



VCUHealth™

VCU School of Medicine

Office of Research Administration

Quarterly Meeting

March 2016

Today's Topics

- Managing F&A Cost Recovery
- Award Management Reminders
- RAMS-SPOT Updates
- NIH/DHHS Updates

Managing F&A Cost Recovery

What are FACR Distribution Codes?

- FACR distribution codes in Banner drive the allocation of the F&A funds generated across the university, campus, schools, departments, etc.
- Departments & Centers have FACR distribution code(s) linked to their department overhead index.
- FACR distribution codes for SOM
Departments/Centers will have “MD” prefix.

Managing F&A Cost Recovery

Where do I find my FACR distribution codes?

- G&C “New Banner Grant Number” memo
- “FACR Accumulated by Grant Fund” report

How do I look up a code?

- Enter your department’s FACR distribution code on Banner screen FTMINDD to see the distribution.

Managing F&A Cost Recovery

G&C's "New Banner Grant Number" memo

- Check each index at the time of account create to ensure the code is correct.
- In addition to G&C memo, verify on Banner FRMFUND screen.
- Request G&C make updates as needed.
- **Consult SOM Research Administration if you are unsure of which code to use.**

From: Crystal Monroe

Date: February 19, 2016

Subject: **New Banner Grant Number**

Your account was created from: Award Notice Account Request Memo 90 Days Notice

Your project entitled: "Intercept 747-303 Regenerate"

Fiscal Administrator: Lucas Wright Fiscal Administrator #: 582 Proposal Number: SC107167

Please contact your Fiscal Administrator regarding questions pertaining to your index.

The expenditures incurred on your grant or award will be reported on the monthly reports (FGRODTA and FGRBDSC). Please review your reports and FRAGRNT screen to ensure the following is correct:

1. **The Banner Grant Number:** 5410338IN
Fund 41965S
Org / Index 541965
IDC Code: MD3UIM

Managing F&A Cost Recovery

“FACR Accumulated by Grant Fund” report

- Where is this report? Finance Folder, VCU Reporting Center.
- Use this report to verify awards in your department are set-up using the correct FACR distribution code.
- The report is at the fund level.
- All active funds will appear on the report, even subaccounts to areas outside of your department.

Organization	Principal Investigator	Grant ID	Grant Title	G and C Accountant	Fund	Fund Indirect Cost Distr Code	Fund Indirect Cost Distr Desc	Current Activity	YTD Activity
512614	Bruce D. Spiess	5120614IN	A Randomized, Placebo Controlled, Multi	Delois A. Alexander	12614S	MDANES	Anesthesiology FACR Rev Distribut	0.00	-0.02
512536	Bruce D. Spiess	5120536FD	Prehospital Use of Plasma for Traumatic	Delois A. Alexander	12536S	MDANES	Anesthesiology FACR Rev Distribut	5,002.39	91,912.62
512586	Bruce D. Spiess	5120586FD	Studies of the Effects of Perfluorocarbo	Delois A. Alexander	12586S	MDANES	Anesthesiology FACR Rev Distribut	4,699.44	148,836.25

Managing F&A Cost Recovery

Look up the distribution associated with a code

- Use Banner screen FTMINDD

Indirect Cost Distribution Maintenance FTMINDD 8.3 (PROD)

Indirect Cost Distribution Code: MDANES

Description: Anesthesiology FACR Rev Distribut Text: N

Distribution Information FTMINDD 8.3 (PROD)

Chart of Accounts: V Effective Date: 09-SEP-2015 Termination Date: Next Change:

Distribute Results To

Index	Fund	Organization	Account	Program	Activity	Location	Percent
209000	3030HD	209000	407003	2610			47.0000
209002	3030HD	209002	407003	2610			30.0000
291820	3030HD	291820	407003	2610			1.6000
292400	3030HD	292400	407003	2610			3.2000
292401	3030HD	292401	407003	2610			12.8000
292448	3030HD	292448	407003	2610			1.6000
292450	3030HD	292450	407003	2610			.4000
292700	3030HD	292700	407003	2610			.8000
292750	3030HD	292750	407003	2610			.1000
292802	3030HD	292802	407003	2610			.2000
293151	3030HD	293151	407003	2610			2.3000

Managing F&A Cost Recovery

Why is this important?

