Research Administration Brown Bag

September 28, 2015
11:45 am – 12:45 pm
Amphitheater 1 (S2-102)

Agenda

University of Massachusetts UMASS Medical School

- RFS Name Change
- FY15 – Award Overview
- Quarterly Report – Upcoming Changes
- October 5th NIH Deadline (New R01 & U01 Applications)
- Memo: Procedure for Developing Proposal Budgets with a Clinical Research Component
- Budgeting Student Fees & Insurance in Proposals
- Bursar Request Regarding Payments
- Updated BRPA
- Cayuse Update
  - Sponsor Deadline Field
- NIH Update
  - NIH Subaccount Transition Begins 10/1/15
  - RPPR - Invention Reporting &iEdison
- Uniform Guidance Update
  - OMB Extension on Procurement Bid Threshold
- Proposal & Progress Report Statistics

RFS Name Change

University of Massachusetts Medical School

- Effective September 28th, the name of Research Funding Services is changing to the Office of Sponsored Programs.
- The change is being made to better reflect the responsibilities of the office and to provide clearer contact information to external sponsors and collaborators.

FY 15 Award Overview

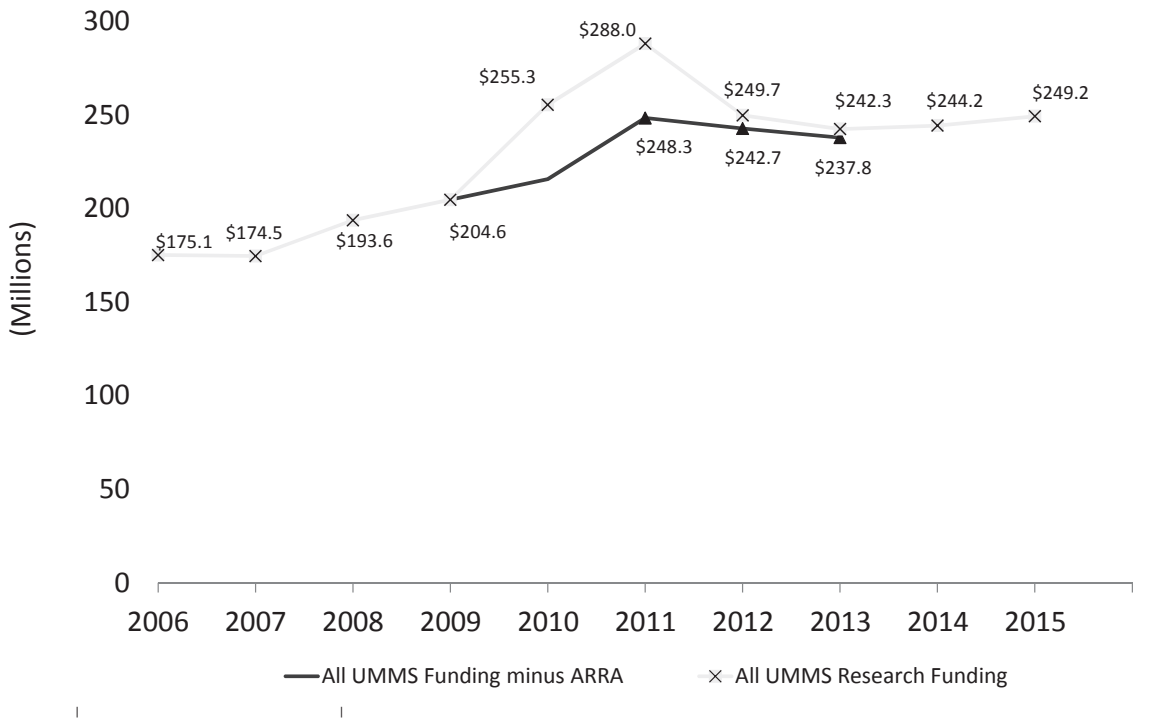
University of Massachusetts Medical School

