New York State Department of Health Extramural Grants Administration Contractor Training

Wadsworth Center
NEW YORK STATE DEPARTMENT OF HEALTH

NYS Department of Health Extramural Grants Administration

For PIs, Grants Administrators and Fiscal staff of institutions receiving funding for Breast Cancer, Spinal Cord Injury, or Stem Cell research

NYS Department of Health Extramural Grants Administration

Program Staff

- Bonnie Brautigam- Director
- Terry Ascienzo- Associate Accountant
- Lani Rafferty- Health Program Administrator 2
- Mary Ryther- Health Program Administrator 1
- Joyce Reilly- Lab Center Administrator
- Connie Gardner- Contract Management Specialist 1
- Ken Peek- Contract Management Specialist 1
- Mary Thatcher- Agency Program Aide
- Nora Prall- Administrative Aide

NYS Department of Health NYSTEM Scientific Team

- David G. Anders, Ph.D.
  Chief Scientific Officer
- Matthew J. Kohn, Ph.D.
  Scientific Officer
- Yu-Fen (Kathy) Chou, Ph.D.
  Scientific Officer

NYS Department of Health Extramural Grants Administration

Training Session Agenda

- Overview: Contract Reporting Requirements
- Fiscal: Vouchering & Budgetary Issues
- Scientific: Progress Reports
- Compliance Monitoring

Contract Reporting Requirements Overview

Fiscal Reports

- Vouchers due on a quarterly basis
- Propose changes to budget as necessary

Scientific Progress Reports

- Due every 6 months, or as specified by contract

Compliance

- On-site monitoring visit(s) arranged in advance with PI and institution

Contracts

A Contract is a legally binding agreement between two entities, to provide financial support for an investigator to conduct research in a particular subject area or field under specific stipulations and conditions.

- Specifically outline the scope and the nature of the research
- Define the deliverables and set the time period(s) for activities
- Establish budget approvals and payment schedules
- Establish considerations for acceptance and/or termination
- Payment to the institution is generally made as reimbursement of expenditures

Grants

A Grant is financial support for one or more investigators conducting research in a particular subject area or field, without any formal detailed stipulation as to the direction of such research.

- Investigators define objectives in a general fashion
- No limitations placed on publication
- Do not require specific reporting of results to the grantor; but investigators usually submit a final report stating research results
- Payment to the institution is generally made in advance of expenditures

DOH Contracts

- Subject to NYS procurement laws
- More requirements than grants
- Reimbursement based
- Prior approval needed to change aims
- Prior approval needed to change budget
- Prior approval needed to change key personnel
- NYS retains the right to reject or amend proposed changes

What's in a Justification?

The strength of the justification is *critical* to approval of the request

Fiscal Reporting

Fiscal Reporting Topics

- Standard Vouchers/Budget Statement and Report of Expenditures (BSROE)
- Budget Modification Requests
- Request to Carry Forward Unexpended Funds
- No-Cost Time Extension Requests

Federal OMB Circular Cost Principles

- Establishes principles for determining costs applicable to grants, contracts, and other agreements
- Direct costs
- F&A/indirect costs
- Selected items of cost
  - allowable/unallowable costs
  - time and effort reporting

Cost Principles

- **OMB Circular A-21** – Educational Institutions
- **OMB Circular A-122 –** Non-Profits
- **OMB Circular A-87 –** State/Local Governments
- **45 CFR Part 74, Appendix E –** Hospitals
- **48 CFR Subpart 31.2 (FAR) –** For-profits

- **Foreign** institutions comply with the applicable cost principles depending on the type of organization

http://www.whitehouse.gov/omb/circulars/

Administrative Standards

- **OMB Circular A-110** - Uniform Administrative Requirements for Grants and Agreements with Universities, Hospitals and Other Non-Profit Organizations (domestic and foreign)

Contract Accounting

Requires that:

- Expenses are charged in accordance with
  - Contract Terms and Conditions
  - Salary Rate Limitation
  - Cost Accounting Standards
  - OMB Circulars
- ALL expenses are appropriately and adequately documented

Contract Accounting

Requires that:

- Separate account is established for each project
- Program Income is identified and accounted for by project
- Program Income is used in accordance with the appropriate alternative, *i.e.*,
  - Additive
  - Deductive
  - Combination
  - Matching

Budget vs. Actual

Actual expenses should be compared at least monthly to the budget to ensure that:

- Budget lines on the contract have not been exceeded
- Budget lines are used appropriately
- Upcoming expenditures will not exceed remaining budgeted amounts for the next period

Accurate Charges

Actual expenses should be reviewed

at least monthly to ensure that they are accurate and

- Reasonable
- Allocable
- Allowable
- Consistently applied

- A cost may be considered **reasonable** if the nature of the goods or services acquired reflects the action that a prudent person would have taken under the circumstances prevailing at the time the decision was made to incur the cost.

- A cost is **allocable** to a specific contract if:
  - it is incurred solely in order to advance work under the contract; (or, and?)
  - it benefits both the contract and other work of the institution; (or, and?)
  - and is deemed assignable, at least in part, to the contract.

- A cost is ***allowable*** if it is reasonable, allocable and **conforms** to the cost principles and the sponsored agreement AND is not prohibited by law or regulation.

- Contractors must be ***consistent*** in assigning costs to cost objectives. Although costs may be charged as either direct costs or F&A costs, depending on their identifiable benefit to a particular project or program, they must be treated ***consistently*** for all work of the organization under similar circumstances, ***regardless of the source of funding***, so as to avoid duplicate charges.

Cost Transfers

- Are used to correct:
  - Erroneous charges
  - Unreasonable charges
  - Unallocable charges
  - Unallowable charges
  - Inconsistently applied charges
- Must be well-documented
- Must be made within **90 days from the time error was discovered**

Contract Monitoring

- Requires that:
  - Actual expenses are periodically compared with budget
  - Actual expenses are accurate, i.e., reasonable, allocable, allowable and consistently charged
  - Mischarges are corrected in a timely manner (cost transfers)
  - Prior approvals are obtained when required
  - **Subcontractor** expenses are monitored – (responsibility of the contractor)

Who is Responsible for Post-Award Financial Management?

