Welcome

Krystal Toups, CRA
Director, Grants
Housekeeping Items

ITV Groups
Please mute microphones

Presenters
Repeat questions in mic
Website Spotlight

Troy Roberson
Systems & Reporting Specialist
Website Spotlight

Sponsored Projects Administration

Overview

Sponsored Projects Administration (SPA), as part of Finance and Business Services, supports UT Health faculty, staff, and students in the acquisition and administration of programs funded from sources outside the University. SPA is the central point of coordination and tracking for sponsored projects and is UT Health's authorized representative for grants, contracts, and other agreements from government agencies, private industry, and non-profit foundations.

SPA is comprised of the Grants Team, the Contracts Team, Post-Award Finance, Systems & Reporting, and Clinical Research Finance. SPA guides faculty and administrators in completing external applications; reviews and approves sponsored project budgets and applications; negotiates terms for government and non-profit grants, cooperative agreements, contracts, and subcontracts; establishes accounts and sets up budgets; processes budget revisions, no-cost extensions requests, and grant transfers; provides assistance with external online grants/contracts systems; and negotiates the University's federal indirect cost rate.

News

April 06, 2015 - More Data on Age and the Workforce
April 06, 2015 - Give Input on Strategies for Optimizing the Impact and Sustainability of Biomedical Research
April 03, 2015 - Uniform Guidance Training Program
April 03, 2015 - Weekly NIH Funding Opportunities & Notices
March 26, 2015 - Clinical trial recruitment using social media is growing

Order News ➤
Updates

Krystal Toups, CRA
Director, Grants
Revised SF424 (R&R) Application Guides and Supplemental Instructions Available for Application Due Dates On and Between January 25, 2016 and May 24, 2016 (NOT-OD-16-029) National Institutes of Health Agency for Healthcare Research and Quality

- Major changes to the application instructions include:
  - Instructions for changes described in NOT-OD-16-004 under the implementation of Phase 1.
  - Incorporation of the instructions for Individual Fellowship applications into the general application guide (it will no longer be maintained as a separate document).

New Form D or due dates on or after May 25, 2016

Resources: [High-level list of FORMS-D pre-award form changes](#)
[Do I Have the Right Form Version For My Application?](#)
[Form Update 2016 - Frequently Asked Questions](#)
[NIH Upcoming Changes in Grants Administration (Timeline)](#)

- A document is available that summarizes the significant changes that are implemented with the November 2015 NIHGPS: http://grants.nih.gov/grants/policy/nihgps/Significant_Changes_NIHGPS_Oct2015.pdf.

8.1.1.3 Extension of Final Budget Period of a Previously Approved Project Period without Additional NIH Funds

With the exception of grant programs that have an effort requirement, or where terms and conditions prohibit such reductions, NIH will not require prior approval for the reduction in effort for Senior/Key personnel. The recipient is reminded that active awards must have a measurable level of effort.

**IMPORTANT NOTE:** Must comply with 2% minimum effort for HOOP 93. Must notify PAF of plans to reduce effort in NCE and provide documentation to be recorded in the grant file. Notify PAF at the time of the NCE request for any reduction in effort.
SPA Holiday Coverage

Proposals w/Agency **Due Date Dec. 24^{th}- Jan. 6^{th}**

– Due to SPA **Dec. 16^{th}** those received after will be reviewed in order received & at the availability of skeleton crew staff.

SPA will have a representative for each team available during skeleton crew Dec. 24^{th} – Jan. 1^{st}
Effort Reporting

Amaris Ogu, MBA
Supervisor, Systems & Reporting
Sponsored Projects Administration
Effort Reporting Dates

- Pre-Review Certification Period:
  Tuesday, January 5th – Monday, January 18th
- Certification Period:
  Tuesday, January 19th – Friday, February 19th
- Travel restrictions on uncertified cards:
  Monday, February 22nd
Effort Reporting Reminders

- Please review all cards for accuracy
- Initiate Personnel Actions, if needed
- Place incorrect cards on hold until fixed
- Make adjustments for Cost Sharing (CPRIT)
- Guides and forms on Effort website

[go.uth.edu/effort]
Effort Reporting Tips

- Review key personnel 1st!
- Salary Cap = Effort Calculation Worksheet
  (AKA Salary Cap Worksheet)
  - Will need the HCM Funding History file to complete
  - Can request access to this file through S&R
- If certified effort column falls below payroll, something's wrong!
- If a project is missing, something's wrong!
Effort Reporting Resources