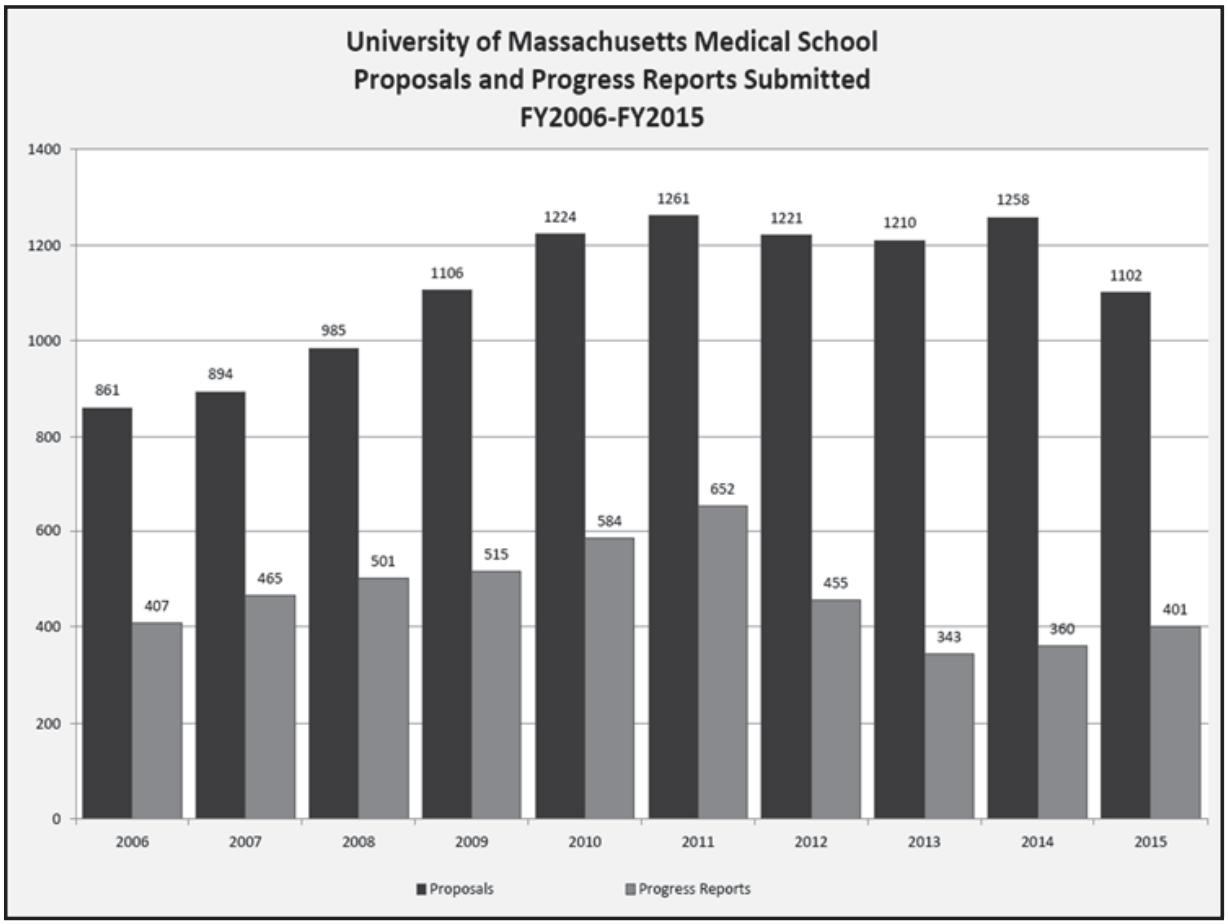
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
SUMMARY STATEMENT OF GRANTS & CONTRACTS*

	June 30, 2014		June 30, 2015	
Total Direct	$178,848,716		$182,080,966	
Total Indirect	$65,384,788		$67,161,500	
Total Dollars	$244,233,504		$249,242,466	
Federal-NIH	$135,153,390	55.3%	$140,505,167	56.4%
Federal-Other	$58,100,233	23.8%	$53,812,835	21.6%
	$193,253,623	79.1%	$194,318,002	78.0%
Foundations	$24,967,217	10.2%	$30,255,001	12.1%
Industry	$9,919,133	4.1%	$12,079,036	4.8%
Other	$16,093,531	6.6%	$12,590,427	5.1%
		100.0%		100.0%

Funding	FY 2014	FY 2015	% of Change
Total	$244,233,504	$249,242,466	+2.05%
NIH	$135,153,390	$140,505,167	+3.96%

Research Funding: Fiscal Years 2006 - 2015





Award Report – Upcoming Changes

University of Massachusetts Medical School

- A new award detail section will be added to the report that captures award information by the primary academic appointment department of the Principal Investigator.
- This new section will not replace the current award detail report – it will merely provide an alternate view of the information.
- New section will be included in the FY16 Q1 report

October 5th R01 & U01 Deadline

University of Massachusetts Medical School

- OSP is expecting a high volume of applications.
- Request that departments submit proposals to OSP five working days prior to the intended submission date or requested return date.

Sent: Tuesday, June 30, 2015 1:45 PM
To: Office of Research Grp; Office of Research Administration; AAG
Subject: Procedure for Developing Proposal Budgets with a Clinical Research Component

MEMORANDUM

TO: UMMS Community
FROM: Diego Vazquez, Assistant Vice Provost, Research Funding Services
Meg Johnson, Director of Clinical Research, Center for Clinical & Translational Sciences
Margaret Koziel, MD, Assistant Vice Provost for Clinical Research
DATE June 30, 2015
RE: Procedure for Developing Proposal Budgets with a Clinical Research Component

Research Funding Services (RFS) in the Office of Research (OOR) and Office of Clinical Research (OCR) in the Center for Clinical and Translational Science (CCTS) share oversight in the development and submission of clinical research budgets to external sponsors. RFS is responsible for the administration of extramurally funded sponsored programs, whereas CRO is responsible for the review of budgets and negotiations with for-profit sponsors of clinical trials.