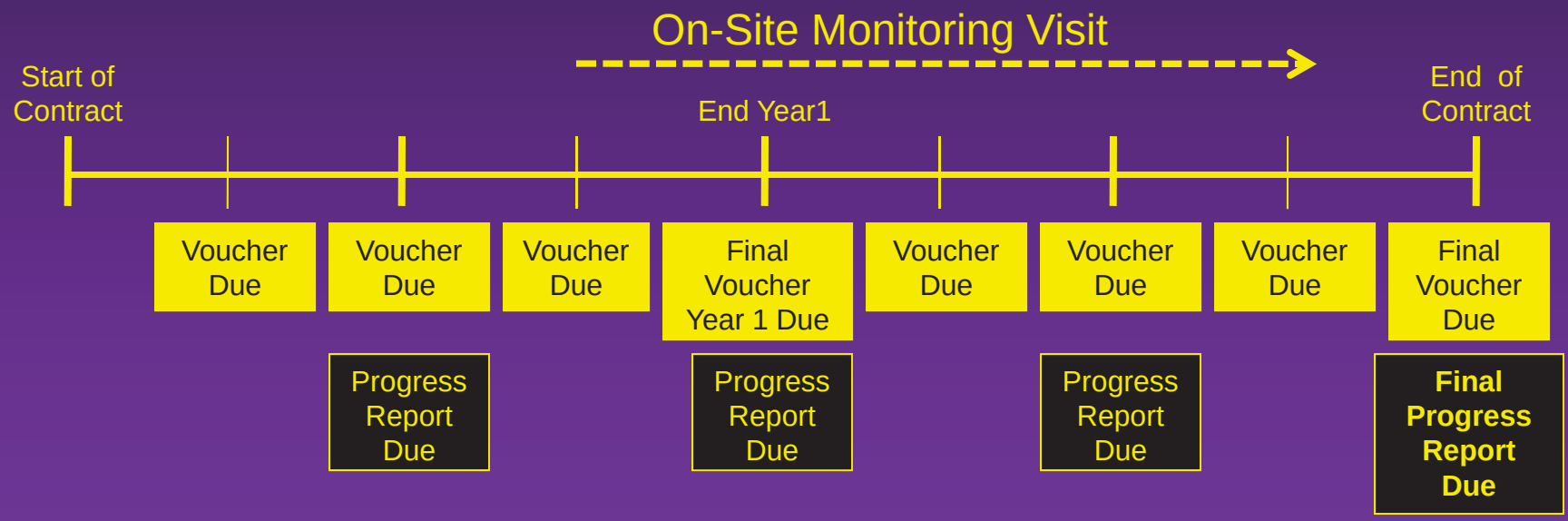
A. The Principal Investigator

B. The Departmental Administrators

C. The Institution

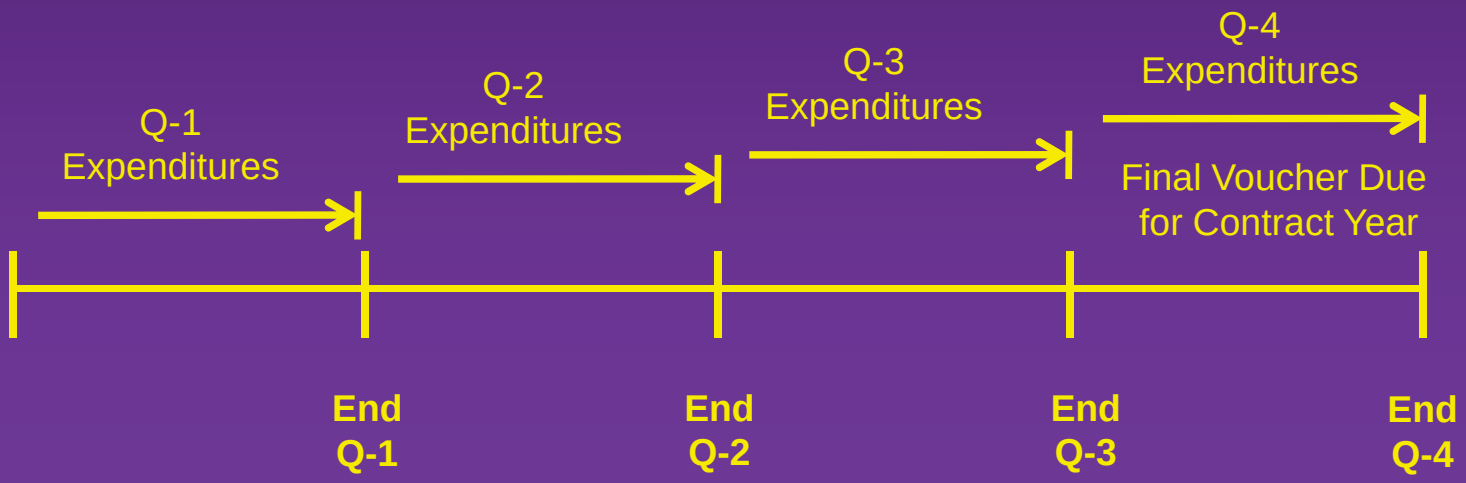
Vouchering, Progress Report, On-Site Monitoring Timeline

Example: 2 Year Contract Timeline



Standard Voucher/BSROEs

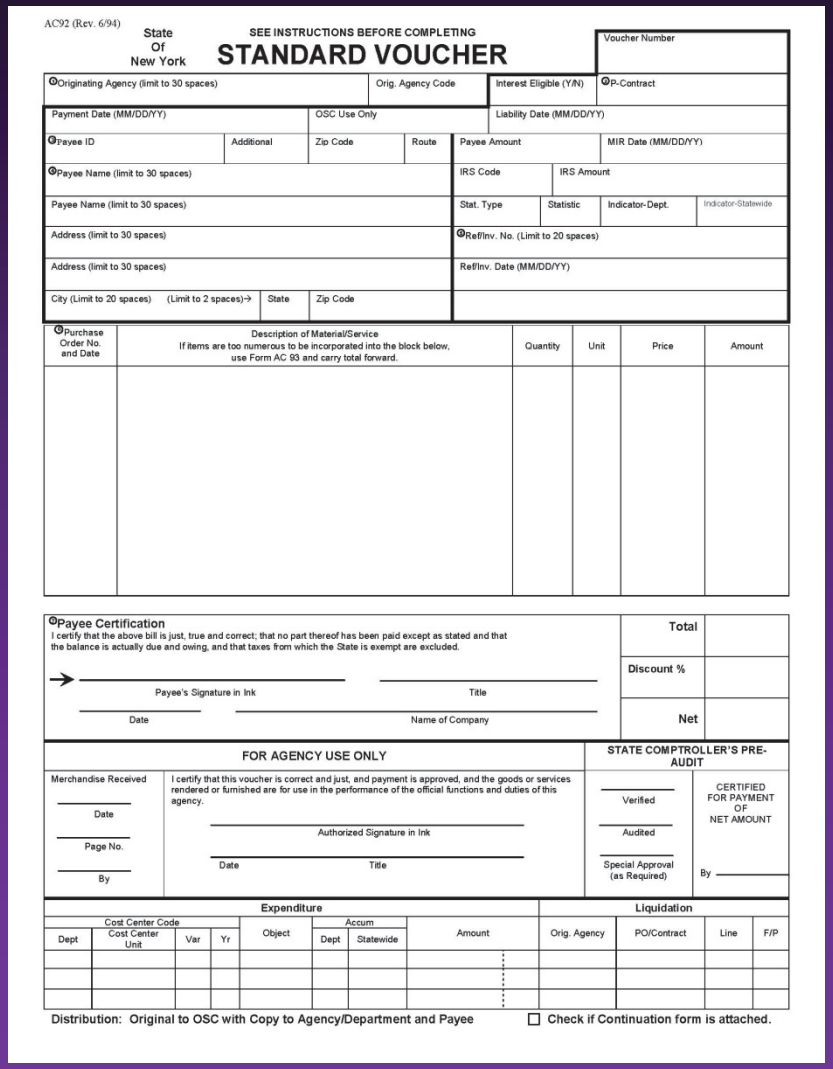
- Use Standard Voucher to report quarterly expenditures
- Signed original of Standard Voucher required
- BSROE must accompany and support expenses
- Q-4 requires Final Voucher for contract year
- Vouchers due no later than 30 days after end of quarter and 60 days after end of contract term



Common Vouchering Mistakes

- Signed, original voucher not provided
- BSROE not included
- Budget line(s) exceeded
- Incorrect budget numbers:
  - Outdated budget numbers used
  - Total Budget, not Contract Year Budget used
- Mathematical errors
- Personal services lines not listed on BSROE
  - Every funded item should be listed

Standard Voucher AC-92 & Instructions



AC92 (Rev. 6/94)

State Of New York

SEE INSTRUCTIONS BEFORE COMPLETING

STANDARD VOUCHER

Voucher Number

⊙Originating Agency (limit to 30 spaces)		Orig. Agency Code	Interest Eligible (Y/N)	⊙P-Contract	
Payment Date (MM/DD/YY)		OSC Use Only	Liability Date (MM/DD/YY)		
⊙Payee ID	Additional	Zip Code / Route	Payee Amount	MIR Date (MM/DD/YY)	
⊙Payee Name (limit to 30 spaces)			IRS Code	IRS Amount	
Payee Name (limit to 30 spaces)			Stat. Type / Statistic	Indicator-Dept. / Indicator-Statewide	
Address (limit to 30 spaces)			⊙Ref/Inv. No. (Limit to 20 spaces)		
Address (limit to 30 spaces)			Ref/Inv. Date (MM/DD/YY)		
City (Limit to 20 spaces) (Limit to 2 spaces)→	State	Zip Code			

⊙Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount

⊙Payee Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

→ _____ Payee's Signature in Ink _____ Title

_____ Date _____ Name of Company

Total	
Discount %	
Net	

FOR AGENCY USE ONLY

Merchandise Received _____ Date _____ Page No. _____ By

I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.

_____ Authorized Signature in Ink

_____ Date _____ Title

STATE COMPTROLLER'S PRE-AUDIT

_____ Verified

_____ Audited

_____ Special Approval (as Required)

CERTIFIED FOR PAYMENT OF NET AMOUNT

By _____

Expenditure								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					

Distribution: Original to OSC with Copy to Agency/Department and Payee ☐ Check if Continuation form is attached.

ABOVE FORM MUST PRINT ON ONE PAGE

NOTICE TO VENDORS OF SALES TAX EXEMPTION

This sheet may be retained by vendor and can be presented as proof of exemption from New York State and local sales taxes.

