See Declarations in Sec. VII) for UMMS Fac/Prof Staff		
<b>IV. NEXT PERIOD BUDGET &amp; SUBRECIPIENTS</b>				
Start Date	End Date	LEGAL NAME OF SUBRECIPIENT (Attach additional sites if necessary)	NEXT PERIOD BUDGET	
			\$	
Direct Costs	Indirect Costs	Total Costs	\$	
			\$	
<b>V. COST SHARING</b>				
Does Award Include Cost Sharing? <input type="radio"/> Yes <input type="radio"/> No If yes, identify type and attach documentation: <input type="checkbox"/> Sponsor Required <input type="checkbox"/> In Kind/Voluntary				
<b>VI. PROVISIONAL ACCOUNT REQUEST</b>				
Is the Principal Investigator requesting the establishment of a provisional account? <input type="radio"/> Yes <input type="radio"/> 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):				
*Department Chair signature is required on the APR form if the PS ST# provided is from a Departmental Account.				
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).				

<b>VII. DISCLOSURE OF FINANCIAL INTEREST UPDATE</b>			
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.		<b>FOR RFS USE ONLY</b>	
		SDFI Form Submitted?	<input type="radio"/> Yes <input type="radio"/> No
		Affirmative Disclosures?	<input type="radio"/> Yes <input type="radio"/> No
		Investigator Training Confirmed?	<input type="radio"/> Yes <input type="radio"/> No
<b>VIII. COMPLIANCE INFORMATION/CERTIFICATIONS</b>			
Human Subjects?		Yes No	Approval Date
Animal Subjects?		Yes No	Approval Date
Inventions?		Yes No	Previously Reported? <input type="radio"/> Yes <input type="radio"/> No
Indicate below the appropriate activities involved in this project. Please list the valid IBC Protocols that cover this activity.			
Radioactive Materials		Yes No	Docket/Protocol#
Recombinant DNA		Yes No	Docket/Protocol#
Adult Stem Cells		Yes No	Docket/Protocol#
Embryonic Stem Cells		Yes No	Docket/Protocol#
Select Agent		Yes No	Docket/Protocol#
Biologic Toxin		Yes No	Docket/Protocol#
Pathogen - Animal		Yes No	Docket/Protocol#
Pathogen - Human		Yes No	Docket/Protocol#
Blood - Animal		Yes No	Docket/Protocol#
Blood - Human		Yes No	Docket/Protocol#
Tissue - Animal		Yes No	Docket/Protocol#
Tissue - Human		Yes No	Docket/Protocol#
Microbial Pathogen-Animal		Yes No	Docket/Protocol#
Microbial Pathogen-Human		Yes No	Docket/Protocol#
Cell Lines - Animal		Yes No	Docket/Protocol#
Cell Lines - Human		Yes No	Docket/Protocol#
<b>IX. DECLARATIONS &amp; DEPARTMENT APPROVALS</b>			
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)	
<b>X. INSTITUTION APPROVALS</b>			
Authorized Institutional Official - Office of Research Funding Services		Special Approval (as Required)	



# OPTIONAL STREAMLINED PROPOSAL REVIEW PROCESS

- Piloted with Medicine/Neurology ASG
  - Allows for budgetary items to be reviewed in parallel to the Proposal Routing Form (PRF) signature approval process
- RFS will accept photocopies/scans/faxes of Co-I and Department Chair Signatures on the PRF
  - Email approvals are acceptable if an approver is not available to sign
- At the intake stage, Departments will let RFS know they are using this optional process by submitting the Proposal Approvals – Signatures Checklist form along with the initial items submitted.

# OPTIONAL STREAMLINED PROPOSAL REVIEW PROCESS

- Compliance Certifications
  - RFS will accept photocopies/scans/faxes of the Summary Disclosure of Financial Interests (SDFI) form required at the time of submission for any project personnel regardless of title or position, who is responsible for the design, conduct or reporting of the research.
  - All required disclosures must be provided to RFS prior to submission of the proposal to the sponsor.
  - Sponsors require disclosure of the existence of human subjects and/or animal research as part of the application process, but most do not require institutional approval documentation of the research protocols at this stage. RFS will not request documentation of protocol approval letters at the application stage, but will require that departments still disclose the existence of human subject and animal research on the PRF (specific guidance on this process is in the 8/29/12 Streamlined Proposal Review Process Requirements Memorandum).
- Please consult with your RFS Team Leads if you are interested in using this process.