The following procedures should be undertaken to ensure that proposals/applications containing a clinical research component are appropriately priced:

1. Development of budgets: Investigators and their teams are responsible for determining the costs of work being done by a core service. For current pricing for these services, please contact:
    a. For facility (including laboratory), radiology and medical group (professional) service rates (eg CPT codes) please contact clinicalresearch@umassmed.edu. In addition, this group will assist in the review of budgets and conducts negotiations with for-profit sponsors of clinical trials.
    b. For pricing of nursing and other services offered by the Clinical Research Center, please contact Celia Hartigan at celia.hartigan@umassmed.edu
    c. For the Investigational Drug Service, please contact ids@umassmemorial.org.

    Requests for service must include, at minimum, a draft protocol in order to appropriately calculate the services requested, as well as staff time and effort to support the protocol. IRB approval is not required at this step, as it is recognized that protocols may change during peer review.

2. For clinical research involving the purchase of goods and services from UMass Memorial Health Care (e.g., laboratory, radiology, or professional fees), investigators must comply with federal rules and agreements with UMMHC involving reimbursement for patient care costs. There is a restriction on the waiver or reduction on applicable overhead, as well as waiver or reduction for inpatient or outpatient patient care service costs (including use of clinic space, professional services and laboratory services) from UMass Memorial Healthcare, Inc. or imaging from Shields MRI. Investigators are expected to appropriately budget or allocate these costs to ensure the proper reimbursement of these service providers. We are not allowed to grant exemptions to this policy.

3. For proposals with patient care costs or proposed use of the CRC and/or IDS, Investigators must contact the above referenced clinical research personnel to obtain a service estimate at least 2 weeks in advance of proposal submission to RFS. As part of its review, RFS will confirm that clinical research staff have reviewed and approved the budget prior to proposal submission.

4. Regardless of project funding status, the investigator or delegate will supply a chart string prior to any work being conducted by the core service.

5. Cost overruns are the responsibility of the investigator and his/her department. It is the responsibility of the investigator to ensure that adequate funds are available to support the work proposed (e.g., if there is a decrease to an NIH award then scope of work may be need to be adjusted).

OOR and CCTS are working on enhancing our websites to allow investigators to easily identify research core services and to build appropriate budgets based on core costs. In addition, an electronic Clinical Trial Management System will be brought online over the next year, which should substantially facilitate clinical research budget development, tracking, and invoicing.

University of Massachusetts UMASS Medical School

Memo distributed 6/30/15

Procedure for Developing Proposal Budgets with a Clinical Research Component

OCR is requesting Investigators contact them 2 weeks in advance of proposal submission to OSP.

OSP will confirm that OCR has reviewed and approved the budget prior to budget submission.

Budgeting Student Fees & Insurance in Proposals

University of Massachusetts UMASS Medical School

GSBS Ph.D. & MD/Ph.D.* Fees and Insurance (FY2016)

Health Insurance	$3,702.00	Curriculum Fee**	$3,434.00
Dental Insurance	325.00	Program Fee**	$180.00
Vision Insurance	159.00	Student Services Fee	$195.00
		Health/Counseling Fee	$697.00
Total Insurance	**$4,186.00**	**Total Fees**	**$4,506.00**

*MD/Ph.D. student fees change when the student completes GSBS studies and moves to the School of Medicine. Please consult the Bursar's Office for individual student fee schedules.

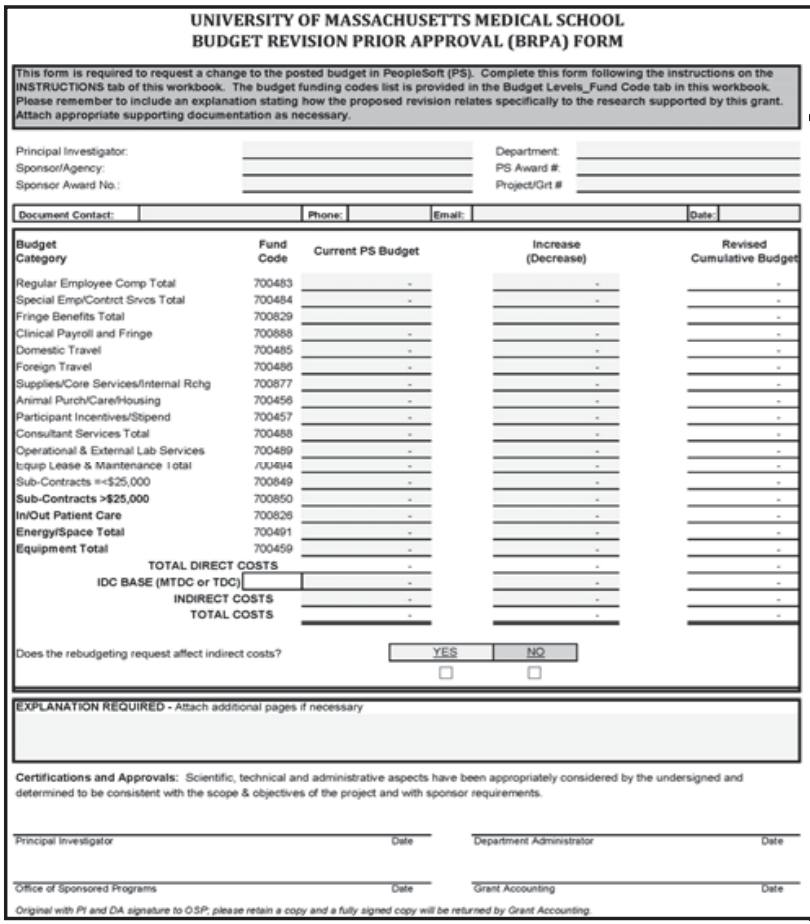
**Assessed until the Ph.D. student has completed nine semesters in Ph.D. studies, or six semesters of Ph.D. studies for MD/Ph.D. students.