INSTRUCTIONS TO VENDORS PREPARING VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed.

Notice to vendors: Do not complete any blocks other than the following.

1. **Originating Agency:**
   Insert name of State Department, Agency or institution being billed, as shown at the top of the Purchase Order.

2. **P-Contract:**
   Enter here the P-Contract Number, if any, under which the purchase is made, e.g. P010966. Do not use hyphens or spaces.

NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.

3. **Payee I.D./Additional/Zip Code:**
   Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

   If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'. Enter your nine position 'Zip+4' in the adjacent block only if you have been assigned an Additional Code.

4. **Payee Name and Address:**
   For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, Enter that information in the second Payee Name block.

   Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

   Enter your proper mailing address conforming to U.S. Postal Standards. Include either your five-position zip code or your Zip+4 in your address.

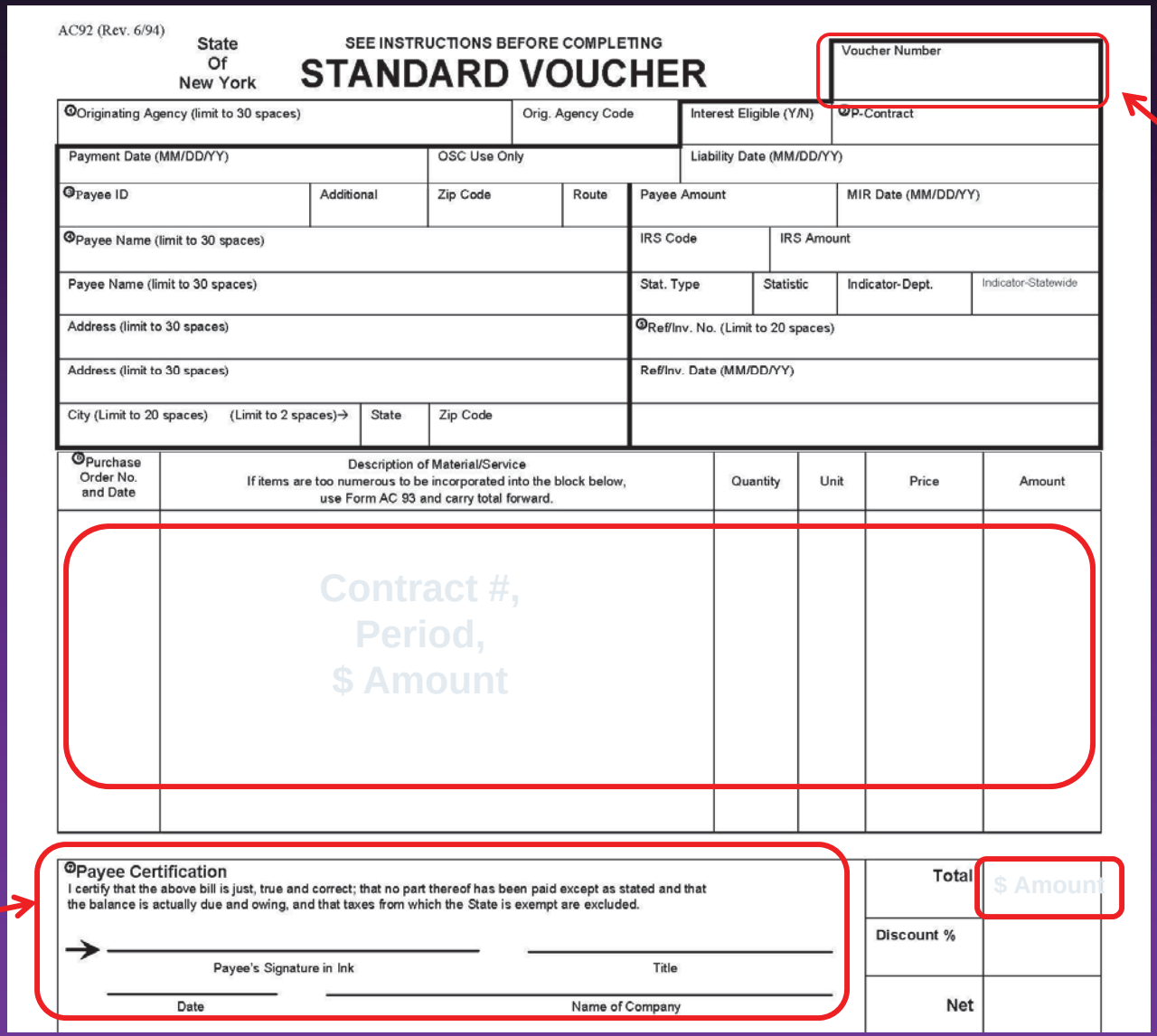
5. **Ref./Inv. No.:**
   Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 20 characters including letters, numbers, spaces, commas, etc. The check stub issued to you will contain the information you furnished in this block, and may be compared to this copy of the voucher, which you will detach and keep. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.

6. **Description of Material/Service:**
   Enter all pertinent information required by the specific column headings. Extend calculations into "Amount" column.

   VENDOR'S OPTION:
   Any company that has its own invoice or bill form may refer to it by number or other identification in the Ref./Inv. No. block. In addition, write "See Invoice Attached" in the description block, and show the total in the "Amount" column. Attach invoices in duplicate to this voucher.

7. **Payee Certification:**
   Clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc.

Standard Voucher - Detail



AC92 (Rev. 6/94)

State Of New York

SEE INSTRUCTIONS BEFORE COMPLETING

STANDARD VOUCHER

Voucher Number

Originating Agency (limit to 30 spaces) | Orig. Agency Code | Interest Eligible (Y/N) | P-Contract

Payment Date (MM/DD/YY) | OSC Use Only | Liability Date (MM/DD/YY)

Payee ID | Additional | Zip Code | Route | Payee Amount | MIR Date (MM/DD/YY)

Payee Name (limit to 30 spaces) | IRS Code | IRS Amount

Payee Name (limit to 30 spaces) | Stat. Type | Statistic | Indicator-Dept. | Indicator-Statewide

Address (limit to 30 spaces) | Ref/Inv. No. (Limit to 20 spaces)

Address (limit to 30 spaces) | Ref/Inv. Date (MM/DD/YY)

City (Limit to 20 spaces) (Limit to 2 spaces)→ | State | Zip Code

Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount
	Contract #, Period, $ Amount				