- Reports & Training are available!
- Effort Resources here: [https://www.uth.edu/effort-reporting/index.htm](https://www.uth.edu/effort-reporting/index.htm)
Preview of New R&A Form

John Valenta,
Institutional Wide Contracts Specialist II
REVIEW & APPROVAL FORM

PROJECT INFORMATION:

PROJECT TYPE
- Instruction
- Research
- Scholarship/Fellowship
- Service
- Other

PROPOSAL TYPE
- New
- Continuation
- Renewal
- Reconversion
- Supplement
- Transfer

AWARD TYPE
- Contract
- Cooperative Agreement
- Grant
- Subcontract
- N/A

RESEARCH
- Basic
- Clinical Research
- Clinical Trial
- N/A

FUNDING SOURCE
- Federal
- State
- Private

PROTOCOL AUTHOR
- UTHealth
- Sponsor
- Joint
- N/A

FMS Project #: ____________________

Existing Grant/ Award #: ____________________

Project Title: ____________________

UTHEALTH INFORMATION:

PI Name/Degree: ____________________

Academic Position: ____________________

Email: ____________________

Phone Number: ____________________

% Effort on this Project (Minimum: % is required as all personnel present)

UTHealth salaried appointment for PI? [ ] Yes [ ] No

Department: ____________________

[If not, attach a memo from Chair/Dean/Director authorizing submission.]

Other Covered Individuals: Not all covered individuals are defined [here] responsible for the design, conduct or reporting of the research. All persons listed below must accept a University Conflict of Interest (COI) certification form (page 4 of this RPA). Additional forms can be found [here].

Do you have personnel from other UT Health schools or departments? [ ] Yes [ ] No

(name, obtain other school/departamental signatures on The R&A Form Signature Addendum.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>% Effort</th>
<th>Department</th>
<th>Faculty</th>
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[Additional Covered individual sheets can be found [here].]

Department Administrative and Financial Contacts:

Contact Person: ____________________

Phone: ____________________

Alternate Person: ____________________

Phone: ____________________

SPONSOR INFORMATION:

Sponsor/Agency: ____________________

Prime (Funding Agency)

If this is a subcontract: ____________________

Address: ____________________

Contact Name: ____________________

Phone: ____________________

Email: ____________________

Due Date: ____________________

[ ] Receipt [ ] Postmark [ ] Sub Due Date

Electronic Submission Required? [ ] Yes [ ] No

Has this proposal been awarded? [ ] Yes [ ] No

If yes, attach Notice of Grant Award. [ ] Yes [ ] No

Funding Opportunity Number (FON): ____________________

[If this proposal already been submitted to the agency?]( [ ] Yes [ ] No)

FODA Limited Submission? [ ] Yes [ ] No

[If you, then include permission to submit from FODA) Continuous Submission? [ ] Yes [ ] No

Link to Guidelines: ____________________
SUBCONTRACTOR INFORMATION

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<tr>
<th>Subcontractor</th>
<th>Period of Performance</th>
<th>Amount</th>
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INSTITUTIONAL COMPLIANCE

- When marking Yes for questions 1-11, provide approval documentation with this R&A packet.

3) Use of Radioactive Materials or Radiation Producing Devices? 
   (e.g., x-rays, lasers, etc. Approval needed by UTH Radiation Safety Committee)
   - [ ] Yes
   - [ ] No
   List Nuclides:
   - [ ] Yes
   - [ ] No

2) Use of designated acutely toxic or physically dangerous chemicals?
   (DOE/DOE-307) See list of designated hazardous chemicals at the Environment Health & Safety website, or contact them at 810-0 for assistance.
   - [ ] Yes
   - [ ] No
   Chemcials requiring review:
   - [ ] Yes
   - [ ] No

3) Use of Biological Agents, Infectious Agents, Recombinant DNA Technology? 
   (If yes, please provide NIC Approval, DOE/D-2209)
   - [ ] Yes
   - [ ] No
   List infectious agent and/or DNA vector:

4) Use of Using Carbon or Silico-based Nanotechnology (particles sized from 1-100 nm)?
   (If yes, please contact Environment Health & Safety at x8100)
   - [ ] Yes
   - [ ] No

5) Are human subjects involved? (If yes, please provide IRB Approval, DOE/2009)
   - [ ] Yes
   - [ ] No

6) Are materials or data from human subjects involved? (e.g., tissue samples; medical records; patient data; DOE/2000)
   - [ ] Yes
   - [ ] No
   [ ] Identified
   [ ] De-Identified
   [ ] Commercially available
   [ ] Control Group