The maximum amount should be used for budgeting in proposals.
Only actual charges will be charged to grants once awarded.
Any variance will be used to cover increases in future budget periods.

Bursar Request Regarding Payments

University of Massachusetts Medical School

- The Bursar's Office is receiving payments without indication of what the payment is for.
- They have requested that any remittance emails related to the payment received by the department be forward to Kathy Dion in the Bursar's Office so she can correctly match payments to projects.
- Kathy's email is: Kathy.Dion@umassmed.edu.



UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
BUDGET REVISION PRIOR APPROVAL (BRPA) FORM

This form is required to request a change to the posted budget in PeopleSoft (PS). Complete this form following the instructions on the INSTRUCTIONS tab of this workbook. The budget funding codes list is provided in the Budget Levels_Fund Code tab in this workbook. Please remember to include an explanation stating how the proposed revision relates specifically to the research supported by this grant. Attach appropriate supporting documentation as necessary.

Principal Investigator: _____ Department: _____
Sponsor/Agency: _____ PS Award #: _____
Sponsor Award No.: _____ Project/Grt #: _____

Document Contact: _____ Phone: _____ Email: _____ Date: _____

Budget Category	Fund Code	Current PS Budget	Increase (Decrease)	Revised Cumulative Budget
Regular Employee Comp Total	700483	-	-	-
Special Emp/Contrct Srvcs Total	700484	-	-	-
Fringe Benefits Total	700829			-
Clinical Payroll and Fringe	700888	-	-	-
Domestic Travel	700485	-	-	-
Foreign Travel	700486	-	-	-
Supplies/Core Services/Internal Rchg	700877	-	-	-
Animal Purch/Care/Housing	700456	-	-	-
Participant Incentives/Stipend	700457	-	-	-
Consultant Services Total	700488	-	-	-
Operational & External Lab Services	700489	-	-	-
Equip Lease & Maintenance Total	700494	-	-	-
Sub-Contracts =<$25,000	700849	-	-	-
Sub-Contracts >$25,000	700850	-	-	-
In/Out Patient Care	700826	-	-	-
Energy/Space Total	700491	-	-	-
Equipment Total	700459	-	-	-
TOTAL DIRECT COSTS		-	-	-
IDC BASE (MTDC or TDC)		-	-	-
INDIRECT COSTS		-	-	-
TOTAL COSTS		-	-	-

Does the rebudgeting request affect indirect costs? YES ☐ NO ☐

EXPLANATION REQUIRED - Attach additional pages if necessary

Certifications and Approvals: Scientific, technical and administrative aspects have been appropriately considered by the undersigned and determined to be consistent with the scope & objectives of the project and with sponsor requirements.

Principal Investigator _____ Date _____ Department Administrator _____ Date _____

Office of Sponsored Programs _____ Date _____ Grant Accounting _____ Date _____

Original with PI and DA signature to OSP; please retain a copy and a fully signed copy will be returned by Grant Accounting.

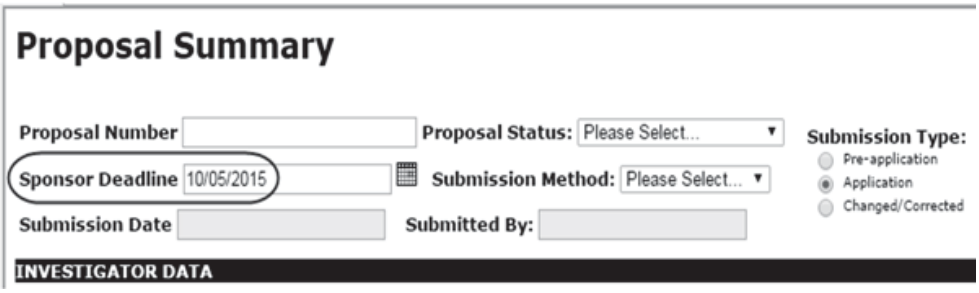
University of Massachusetts Medical School

Updated BRPA

Budget categories have been revised to articulate with PeopleSoft Fund Codes

Cayuse Update

- Request that attention be given to
  - "Sponsor Deadline" Field in Proposal Summary