Payee Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

→ _____ Payee's Signature in Ink

_____ Title

_____ Date

_____ Name of Company

Total $ Amount

Discount %

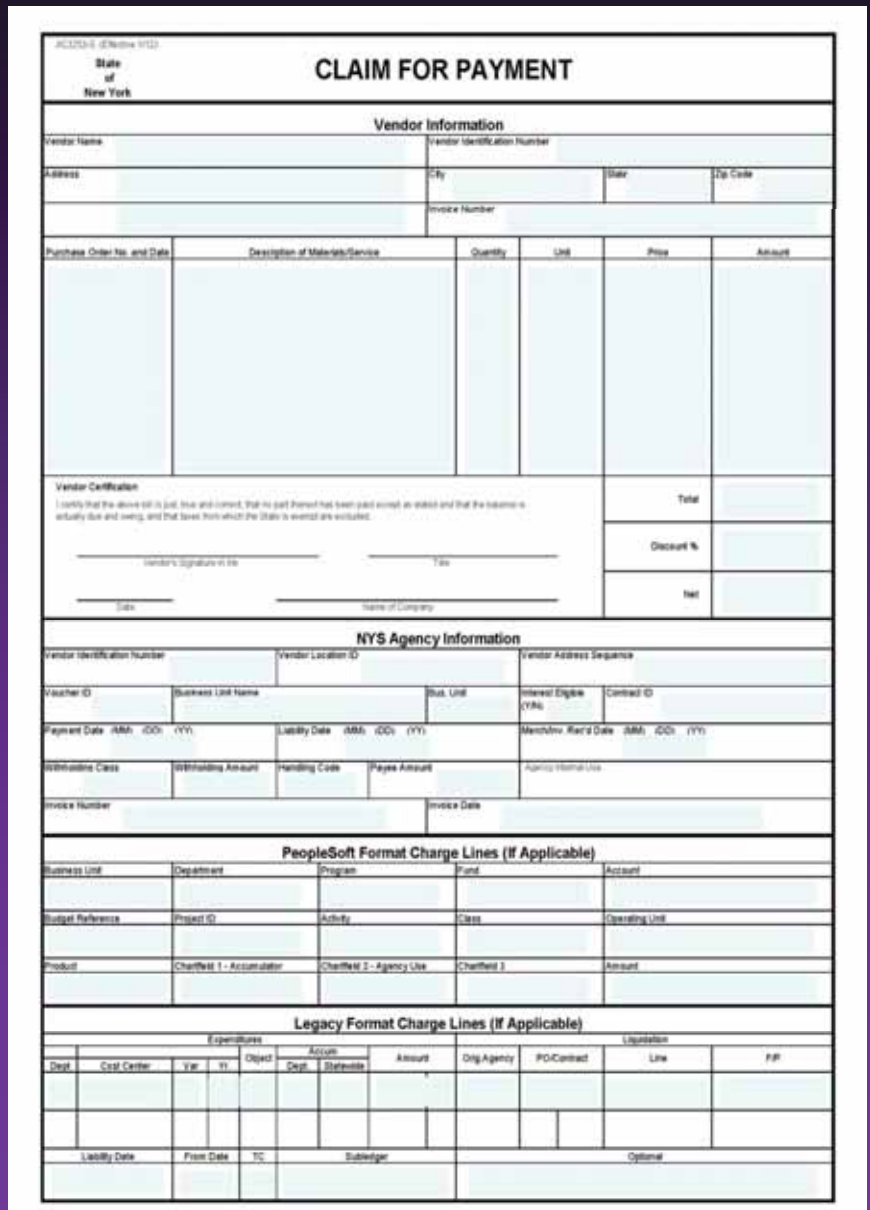
Net

Voucher number (1,2, …)

Mark last voucher for contract year "Final"

Remember to Sign & Date

New ! Form AC-3253



State of New York

CLAIM FOR PAYMENT

Vendor Information

Vendor Name | Vendor Identification Number

Address | City | State | Zip Code

Invoice Number

Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount

Vendor Certification

I certify that the above bill is just, true and correct, that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Vendor's Signature in Ink | Title

Date | Name of Company

Total

Discount %

Net

NYS Agency Information

Vendor Identification Number | Vendor Location ID | Vendor Address Sequence

Voucher ID | Business Unit Name | Bus. Unit | Interest Eligible (Y/N) | Contract ID

Payment Date (MM) (DD) (YY) | Liability Date (MM) (DD) (YY) | Merch/Inv. Rec'd Date (MM) (DD) (YY)

Withholding Class | Withholding Amount | Handling Code | Payee Amount | Agency Internal Use

Invoice Number | Invoice Date

PeopleSoft Format Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
Budget Reference	**Project ID**	**Activity**	**Class**	**Operating Unit**
Product	**ChartField 1 - Accumulator**	**ChartField 2 - Agency Use**	**ChartField 3**	**Amount**

Legacy Format Charge Lines (If Applicable)

Expenditures					Accum			Liquidation			
Dept	Cost Center	Var	Yr	Object	Dept	Statewide	Amount	Orig Agency	PO/Contract	Line	P/P

Liability Date	From Date	TC	Subledger	Optional

Fill-out sections 1-17

AC3253-S (Effective 1/12)

State of New York

CLAIM FOR PAYMENT

Vendor Information

Vendor Name (1)		Vendor Identification Number (2)	
Address (3)	City (4)	State (5)	Zip Code (6)
	Invoice Number (7)		

Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
(8)	(9)	(10)	(11)	(12)	(13)

Vendor Certification (14)

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Vendor's Signature in Ink _____ Title _____

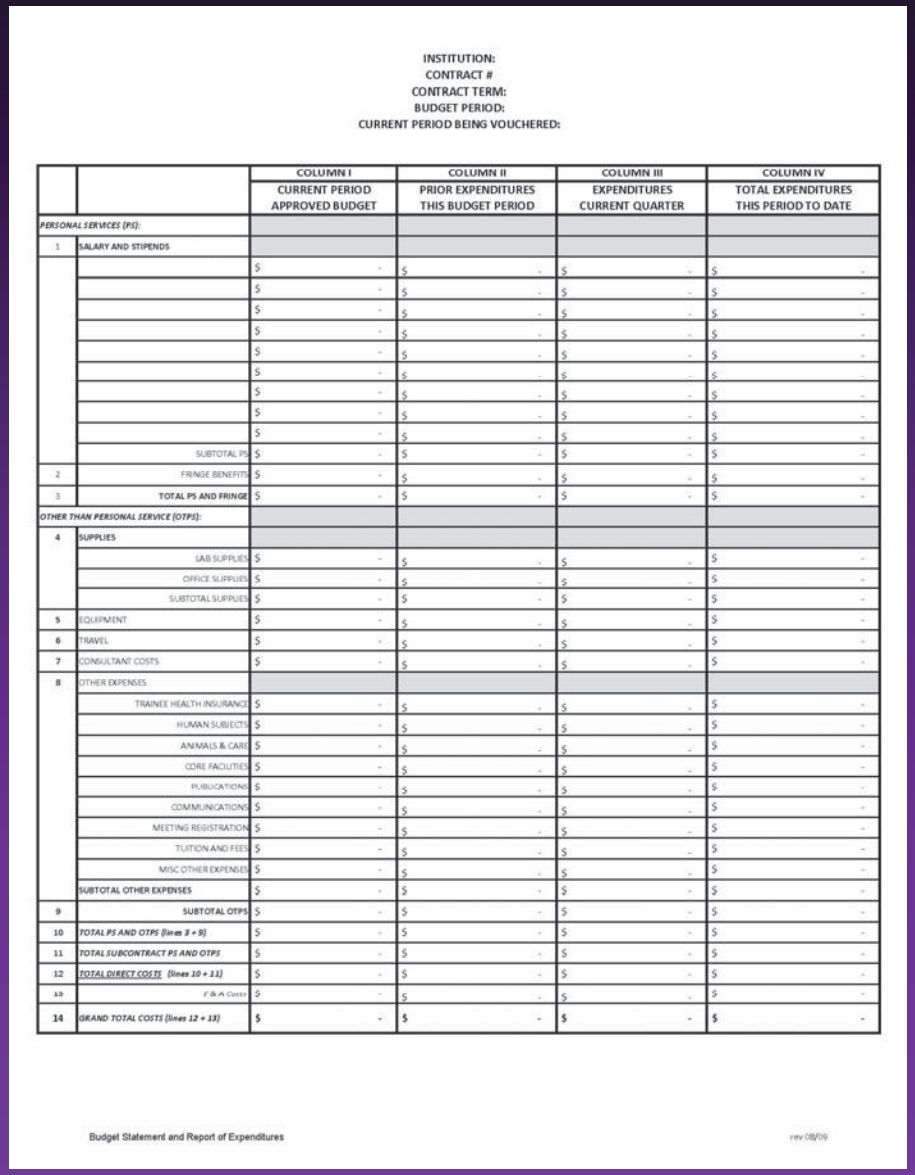
Date _____ Name of Company _____

Total	(15)
Discount %	(16)
Net	(17)

Instructions

Reference	Name	New Length	Description
Vendor Information			
1	Vendor Name	40 AN	The vendor's name as it will appear on the check.
2	Vendor Identification Number	10 N	A unique identification number issued to the vendor by OSC. This is not the vendor's TIN or EIN.
3	Address	55 AN	Vendor's street address
4	City	30 AN	Name of the city in the vendor's address.
5	State	6 AN	Abbreviation of the name of the state in the vendor's address.
6	Zip Code	12 AN	Postal Code in the vendor's address.
7	Invoice No. (Limit to 13 Additional spaces)	30 AN	Invoice Number or special Reference number. This number will appear on check stub and should be unique.
8	Purchase Order No. and Date	10 AN	The number of the encumbrance document and the date it was prepared.
9	Description of Materials/ Service	----	Narrative describing the material purchased and/or services rendered; or, the vendor may attach an original invoice to the claim for payment.
10	Quantity	------	The total number of each item purchased.
11	Unit	------	The unit of measure for the items purchased.
12	Price	------	The actual cost per unit if not attached.
13	Amount	------	The total price per items, calculated by multiplying number of units by price per unit.
14	Payee Certification - Payee's Signature in Ink, Title, Date, Name of Company	-------	When a vendor's invoice is attached to the Claim for Payment, the 'Payee Certification ' does not need to be completed. If an invoice is not attached to the Claim for Payment, the signature of the payee or his authorized agent, his title, current date, and the name of the company is required.
15	Total	-------	The sum of the amount column.
16	Discount %	-------	Discount percentage and amount to be deducted from the document total due to discount percentage allowed.
17	Net	-------	Total of document after discount has been deducted. This amount must equal the sum of either: 1) the merchandise amount(s) in the PeopleSoft format charge lines, or 2) the amount(s) in the Legacy format charge lines.