# SUBMISSIONS TO RFS

## 1/1/12 – 7/31/12

PROPOSALS	January	February	March	April	May	June	July
Count	136	119	95	61	104	100	84
On Time	60%	61%	45%	33%	51%	50%	50%
Late	36%	33%	48%	57%	40%	43%	48%
After the fact	4%	6%	7%	10%	9%	7%	2%
<b>Total</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%

# SUBMISSIONS TO RFS

## 1/1/12 – 7/31/12

PROGRESS REPORTS	January	February	March	April	May	June	July
Count	34	41	40	45	39	29	26
On Time	50%	41%	45%	47%	34%	38%	23%
Late	47%	49%	38%	42%	56%	41%	62%
After the fact	3%	10%	17%	11%	10%	21%	15%
<b>Total</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%



# REVISED



## University of Massachusetts Medical School

### New Award Provisional Sponsored Account Request (NAPSAR) Form

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Document Contact:  Phone:

#### PENDING PROPOSAL INFORMATION

\*Principal Investigator:  \*Dept. Name:  \*Dept. ID:

\*PS Proposal/Award #:  \*Sponsor Ref. Award #:

Award Type:  \*If Subagreement, Federal Flow-Through? ☐ Yes ☐ No

☐ Prime Recipient  
☐ Subagreement  
☐ Foundation/Private

\*Sponsor  \*Prime Sponsor (if Subagreement):

\*Award Title

\*Project Period: Start Date:  End Date:  \*Budget Period: \*Start Date:  \*End Date:

\*Anticipated Award Will Be: ☐ New ☐ Renewal ☐ Transfer-In If Transfer, Previous Institution:

\*Estimated Award Amount:

Provisional Account Type:  \*Pre-award costs as of (date):

\*Justification   
Advance Account (no pre-award spending)  
Pre-Award Spending Account (provide pre-award spending date)

#### COMPLIANCE INFORMATION/CERTIFICATIONS

Human Subjects? ☐ Yes ☐ No Docket/Protocol #:  Approval Date:  ☐ Pending

Animal Subjects? ☐ Yes ☐ No Docket/Protocol #:  Approval Date:  ☐ Pending

#### STATEMENT OF RESPONSIBILITY FOR REQUESTING AN AT-RISK ACCOUNT

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

Principal Investigator  
(Sign and Date) \_\_\_\_\_

Dept. Administrator  
(Sign and Date) \_\_\_\_\_

Department Chair:  
(Sign and Date) \_\_\_\_\_

Department Chair Signature Required if PS ST# is a Departmental Account.

#### RFS/GA USE ONLY:

Date Logged In: \_\_\_\_\_ Proposed DC: \_\_\_\_\_

RFS Approval: \_\_\_\_\_ Date \_\_\_\_\_

## New Award Provisional Sponsored Account Request Form

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- All human subject protocols are approved and determined to be congruent to the proposal by the Institutional Review Board (IRB).
- All other regulatory compliance requests (biohazards, radiation safety, hazardous material, etc.) are on file and approved.

### Pre-Award Costs

Pre-award costs are those obligations and expenditures incurred up to 90 days prior to the beginning date of the initial budget period of a new or renewal award. OMB Circular A-110 gives authority to federal granting agencies to permit grantees to approve 90 day pre-award spending at the grantee's risk. If the sponsor allows the institution to approve pre-award spending, these costs are allowable providing:

- The costs are necessary to conduct the project, and
- The costs would be allowable under the grant, if awarded, without prior approval from the sponsor, and
- All required regulatory compliance approvals are completed.

### To Request a New Award Provisional Sponsored Account

Please complete the NAPSAR Form. Required fields are marked with an \*. Fields on the NAPSAR Form may be left blank if the information is included on the Proposal Routing Form and a copy is attached to the NAPSAR Form. The completed form requires the signatures of the PI and the Department Administrator.

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This form must be accompanied by:

- 1.) Supporting documentation and/or justification regarding the notification that the award will be funded, and
- 2.) Copies of all approval letters for regulatory protocols, and
- 3.) A copy of the Proposal Routing Form if duplicate fields are blank.

Once RFS reviews the information provided and determines the request is allowable, they will approve the establishment of a New Award Provisional Sponsored Account and forward the form to Grant Accounting for processing. Grant Accounting will notify the department when the account is established by forwarding a Project In-formation Notification (PIN) Report to the Department Administrator.

# REVISED

## 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	<b>Federal Flow-Through</b> <input type="radio"/> Yes <input type="radio"/> No	Type: Continuation	SNAP? <input type="radio"/> Yes <input type="radio"/> No	
Sponsor Name	Prime Recipient Subagreement Foundation/Private	Date Due to Sponsor	<input type="checkbox"/> Receipt	<input type="checkbox"/> Postmark
Sponsor Ref. Award #:			<input type="checkbox"/> Electronic	Time (if Elec.)
PS Award #:	PS Project #:	Is Progress Report required by sponsor? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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	\$
			\$

### 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):

\* Department Chair signature is required on the APR form if the PS ST# provided is from a Departmental Account.