- Field is used by OSP to manage deadlines
- Please ensure date is correct

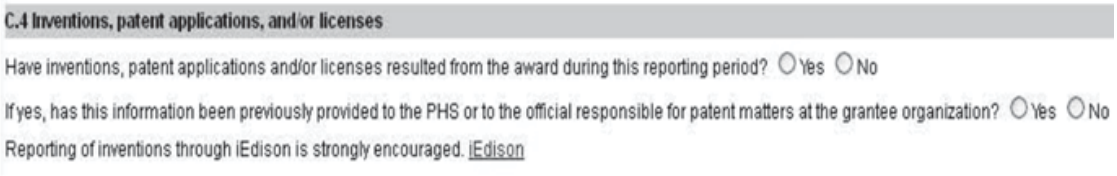
NIH Subaccount Transition Begins 10/1/15

- As of October 1, 2015, NIH will only use subaccounts in the Payment Management System (PMS). Every grant that is awarded funding in FY 2016 will be transitioned into a subaccount.
- The transition of all NIH awards to PMS subaccounts will be complete by September 30, 2016.
- OSP will work with departments and Grant Accounting to close existing projects in PeopleSoft and establish new accounts and revise subawards once we start receiving conversion awards.

RPPR – Invention Reporting & iEdison

University of Massachusetts Medical School

- Grant staff at NIH are cross-checking responses in Section C.4 of the RPPR against what has been reported in iEdison.
- We have received follow up emails from NIH Grants Staff noting where iEdison and the RPPR do not reconcile asking us to update iEdison.



C.4 Inventions, patent applications, and/or licenses

Have inventions, patent applications and/or licenses resulted from the award during this reporting period? ○ Yes ○ No

If yes, has this information been previously provided to the PHS or to the official responsible for patent matters at the grantee organization? ○ Yes ○ No

Reporting of inventions through iEdison is strongly encouraged. iEdison

OMB Extension on Implementation of Procurement Standards

University of Massachusetts Medical School

- A second year has been added to the grace period for implementation of the Procurement Standards, 200.317 through 200.326, of the Uniform Guidance (UG).
- Delay will allow non-federal entities to implement changes to their procurement policies and procedures in accordance with guidance on procurement standards.
- New standards require bid process for purchases over $3,000.
- Higher Ed community will continue working with OMB to try to change the $3k threshold during this time period.

PROPOSAL SUBMISSIONS TO OSP
August 2014 – August 2015

University of Massachusetts Medical School

	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	July 2015	August 2015
Count	67	100	115	77	62	119	117	89	72	69	111	90	62
On Time	37%	48%	44%	34%	50%	54%	40%	47%	33%	39%	55%	47%	47%
Late	58%	47%	52%	61%	48%	42%	56%	46%	63%	58%	42%	47%	52%
After the fact	5%	5%	3%	4%	2%	4%	4%	7%	4%	3%	3%	6%	2%
Withdrawn	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Expedited Request (3 days or less)	49%	30%	30%	38%	29%	28%	44%	34%	34%	35%	23%	33%	39%

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

SUBMISSIONS TO OSP
August 2014 to August 2015 Comparison

University of Massachusetts Medical School

PROPOSALS	2014	2015	Change
Count	67	62	-5
On Time	37%	47%	+10
Late	58%	52%	-6
After the fact	5%	2%	-3
Withdrawn	0%	0%	-
Total	**100%**	**100%**	-
Expedited Request (3 days or less)	49%	39%	-10

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

PROGRESS REPORT SUBMISSIONS TO OSP
August 2014 – August 2015

University of Massachusetts Medical School

	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	July 2015	August 2015
Count	13	15	23	20	26	33	33	50	50	52	53	32	11
On Time	39%	40%	35%	25%	31%	61%	46%	42%	50%	46%	38%	38%	27%
Late	15%	33%	48%	50%	61%	30%	39%	52%	40%	37%	51%	37%	46%
After the fact	46%	27%	17%	25%	8%	9%	15%	6%	10%	17%	11%	25%	27%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Expedited Request (3 days or less)	8%	27%	22%	45%	46%	18%	27%	38%	36%	19%	38%	31%	36%

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

SUBMISSIONS TO OSP
August 2014 to August 2015 Comparison

University of Massachusetts Medical School

PROGRESS REPORTS	2014	2015	Change
Count	15	11	-4
On Time	40%	27%	-13
Late	33%	46%	+13
After the fact	27%	27%	-
Withdrawn	0%	0%	-
Total	**100%**	**100%**	-
Expedited Request (3 days or less)	27%	36%	+9