Budget Statement and Report of Expenditures (BSROE)



INSTITUTION:
CONTRACT #
CONTRACT TERM:
BUDGET PERIOD:
CURRENT PERIOD BEING VOUCHERED:

		COLUMN I CURRENT PERIOD APPROVED BUDGET	COLUMN II PRIOR EXPENDITURES THIS BUDGET PERIOD	COLUMN III EXPENDITURES CURRENT QUARTER	COLUMN IV TOTAL EXPENDITURES THIS PERIOD TO DATE
PERSONAL SERVICES (PS):					
1	SALARY AND STIPENDS				
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
	SUBTOTAL PS	$ -	$ -	$ -	$ -
2	FRINGE BENEFITS	$ -	$ -	$ -	$ -
3	**TOTAL PS AND FRINGE**	$ -	$ -	$ -	$ -
OTHER THAN PERSONAL SERVICE (OTPS):					
4	SUPPLIES				
	LAB SUPPLIES	$ -	$ -	$ -	$ -
	OFFICE SUPPLIES	$ -	$ -	$ -	$ -
	SUBTOTAL SUPPLIES	$ -	$ -	$ -	$ -
5	EQUIPMENT	$ -	$ -	$ -	$ -
6	TRAVEL	$ -	$ -	$ -	$ -
7	CONSULTANT COSTS	$ -	$ -	$ -	$ -
8	OTHER EXPENSES				
	TRAINEE HEALTH INSURANCE	$ -	$ -	$ -	$ -
	HUMAN SUBJECTS	$ -	$ -	$ -	$ -
	ANIMALS & CARE	$ -	$ -	$ -	$ -
	CORE FACILITIES	$ -	$ -	$ -	$ -
	PUBLICATIONS	$ -	$ -	$ -	$ -
	COMMUNICATIONS	$ -	$ -	$ -	$ -
	MEETING REGISTRATION	$ -	$ -	$ -	$ -
	TUITION AND FEES	$ -	$ -	$ -	$ -
	MISC OTHER EXPENSES	$ -	$ -	$ -	$ -
	SUBTOTAL OTHER EXPENSES	$ -	$ -	$ -	$ -
9	**SUBTOTAL OTPS**	$ -	$ -	$ -	$ -
10	*TOTAL PS AND OTPS (lines 3 + 9)*	$ -	$ -	$ -	$ -
11	*TOTAL SUBCONTRACT PS AND OTPS*	$ -	$ -	$ -	$ -
12	*TOTAL DIRECT COSTS (lines 10 + 11)*	$ -	$ -	$ -	$ -
13	*F & A Costs*	$ -	$ -	$ -	$ -
14	*GRAND TOTAL COSTS (lines 12 + 13)*	$ -	$ -	$ -	$ -

Budget Statement and Report of Expenditures rev 08/09

BSROE Detail

Current Year Budget

Current Year Expenditures to Date

INSTITUTION:
CONTRACT #
CONTRACT TERM:
BUDGET PERIOD:
CURRENT PERIOD BEING VOUCHERED:

Current Period Voucher Amounts

Current Year Total Add Column II & Column III

		COLUMN I	COLUMN II	COLUMN III	COLUMN IV
		CURRENT PERIOD APPROVED BUDGET	PRIOR EXPENDITURES THIS BUDGET PERIOD	EXPENDITURES CURRENT QUARTER	TOTAL EXPENDITURES THIS PERIOD TO DATE
PERSONAL SERVICES (PS):					
1	SALARY AND STIPENDS				
	John Doe-PI	$ 10,000.00	$ 7,500.00	$ 2,500.00	$ 10,000.00
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
	SUBTOTAL PS	$ 10,000.00	$ 7,500.00	$ 2,500.00	$ 10,000.00
2	FRINGE BENEFITS	$ -	$ -	$ -	$ -
3	TOTAL PS AND FRINGE	$ 10,000.00	$ 7,500.00	$ 2,500.00	$ 10,000.00

BSROE Example

Total Expenditures can not exceed Approved Budget on ANY line

INSTITUTION:
CONTRACT #
CONTRACT TERM:
BUDGET PERIOD:
CURRENT PERIOD BEING VOUCHERED:

		COLUMN I	COLUMN II	COLUMN III	COLUMN IV
		CURRENT PERIOD APPROVED BUDGET	PRIOR EXPENDITURES THIS BUDGET PERIOD	EXPENDITURES CURRENT QUARTER	TOTAL EXPENDITURES THIS PERIOD TO DATE
PERSONAL SERVICES (PS):					
1	SALARY AND STIPENDS				
	John Doe-PI	$ 10,000.00	$ 7,500.00	$ 2,500.00	$ 10,000.00
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
	SUBTOTAL PS	$ 10,000.00	$ 7,500.00	$ 2,500.00	$ 10,000.00
2	FRINGE BENEFITS	$ -	$ -	$ -	$ -
3	TOTAL PS AND FRINGE	$ 10,000.00	$ 7,500.00	$ 2,500.00	$ 10,000.00

“Stop-the-Clock” Letter

- Prompt payment legislation: 30 days
- Letter sent to PI and Fiscal Officer stops the interest clock when:
  - Voucher or BSROE is incorrect, missing or incomplete
  - Progress Report is over due, incorrect, or incomplete
  - Scientific protocol approval submissions are not up to date

Voucher not paid until issue(s) resolved

Stop-the-Clock Letter

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

Date

sent via email

Fiscal Contact
Department
Address 1
Address 2
City, State Zip

RE: Contract #

Dear Fiscal Contact:

The grant voucher in the amount of $XXX,xxx.xx, for the subject contract, dated mm/dd/yyyy was received on mm/dd/yyyy.

Please be advised that under *Prompt Payment Legislation* contained in the State Finance Law, expenditure vouchers must be paid within thirty calendar days of receipt or the State is required to pay interest to the contractor for the period beyond the allowable 30 days. This "30-day clock", however, is stopped when any outstanding issues need to be resolved or corrections made to a voucher.

The voucher is being ☐ **held; OR** ☐ **returned.**

The **voucher is being held** pending resolution of the following issue(s):

- ☐ Voucher is missing the required Budget Statement and Report of Expenditures
- ☐ Voucher is missing receipt/invoices for
- ☐ Waiting for deliverable reports for
- ☐ Incorrect budgeted amounts
- ☐ One or more budget lines exceed current budgeted amounts
- ☐ Incomplete back-up documentation submitted
- ☐ Defects in the delivered goods or services (explain)
- ☐ Other

Upon receipt and approval of the items listed above, the voucher will be forwarded for payment.

The **voucher is being returned** for the following reason(s):

- ☐ Voucher has already been submitted for the period
- ☐ Voucher has not been signed and/or dated by contractor
- ☐ Other

Upon correction of the above items, please resubmit the voucher for payment.