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"/>	<input type="radio"/>
Affirmative Disclosures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigator Training Confirmed?	<input type="radio"/>	<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"/>
	Yes	No		Yes	No		
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) \_\_\_\_\_






Office of the Vice Provost for Research  
University of Massachusetts Medical School  
55 Lake Avenue North  
Worcester, MA 01655-0002  
508.856.5600 (office) 508.856.1627 (fax)  
[diego.vazquez@umassmed.edu](mailto:diego.vazquez@umassmed.edu)

Diego R. Vazquez, MPA, CRA  
Assistant Vice Provost, Research Funding Services

## MEMORANDUM

**Date:** August 29, 2012  
**To:** UMMS Research Community  
**From:** Diego Vazquez, Assistant Vice Provost, Research Funding   
**Subject:** Streamlined Proposal Review Process Requirements and Compliance Certification Documentation

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### Proposals Approvals

In order to streamline the proposal review process Research Funding Services (RFS) will initiate the review of a proposal upon receipt of a Proposal Routing Form (PRF) with the Principal Investigator (PI) and Department Administrator's (DA) original signatures and a finalized budget and budget narrative. This will allow for budgetary items to be reviewed in parallel to the PRF signature approval process, allowing the department to continue work on the remaining proposal components while RFS reviews and provides feedback regarding the budget.

### Approver Documentation Requirements

RFS will now accept photocopies/scans/faxes of Co-Investigator and Department Chair signatures on the Proposal Routing Form. Moving in this direction allows the initiating department to secure approvals on the PRF in parallel, allowing the process to move forward in the absence of any approvers. E-mail approvals are acceptable in lieu of a signature should an approver not be available to sign. The approver's e-mail must include the Primary PI's name, the PeopleSoft Proposal ID# and a statement indicating that they have reviewed and approved the PRF for the application. Please note that all approvals must still be secured for a proposal to be submitted to the sponsor.

Proposals submitted using the streamlined proposal review process should include the attached checklist identifying any missing or pending signatures. At the intake stage the checklist will let RFS know not to treat the submission as an incomplete packet and that the department will be following up with additional approval signatures. **An updated Proposal Approvals Checklist must accompany each submission of additional approval documentation to RFS (including COI documentation).** It is the responsibility of the department to ensure that all approving signatures are provided to RFS prior to submission of the proposal to the sponsor.

### Compliance Certifications

RFS will accept photocopies/scans/faxes of the Summary Disclosure of Financial Interests required at the time of submission for any project personnel regardless of title or position, who is responsible for the design, conduct or reporting of the research. All required disclosures must be provided to RFS prior to submission of the proposal to the sponsor.

Sponsors require disclosure of the existence of human subjects and/or animal research as part of the application process. Most sponsors do not require institutional approval documentation of human subjects and animal research protocols at the proposal stage. RFS is aligning the proposal review and submission process to reflect how sponsors address this issue (e.g., Just-in-time, or JIT) and will not request documentation of protocol approval letters at the application stage. However, departments are still required to disclose the existence of human subject and animal research components on the PRF and will be asked to select the Pending Approval indicator in the Indicator field on the Certification tab when entering data into PeopleSoft. The Approval Date field should be left blank as a **Pending Approval** response will not

require documentation of the approval date. If the project does not have a human subject or animal research component, on the Certifications tab in PeoplesSoft, select H001 for Humans, A025 for Animal Research in the Certification Code field and indicate **No** in the Certification Indicator field.

The screenshot below shows how an Animal Research ***Pending Approval*** certification should be entered. Note that the circled approval date is left blank. Since Human Subjects are not being used in this project, the H001 Certification Code is selected and the Indicator field is set to **No**.

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Certification Info

Review and Status

*Certification Code	Certification Date	*Indicator	Certified By	Approval Date	Expiration Dt	Docket/Protocol #	Exemption Number		
H001		No						+	-
A025		Pending Approval						+	-

The certification entered above will appear in Section VI. of the printed PRF in the following format:

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

If the department has a valid protocol number and approval date, they can choose to include it on the PRF. However, if a protocol number and date are provided, RFS will require a copy of the most current approval letter to be provided as part of the submitted PRF packet.

Proposal ID#: %

## Proposal Approvals - Signature Checklist

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Department Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

## 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)

### Proposal Routing Form (PRF)

Principal Investigator

☐☐

Co-Investigator (list below)

1. \_\_\_\_\_

☐☐

2. \_\_\_\_\_

☐☐

3. \_\_\_\_\_

☐☐

4. \_\_\_\_\_

☐☐

5. \_\_\_\_\_

☐☐

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

1. \_\_\_\_\_

☐

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

2. \_\_\_\_\_

☐

3. \_\_\_\_\_

☐

4. \_\_\_\_\_

☐

5. \_\_\_\_\_

☐

### Proposal Routing Form

PI's Chair

☐

Additional Chairs for Co-Investigators & Other Key Personnel

Dept Name

1. \_\_\_\_\_

☐

2. \_\_\_\_\_

☐

3. \_\_\_\_\_

☐