- Important revenue stream for departments, centers, institutes.
- F&A recovery funds research infrastructure, administrative personnel, and other operational expenses related to supporting our research mission.



Managing F&A Cost Recovery

Recall FACR distribution code updates that occurred as a result of Uniform Guidance [Effective 12/26/2014]:

- The new UG no longer requires institutions to separately account for and use depreciation reserves for specified purposes.
- In SOM, depreciation reserves have always been accounted for and managed at the school level.
- Changes in the FACR distributions DID NOT effect department FACR returns, which are typically 12.8% of total FACR earned.

Managing F&A Cost Recovery

Uniform Guidance changes resulted in SOM departments having 2 additional FACR distribution codes added:

Existing codes:

- Standard: MDXXXX (4 –letter dept. abbreviation)
- Research Plan: MD3XXX (3 – letter dept. abbreviation)

New UG related codes:

- Non-Research Plan UG: MDUXXX (3 letter dept. abbreviation)
- Research Plan UG: MD3UXX (2 – letter dept. abbreviation)

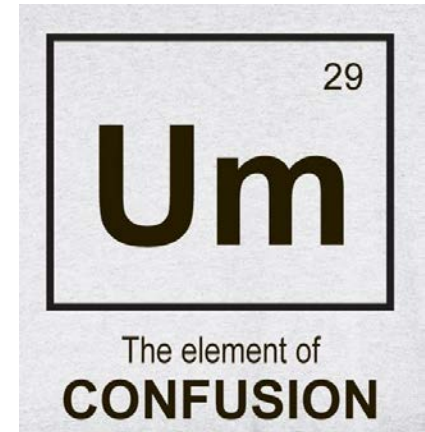
As awards not administered under UG become obsolete, the use of the original “Existing codes” should be eliminated.

Managing F&A Cost Recovery

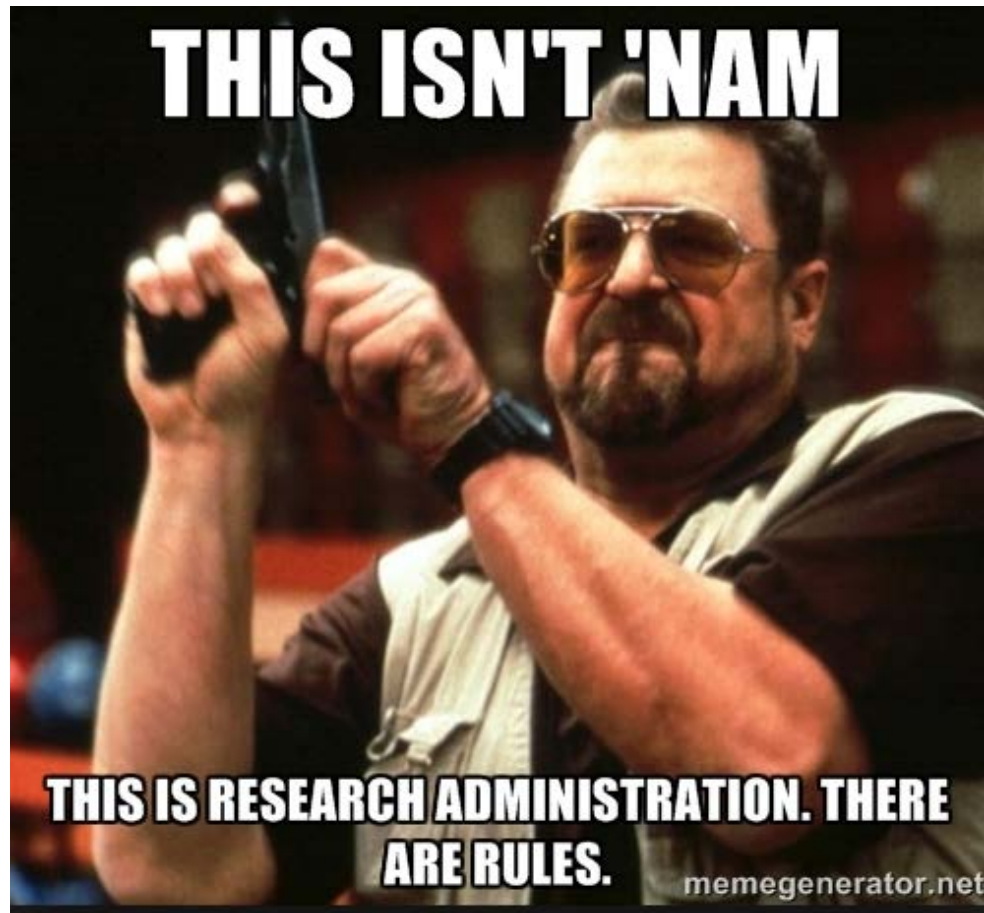
SOM will be working over the summer to review FACR distribution codes, make updates, and communicate codes that should no longer be used.