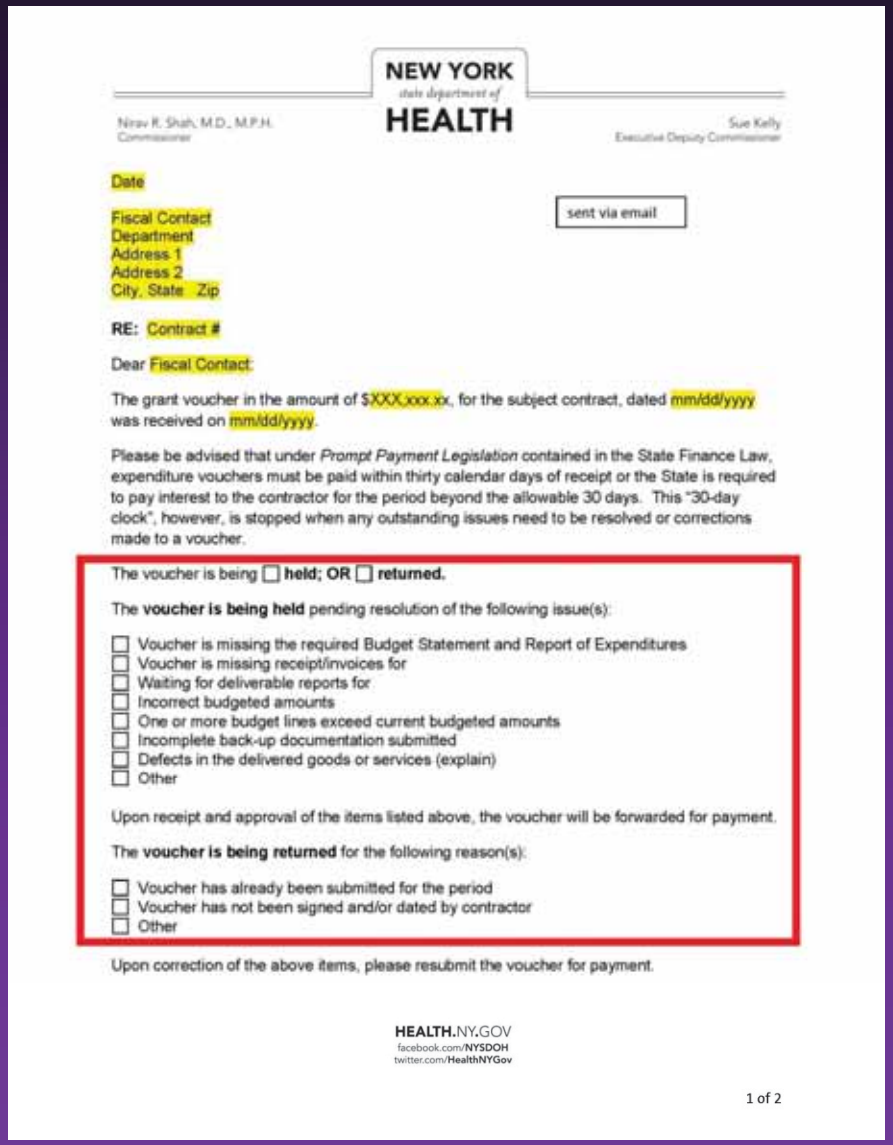
This letter is notification that the "30-day clock" has been stopped and will be adjusted accordingly on the day these issues have been resolved. If you have any questions regarding this letter, please contact me at (518) 474-7002 or nystemgrants@wadsworth.org .

Sincerely,

Contract Management Specialist
Extramural Grants Administration
Wadsworth Center
Empire State Plaza, Room D350
PO Box 509
Albany, NY 12201-0509

cc: PI
Grants Official
Contract File

Stop-the-Clock Letter



NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

Date

sent via email

Fiscal Contact
Department
Address 1
Address 2
City, State Zip

RE: Contract #

Dear Fiscal Contact:

The grant voucher in the amount of $XXX,xxx.xx, for the subject contract, dated mm/dd/yyyy was received on mm/dd/yyyy.

Please be advised that under *Prompt Payment Legislation* contained in the State Finance Law, expenditure vouchers must be paid within thirty calendar days of receipt or the State is required to pay interest to the contractor for the period beyond the allowable 30 days. This "30-day clock", however, is stopped when any outstanding issues need to be resolved or corrections made to a voucher.

The voucher is being ☐ **held; OR** ☐ **returned.**

The **voucher is being held** pending resolution of the following issue(s):

- ☐ Voucher is missing the required Budget Statement and Report of Expenditures
- ☐ Voucher is missing receipt/invoices for
- ☐ Waiting for deliverable reports for
- ☐ Incorrect budgeted amounts
- ☐ One or more budget lines exceed current budgeted amounts
- ☐ Incomplete back-up documentation submitted
- ☐ Defects in the delivered goods or services (explain)
- ☐ Other

Upon receipt and approval of the items listed above, the voucher will be forwarded for payment.

The **voucher is being returned** for the following reason(s):

- ☐ Voucher has already been submitted for the period
- ☐ Voucher has not been signed and/or dated by contractor
- ☐ Other

Upon correction of the above items, please resubmit the voucher for payment.

HEALTH.NY.GOV
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twitter.com/HealthNYGov

1 of 2

Stop-the-Clock Letter: Detail

The voucher is being ☐ **held; OR** ☐ **returned.**

The **voucher is being held** pending resolution of the following issue(s):

- ☐ Voucher is missing the required Budget Statement and Report of Expenditures
- ☐ Voucher is missing receipt/invoices for
- ☐ Waiting for deliverable reports for
- ☐ Incorrect budgeted amounts
- ☐ One or more budget lines exceed current budgeted amounts
- ☐ Incomplete back-up documentation submitted
- ☐ Defects in the delivered goods or services (explain)
- ☐ Other

Upon receipt and approval of the items listed above, the voucher will be forwarded for payment.

The **voucher is being returned** for the following reason(s):

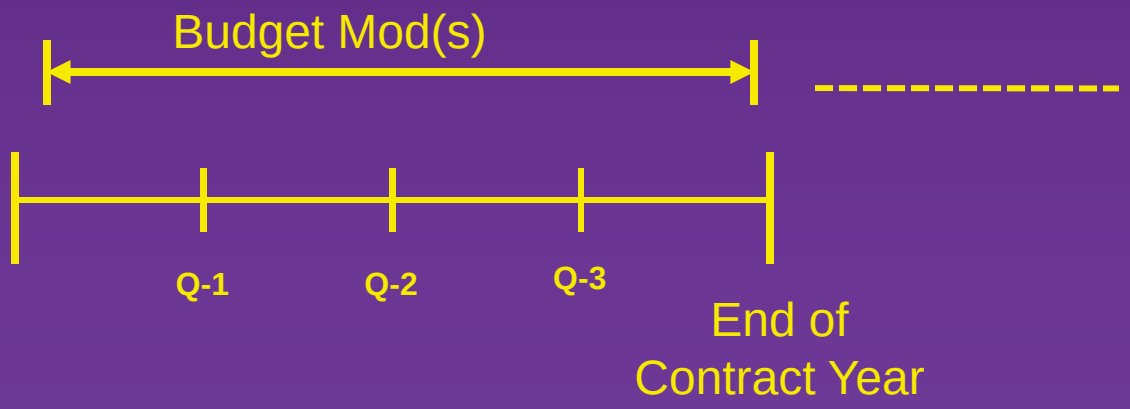
- ☐ Voucher has already been submitted for the period
- ☐ Voucher has not been signed and/or dated by contractor
- ☐ Other

Budget Modification Requests

Use to move funds between budget lines

<u>within</u> a contract year

- Program approval required
- Office of the State Comptroller (OSC) approval *may* be required
- Changes can not jeopardize ability to complete research



Budget Modification Request Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

BUDGET MODIFICATION REQUEST

(Circle One) Breast Cancer Research Spinal Cord Injury Research Stem Cell Research

Contract Number: _____ Budget Period: _____

Principal Investigator(s): _____

Institution: _____

Project Title: _____

Note: Per terms of the contract:

Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC (Office of the State Comptroller) for approval

This approval may take 3-4 months to obtain.

Briefly justify the proposed budget changes. Indicate whether these changes affect the specific aims of the project. If a category is reduced, explain how project goals can still be met. Use additional pages, if necessary.

Signature of PI Named Above Date

Signature of Contracts & Grants Official Name/Title Date

Approval Signature of Extramural Funding Administrator Date

(EGA Use Only) Additional Approvals Needed?