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

APPENDIX

FY 15 Award Overview

University of Massachusetts Medical School
UMASS

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

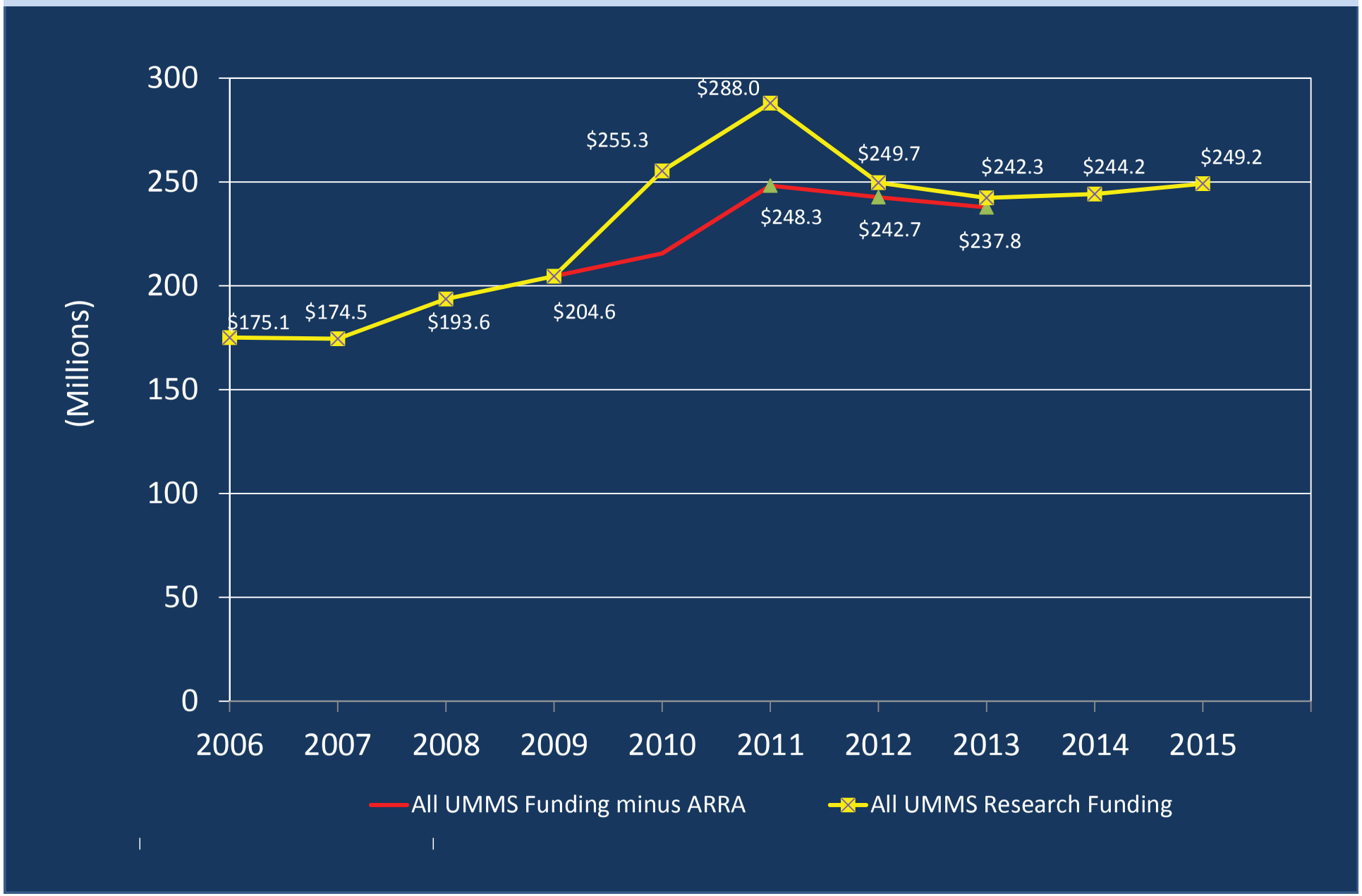
SUMMARY STATEMENT OF GRANTS & CONTRACTS*

	June 30, 2014		June 30, 2015	
Total Direct	$178,848,716		$182,080,966	
Total Indirect	$65,384,788		$67,161,500	
Total Dollars	$244,233,504		$249,242,466	
Federal-NIH	$135,153,390	55.3%	$140,505,167	56.4%
Federal-Other	$58,100,233	23.8%	$53,812,835	21.6%
	$193,253,623	79.1%	$194,318,002	78.0%
Foundations	$24,967,217	10.2%	$30,255,001	12.1%
Industry	$9,919,133	4.1%	$12,079,036	4.8%
Other	$16,093,531	6.6%	$12,590,427	5.1%
		100.0%		100.0%