If you are unsure of what codes should be used in your area, contact somresadmin@vcuhealth.org

Need tips on managing F&A recovery?
A training on FACR recovery and reconciliation is planned for June 2016



Award Management Reminders



Award Management Reminders

Check out the SOM Research Administration page:
“Critical Administrative Compliance Areas”

<http://www.medschool.vcu.edu/about/finance/researchadmin/administrators/compliance/>

Award Management Reminders

We don't want a headline like this...

December 2015:

“According to the Department of Justice, the University of Florida has agreed to pay almost \$19.9 million to settle the allegations that the university improperly charged DHHS for salary and administrative costs on hundreds of federal grants”



<http://fundingattractions.blogs.thompson.com/2015/12/01/university-of-florida-to-pay-around-19-9m-in-false-claims-settlement/>

Award Management Reminders

- The Office of Management and Budget's Uniform Guidance strengthens federal expectations that institutions must establish adequate **internal controls** to ensure compliant management of federal funds [see 2 CFR 200.303]
- **Contact SOM Research Administration if you need assistance in ensuring expenses applied to projects in your area are appropriate.**



RAMS-SPOT UPDATES

RAMS–SPOT: Using ASSIST

Guidance & direction from OSP:

- VCU uses ASSIST only to submit multi-project submissions (such as "U" (cooperative agreement) and "P" (program project) submissions).
- Multi-project proposals are also created, routed and approved via RAMS-SPOT, selecting “Other” instead of grants.gov as the submission method.
- *Single-project* proposals to NIH should always be prepared and submitted using RAMS-SPOT (not ASSIST.)

Based on this guidance SOM will return proposals using ASSIST for single-project applications.

RAMS–SPOT: Award Implementation

- RAMS-SPOT **proposal** module LIVE since May 2015.
- RAMS-SPOT **award** module implementation expected in April/May 2016 time frame.
- InfoEd will sunset as of June 30th 2016.
- Currently OSP is working with IT on final development, internal testing expected to begin this month.

RAMS–SPOT: Award Implementation

- SOM has requested an advance preview of the award system, working to schedule now.
- SOM has offered to participate in testing and data verification to ensure the Research Dashboard faces minimal to no disruption.
- SOM is asking Departments, Centers, Institutes:
 - Report suspected impact to the Research Dashboard data to SOMRESADMIN@vcu.edu
 - Areas to focus: personnel commitments, current/pending support, awards missing.

RAMS–SPOT: Feedback

- If you are having to create “work arounds” in SPOT or are consistently running into any glitches please let us know.
- Particularly we are looking for issues with modular budgets that have external sub recipients. Cases have been reported that calculations in SPOT are not accurately calculating Direct Costs.
- Send FP#s and a description of the non-urgent issues to Margaret.Phillips@vcuhealth.org





NIH / DHHS UPDATES

DHHS Salary Cap Increase

- Federal Executive Level II pay rate (i.e. the salary cap for NIH and DHHS awards) has increased to **\$185,100** effective January 10th.
- **Have personnel with institutional base salaries (IBS) between \$183,300 and \$185,100?** Great, they no longer are subject to the cap!
- **Putting together a proposal budget to NIH or other DHHS agency?** Use the new cap \$185,100.
- **Have active personnel on grants with IBS above \$185,100?** Be sure their VCU PAF's have been adjusted accordingly.