Commercial Line:

7) Use of Human Embryonic Stem Cells? 
   (If yes, please contact the Stem Cell Research Oversight (SCRO) Committee at Elizabeth.M.Gendel@uthscsa.edu)
   - [ ] Yes
   - [ ] No

8) Use of Human Induced Pluripotent Stem Cells? 
   (If yes, please contact the Stem Cell Research Oversight (SCRO) Committee at Elizabeth.M.Gendel@uthscsa.edu)
   - [ ] Yes
   - [ ] No

9) Use of Human Totipotent Stem Cells? 
   (If yes, please contact the Stem Cell Research Oversight (SCRO) Committee at Elizabeth.M.Gendel@uthscsa.edu)
   - [ ] Yes
   - [ ] No

10) Use of Human Totipotent Stem Cells? 
    (If yes, please contact the Stem Cell Research Oversight (SCRO) Committee at Elizabeth.M.Gendel@uthscsa.edu)
    - [ ] Yes
    - [ ] No

11) Use of Vertebrate Animals? (Animal Welfare Committee) 
    (If yes, please contact the Institutional Animal Care & Use Committee (IACUC) at animalcare@uthsc.edu or x3625)
    - [ ] Yes
    - [ ] No
    Species:

12) Could this research lead to a discovery with commercial potential (i.e., patents, software, etc.)?
    (If yes, please contact Office of Technology Management (OTM) at x3609 or gendel@uthsc.edu)
    - [ ] Yes
    - [ ] No

13) Is this a Multiple PI/DOE application? (For NIH applications and as required by other agency’s FOA, see CDC’s Leadership Plan is required.)
    - [ ] Yes
    - [ ] No

SPACE/EQUIPMENT

14) Does project require additional space or renovation of existing space?
    - [ ] Yes
    - [ ] No

15) Do equipment purchases require installation or maintenance costs?
    - [ ] Yes
    - [ ] No
STUDY SITE (mark all that apply)
☐ MS  ☐ SPH  ☐ SON  ☐ UCT  ☐ SD  ☐ BBSB  ☐ HCPC  ☐ LBJ  ☐ IMM  ☐ MHH  ☐ CRU  ☐ UT Clinics
If study site is at a location other than the above, please specify:

FINANCIAL INFORMATION:

18) Is there cost sharing involved? (This includes PI/Co-PI and Collaborator Salaries)
☐ Yes  ☐ No  If yes, attach Cost Sharing Request memo.

19) Are clinical costs associated with this project?
☐ Yes  ☐ No  If yes, a coverage analysis is required. Contact crf@uth.tmc.edu for more information.

BUDGET INFORMATION (for clinical trials, only complete "Project Period" information): Clinical trials also require a completed Clinical Trial Budget Worksheet

<table>
<thead>
<tr>
<th>YEAR</th>
<th>START DATE</th>
<th>END DATE</th>
<th>DIRECT COST</th>
<th>INDIRECT COST</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>FIRST YEAR</td>
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<td>PROJECT PERIOD</td>
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IDC Rate Used:
☐ 54% Federal
☐ 30% Non-Federal
☐ 26% Off Campus
☐ 8% Instruction
☐ Other

IDC Rate Used: (MTDC) Modified Total Direct Cost ☐
☐ (TDC) Total Direct Cost

If Other, explain:

If IDC is not being recovered in accordance with HOOP 69, an approved IDC waiver is required to be submitted.

SIGNATURES

PRINCIPAL INVESTIGATOR
My signature below certifies that 1) the information submitted with the application is true, complete and accurate to the best of my knowledge; 2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 3) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Principal Investigator
Date _______________ PI Name/Degree __________________________ Signature Field ____________________________

DEPARTMENTAL APPROVAL
My signature below certifies that 1) the individual is eligible to be Principal Investigator; 2) the scientific merit of this proposal is within the scope of the department; 3) the proposal meets the requirements of the sponsor; and 4) the proposal has been subjected to an administrative and financial review.

Department Business Person(s)
Date _______________ Print Name __________________________ Signature Field ____________________________

Department Chair
Date _______________ Print Name __________________________ Signature Field ____________________________

DEAN’S OFFICE APPROVAL
My signature below certifies that the scientific merit of this proposal is within the research and educational objectives of the school and meets the financial interests of the school.

Dean
Date _______________ Print Name __________________________ Signature Field ____________________________
A-133 Audit Update

Karen Niemeier
Director, Contracts
Next Meeting:
January, 2016

Presentations & schedule posted at:
go.uth.edu/AURA