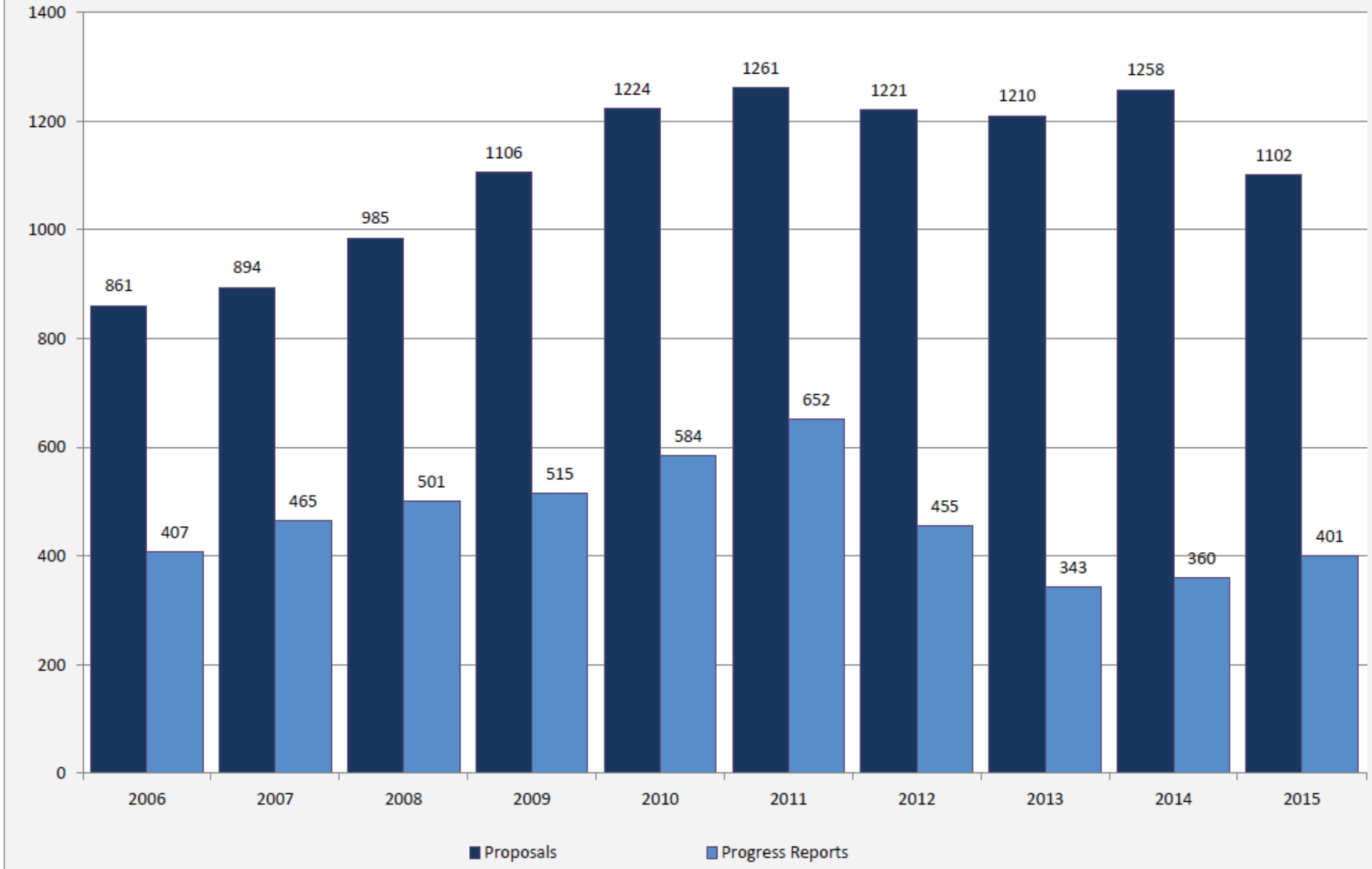
Funding	FY 2014	FY 2015	% of Change
Total	$244,233,504	$249,242,466	+2.05%
NIH	$135,153,390	$140,505,167	+3.96%

Research Funding: Fiscal Years 2006 - 2015

University of Massachusetts Medical School
UMASS



University of Massachusetts Medical School
Proposals and Progress Reports Submitted
FY2006-FY2015



Sent: Tuesday, June 30, 2015 1:45 PM
To: Office of Research Grp; Office of Research Administration; AAG
Subject: Procedure for Developing Proposal Budgets with a Clinical Research Component

M E M O R A N D U M

TO: UMMS Community
FROM: Diego Vazquez, Assistant Vice Provost, Research Funding Services
Meg Johnson, Director of Clinical Research, Center for Clinical & Translational Sciences
Margaret Koziel, MD, Assistant Vice Provost for Clinical Research
DATE June 30, 2015
RE: Procedure for Developing Proposal Budgets with a Clinical Research Component

Research Funding Services (RFS) in the Office of Research (OOR) and Office of Clinical Research (OCR) in the Center for Clinical and Translational Science (CCTS) share oversight in the development and submission of clinical research budgets to external sponsors. RFS is responsible for the administration of extramurally funded sponsored programs, whereas CRO is responsible for the review of budgets and negotiations with for-profit sponsors of clinical trials.

The following procedures should be undertaken to ensure that proposals/applications containing a clinical research component are appropriately priced:

1. Development of budgets: Investigators and their teams are responsible for determining the costs of work being done by a core service. For current pricing for these services, please contact:

    a. For facility (including laboratory), radiology and medical group (professional) service rates (eg CPT codes) please contact clinicalresearch@umassmed.edu. In addition, this group will assist in the review of budgets and conducts negotiations with for-profit sponsors of clinical trials.
    b. For pricing of nursing and other services offered by the Clinical Research Center, please contact Celia Hartigan at celia.hartigan@umassmed.edu
    c. For the Investigational Drug Service, please contact ids@umassmemorial.org.

    Requests for service must include, at minimum, a draft protocol in order to appropriately calculate the services requested, as well as staff time and effort to support the protocol. IRB approval is not required at this step, as it is recognized that protocols may change during peer review.