Check out our online Best Practice Guide for more information about salary cap cost share and helpful calculators:

<http://www.medschool.vcu.edu/about/finance/researchadmin/administrators/bestpractice/salarycapcostshare/>

FY16 Minimum Postdoc Salary

- On January 26th NIH issued its FY16 stipend rates for Kirchstein-NRSA awards. ([NOT-OD-16-062](#)) SOM uses the base NRSA stipend rate as the minimum required salary for postdoctoral fellows.
- New FY16 NRSA base stipend rate for postdoctoral fellows: **\$43,692**
- SOM requires that all outgoing proposal submissions include the new minimum stipend of \$43,692. We will be looking for this when reviewing proposals.
- Keep a lookout for an update to [the VCU Postdoctoral Services website](#) with this information!

\$43,692

- new minimum postdoc salary -

New Requirements for NIH Applications

- **PROPOSALS**

- [NOT-OD-15-103 Enhancing Reproducibility through Rigor and Transparency](#)
- New elements that PI's must **address in their Research Strategy** at the time of proposal – “scientific premise,” ensuring a robust/unbiased approach, and planning to address biological variables like sex.
- **ALSO if they are using any key biological and/or chemical resources** (such as cell lines, specialty chemicals, antibodies, etc) in their project, they must include an **additional document** called “Authentication of Key Biological and/or Chemical Resources” and upload it to the “Other Attachments” section of the proposal.

- **PROGRESS REPORTS**

- **Section B.2 Accomplishments** – Include approaches taken to ensure robust and unbiased results.
- **Section B.6 Plans for next period** – discuss efforts to ensure that the approach is scientifically rigorous and results are robust and unbiased.

Updates to NIH Grants Policy Statement

- A new [NIH Grants Policy Statement has been issued](#), effective for all budget periods beginning on or after October 1, 2015.
- The biggest change? **Investigators who want to reduce their effort on NIH grants (greater than 25%) during a no-cost extension period no longer need to request prior approval permission to do so.**
- Same rules remain for when you can and cannot request a NCE.
- **This change does not apply if:** the grant has a specific effort requirement or special terms and conditions that prohibit reductions in effort.

Prior Approval for Grant Applications over \$500K/Year

Got a PI that likes to submit NIH grant proposals with more than \$500,000 in direct costs per year?

Soon they can submit these requests electronically in eRA Commons! (PI's currently submit this request in writing, via OSP, to their Program Officer)

- Requests must be submitted by the SO (OSP) in Commons before the submission of the grant application
- PI must provide justification for the request and upload a detailed budget (limited to 10 pages)

AHRQ Adopting NIH Public Access Policy

- The Agency for Healthcare Research and Quality (AHRQ) has a new Public Access Policy in effect as of October 2015 – **the policy mirrors NIH's current public access requirements.**
- For scholarly publications funded by AHRQ grants, the Policy will require that authors submit the final peer-reviewed accepted journal manuscripts to *PubMed Central (PMC)*.
- Data Management Plans will be required at the time of proposal.
- Publications covered by this policy must be reported with PMCID numbers in interim (RPPR) and final progress reports.

Guidance so far is unclear what is required at time of proposal (i.e. listing PMCID numbers in the References Cited) but this will likely match what NIH currently requires.

More info here: [AHRQ's plan for establishing a public access policy.](#)

NIH/DHHS UPDATES IN A NUT SHELL

1. DHHS salary cap increased to \$185,100
2. New SOM minimum postdoc salary: \$43,692
3. NIH applications have some new requirements (reproducibility, rigor, and transparency)
4. Prior-approval no longer needed to reduce PI effort during NCE period
5. Soon can request budgets over \$500K through eRA Commons
6. AHRQ-funded authors must now submit manuscripts to PubMed Central (PMCID numbers)



SAVE THE DATE!
June 10th, 2016

21st Annual SRA Virginia
Chapter Meeting



“Sharing Solutions – Gaining the Edge”

Register online now!

<http://srainternational.org/meeting/chapter/2016-virginia-chapter-meeting/registration>

"BUT I WANNA!!!"



**IS NOT A DIRECT CHARGE
JUSTIFICATION**

Proposal questions:

SOMPROPOSALS@vcuhealth.org

Research Administration questions:

SOMRESADMIN@vcuhealth.org

For assistance with Clinical Studies:

SOMCT@vcuhealth.org

Wrap Up



SOM Research Administration:

go.vcu.edu/SOMResAdmin

SOM Clinical Research Administration:

go.vcu.edu/SOMClinRes