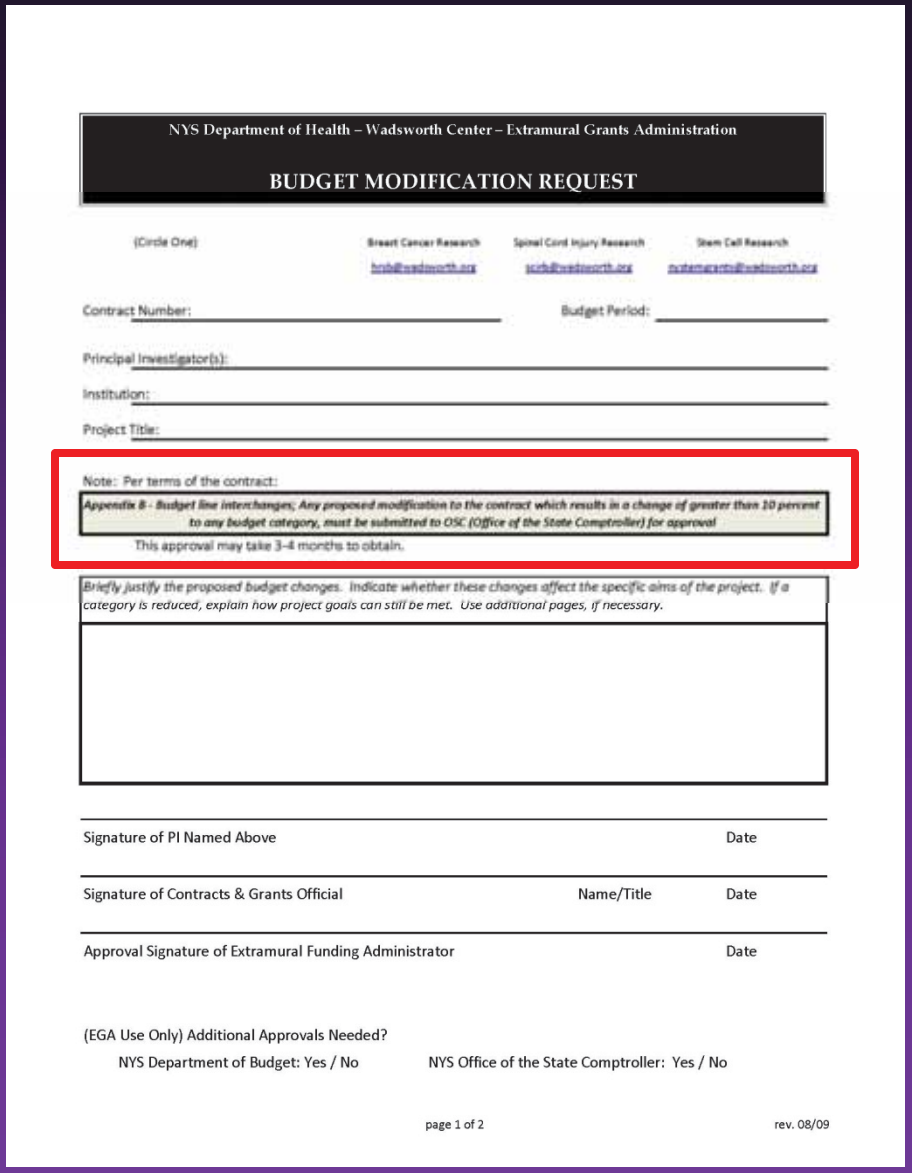
NYS Department of Budget: Yes / No NYS Office of the State Comptroller: Yes / No

Contract Number: _____ Budget Period: _____

Use this Form is to modify category allocations within a budget year. **Total amounts of reduction and increase must be equal.**

	BUDGET CATEGORY	APPROVED BUDGET	REQUESTED CHANGE	PROPOSED BUDGET
PERSONAL SERVICES (PS):				
1	SALARY AND STIPENDS			
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	SUBTOTAL PS	$ -	$ -	$ -
2	FRINGE BENEFITS	$ -	$ -	$ -
3	TOTAL PS AND FRINGE	$ -	$ -	$ -
OTHER THAN PERSONAL SERVICE (OTPS):				
4	SUPPLIES			
	LAB SUPPLIES	$ -	$ -	$ -
	OFFICE SUPPLIES	$ -	$ -	$ -
	SUBTOTAL SUPPLIES	$ -	$ -	$ -
5	EQUIPMENT	$ -	$ -	$ -
6	TRAVEL	$ -	$ -	$ -
7	CONSULTANT COSTS	$ -	$ -	$ -
8	OTHER EXPENSES			
	TRAINEE HEALTH INSURANCE	$ -	$ -	$ -
	HUMAN SUBJECTS	$ -	$ -	$ -
	ANIMALS & CARE	$ -	$ -	$ -
	CORE FACILITIES	$ -	$ -	$ -
	PUBLICATIONS	$ -	$ -	$ -
	COMMUNICATIONS	$ -	$ -	$ -
	MEETING REGISTRATION	$ -	$ -	$ -
	TUITION AND FEES	$ -	$ -	$ -
	MISC OTHER EXPENSES	$ -	$ -	$ -
	SUBTOTAL OTHER EXPENSES	$ -	$ -	$ -
9	SUBTOTAL OTPS	$ -	$ -	$ -
10	*TOTAL PS AND OTPS (lines 3 + 9)*	$ -	$ -	$ -
11	*TOTAL SUBCONTRACT PS AND OTPS*	$ -	$ -	$ -
12	*TOTAL DIRECT COSTS (lines 10 + 11)*	$ -	$ -	$ -
13	*F & A Costs*	$ -	$ -	$ -
14	*GRAND TOTAL COSTS (lines 12 + 13)*	$ -	$ -	$ -

Budget Modification/OSC Approval



NYS Department of Health – Wadsworth Center – Extramural Grants Administration

BUDGET MODIFICATION REQUEST

(Circle One) Breast Cancer Research Spinal Cord Injury Research Stem Cell Research

Contract Number: Budget Period:

Principal Investigator(s):

Institution:

Project Title:

Note: Per terms of the contract:

Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC (Office of the State Comptroller) for approval

This approval may take 3-4 months to obtain.

Briefly justify the proposed budget changes. Indicate whether these changes affect the specific aims of the project. If a category is reduced, explain how project goals can still be met. Use additional pages, if necessary.

Signature of PI Named Above Date

Signature of Contracts & Grants Official Name/Title Date

Approval Signature of Extramural Funding Administrator Date

(EGA Use Only) Additional Approvals Needed?

NYS Department of Budget: Yes / No NYS Office of the State Comptroller: Yes / No

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Budget Modification/OSC Approval

Note: Per terms of the contract:

Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC (Office of the State Comptroller) for approval

This approval may take 3-4 months to obtain.

- Changes greater than 10% to any budget category require OSC approval
- Is cumulative over budget year
- Fewer modifications = fewer delays in approval process

Budget Modification- Example

Contract Number: _____ Budget Period: _____

Use this Form is to modify category allocations within a budget year. **Total amounts of reduction and increase must be equal.**

	BUDGET CATEGORY	APPROVED BUDGET	REQUESTED CHANGE	PROPOSED BUDGET
PERSONAL SERVICES (PS):				
1	SALARY AND STIPENDS			
	John Doe-PI	$ 10,000.00	$ 500.00	$ 10,500.00
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	SUBTOTAL PS	$ 10,000.00	$ 500.00	$ 10,500.00
2	FRINGE BENEFITS	$ -	$ -	$ -
3	**TOTAL PS AND FRINGE**	$ 10,000.00	$ 500.00	$ 10,500.00
OTHER THAN PERSONAL SERVICE (OTPS):				
4	SUPPLIES			
	LAB SUPPLIES	$ -	$ -	$ -
	OFFICE SUPPLIES	$ 1,000.00	$ (500.00)	$ 500.00
	SUBTOTAL SUPPLIES	$ 1,000.00	$ (500.00)	$ 500.00
5	EQUIPMENT	$ -	$ -	$ -
6	TRAVEL	$ -	$ -	$ -
7	CONSULTANT COSTS	$ -	$ -	$ -
9	**SUBTOTAL OTPS**	$ 1,000.00	$ (500.00)	$ 500.00
10	*TOTAL PS AND OTPS (lines 3 + 9)*	$ 11,000.00	$ -	$ 11,000.00
11	*TOTAL SUBCONTRACT PS AND OTPS*	$ -	$ -	$ -
12	*TOTAL DIRECT COSTS (lines 10 + 11)*	$ 11,000.00	$ -	$ 11,000.00
13	*F & A Costs*	$ -	$ -	$ -
14	*GRAND TOTAL COSTS (lines 12 + 13)*	**$ 11,000.00**	**$ -**	**$ 11,000.00**