2. For clinical research involving the purchase of goods and services from UMass Memorial Health Care (e.g., laboratory, radiology, or professional fees), investigators must comply with federal rules and agreements with UMMHC involving reimbursement for patient care costs. There is a restriction on the waiver or reduction on applicable overhead, as well as waiver or reduction for inpatient or outpatient patient care service costs (including use of clinic space, professional services and laboratory services) from UMass Memorial Healthcare, Inc. or imaging from Shields MRI. Investigators are expected to appropriately budget or allocate these costs to ensure the proper reimbursement of these service providers. We are not allowed to grant exemptions to this policy.

3. For proposals with patient care costs or proposed use of the CRC and/or IDS, Investigators must contact the above referenced clinical research personnel to obtain a service estimate at least 2 weeks in advance of proposal submission to RFS. As part of its review, RFS will confirm that clinical research staff have reviewed and approved the budget prior to proposal submission.

4. Regardless of project funding status, the investigator or delegate will supply a chart string prior to any work being conducted by the core service.

5. Cost overruns are the responsibility of the investigator and his/her department. It is the responsibility of the investigator to ensure that adequate funds are available to support the work proposed (e.g., if there is a decrease to an NIH award then scope of work may be need to be adjusted).

OOR and CCTS are working on enhancing our websites to allow investigators to easily identify research core services and to build appropriate budgets based on core costs. In addition, an electronic Clinical Trial Management System will be brought online over the next year, which should substantially facilitate clinical research budget development, tracking, and invoicing.

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
BUDGET REVISION PRIOR APPROVAL (BRPA) FORM

This form is required to request a change to the posted budget in PeopleSoft (PS). Complete this form following the instructions on the INSTRUCTIONS tab of this workbook. The budget funding codes list is provided in the Budget Levels_Fund Code tab in this workbook. Please remember to include an explanation stating how the proposed revision relates specifically to the research supported by this grant. Attach appropriate supporting documentation as necessary.

Principal Investigator:		Department:	
Sponsor/Agency:		PS Award #:	
Sponsor Award No.:		Project/Grt #	

Document Contact:		Phone:		Email:		Date:	

Budget Category	Fund Code	Current PS Budget	Increase (Decrease)	Revised Cumulative Budget
Regular Employee Comp Total	700483	-	-	-
Special Emp/Contrct Srvcs Total	700484	-	-	-
Fringe Benefits Total	700829			-
Clinical Payroll and Fringe	700888	-	-	-
Domestic Travel	700485	-	-	-
Foreign Travel	700486	-	-	-
Supplies/Core Services/Internal Rchg	700877	-	-	-
Animal Purch/Care/Housing	700456	-	-	-
Participant Incentives/Stipend	700457	-	-	-
Consultant Services Total	700488	-	-	-
Operational & External Lab Services	700489	-	-	-
Equip Lease & Maintenance Total	700494	-	-	-
Sub-Contracts =<$25,000	700849	-	-	-
Sub-Contracts >$25,000	700850	-	-	-
In/Out Patient Care	700826	-	-	-
Energy/Space Total	700491	-	-	-
Equipment Total	700459	-	-	-
TOTAL DIRECT COSTS		-	-	-
IDC BASE (MTDC or TDC)		-	-	-
INDIRECT COSTS		-	-	-
TOTAL COSTS		-	-	-

Does the rebudgeting request affect indirect costs?

YES	NO
☐	☐

EXPLANATION REQUIRED - Attach additional pages if necessary

Certifications and Approvals: Scientific, technical and administrative aspects have been appropriately considered by the undersigned and determined to be consistent with the scope & objectives of the project and with sponsor requirements.

Principal Investigator	Date	Department Administrator	Date
Office of Sponsored Programs	Date	Grant Accounting	Date

Original with PI and DA signature to OSP; please retain a copy and a fully signed copy will be returned by Grant Accounting.

ACRONYMS AND TERMS USED TODAY
RFS BROWN BAG - 09/28/2015

ACRONYM/TERM	DESCRIPTION
BRPA	Budget Revision Prior Approval Form
Cayuse 424	Cayuse is a web-based system for submission of applications via grants.gov.
CCTS	Center for Clinical & Translational Science
CRC	Clinical Research Center
IDS	Investigational Drug Service
iEdison	iEdison is an electronic system for grantees and contractors to report inventions arising out of federally funded research to the government agency that issued the funding, as required by the Bayh-Dole Act.
NIH	National Institutes of Health
OCR	Office of Clinical Research
OMB	Office of Management & Budget
OOR	Office of Research
OSP	Office of Sponsored Programs (formerly Research Funding Services)
PMS	US Department of Health & Human Services Payment Management System
R01	Activity Code for NIH Research Projects
RFS	Research Funding Services
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 http://grants.nih.gov/grants/rppr/
U01	Activity Code for NIH Cooperative Agreement Research Projects
Uniform Guidance	Refers to the new OMB guidance on administrative requirements, cost principles and audit requirements for federal awards (which includes research grant awards) that will come into effect December 26, 2014. This guidance consolidates OMB Circulars A-21, A-87, A-110 and A-122 (which have been placed in 2 C.F.R. Parts 220, 225, 215 and 230); Circulars A-89, A-102 and A-133; and the guidance in Circular A-50 on Single Audit Act follow-up.