Approved & Proposed Budget can not change

Changes Must Add To $ 0

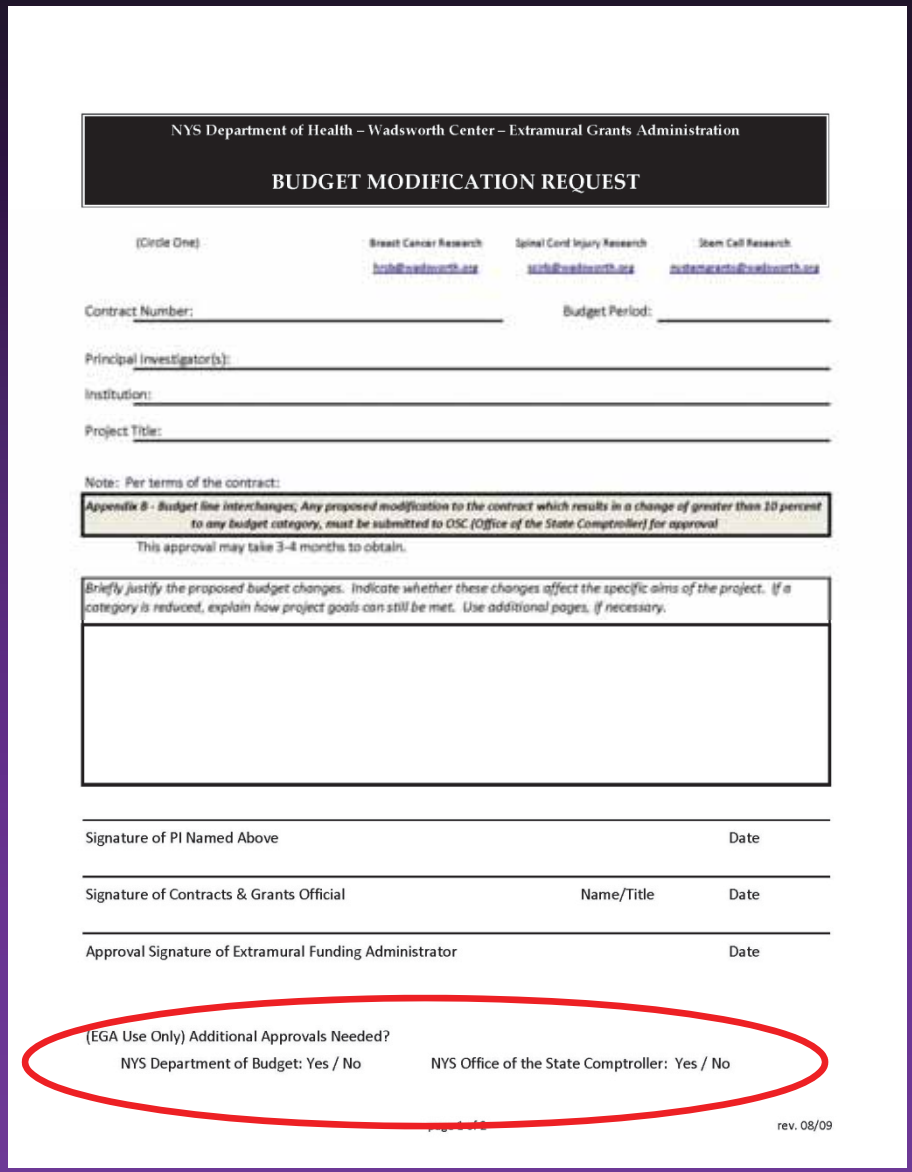
Approval Notification

Less than 10%:

- EGA Approval Letter
- Signed copy of request

More than 10%:

- EGA Approval Letter with contingencies
- Signed copy of request noting additional approvals needed
- Appendix X sent to Institution
- OSC approval sought
- Approved Appendix X returned to Institution



NYS Department of Health – Wadsworth Center – Extramural Grants Administration

BUDGET MODIFICATION REQUEST

(Circle One) Breast Cancer Research Spinal Cord Injury Research Stem Cell Research

Contract Number: Budget Period:

Principal Investigator(s):

Institution:

Project Title:

Note: Per terms of the contract:

Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC (Office of the State Comptroller) for approval

This approval may take 3-4 months to obtain.

Briefly justify the proposed budget changes. Indicate whether these changes affect the specific aims of the project. If a category is reduced, explain how project goals can still be met. Use additional pages, if necessary.

Signature of PI Named Above Date

Signature of Contracts & Grants Official Name/Title Date

Approval Signature of Extramural Funding Administrator Date

(EGA Use Only) Additional Approvals Needed?

NYS Department of Budget: Yes / No NYS Office of the State Comptroller: Yes / No

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Appendix X

Agency Code 12000
APPENDIX X

Contract Number:_____ Contractor:_____

Amendment Number **X-**_____

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

_____ Modifies the contract period at no additional cost

_____ Modifies the contract period at additional cost

_____ Modifies the budget or payment terms

_____ Modifies the work plan or deliverables

_____ Replaces appendix(es) _____ with the attached appendix(es)_____

_____ Adds the attached appendix(es) _____

_____ Other: (describe) _____

This amendment *is*__ *is not*__ a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

$_____ From ___/___/___ to ___/___/___.
(Value before amendment) (Initial start date)

This amendment provides the following modification (complete only items being modified):

$_____ From ___/___/___ to ___/___/___.

This will result in new contract terms of:

$ _____ From ___/___/___ to ___/___/___.
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number:_____ Contractor:_____

Amendment Number: **X-**_____

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By:_____ Date: _____
(signature)

Printed Name:_____

Title:_____

STATE OF NEW YORK)
) SS:
County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By:_____ Date:_____
(signature)

Printed Name:_____

Title:_____

ATTORNEY GENERAL'S SIGNATURE

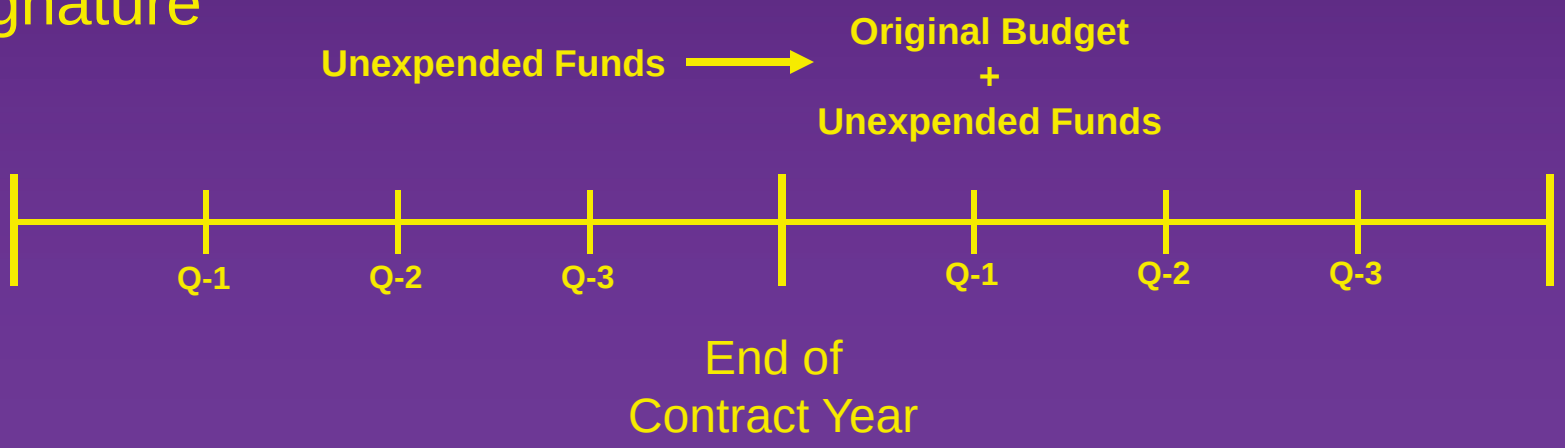
By:_____ Date:_____

STATE COMPTROLLER'S SIGNATURE

By:_____ Date:_____

Carry Forward Request

- Use to move unexpended funds from one budget period to the next period
- Start process at least 60 days prior to end of contract period
- Requires EGA Program, DOH, & OSC approvals
- Final Voucher for contract year required to finalize
- Progress Report requirements are unchanged
- Funds MUST be carried forward to same budget line
- New Appendix-X required- will be sent to institution for signature



Carry Forward Request Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

REQUEST TO CARRY FORWARD UNEXPENDED FUNDS INTO THE NEXT CONTRACT YEAR

(Circle One) Breast Cancer Research Spinal Cord Injury Research Stem Cell Research

Contract Number: _____ Current Period End Date: _____

Principal Investigator(s): _____

Institution: _____

Project Title: _____

Explain why all the funds were not expended during the current budget year. State the reasons it is necessary for the unexpended balance to be carried forward and how it is necessary for the achievement of the research aims. Use additional pages if necessary.

Signature of PI Named Above Date

Signature of Contracts & Grants Official Name/Title Date

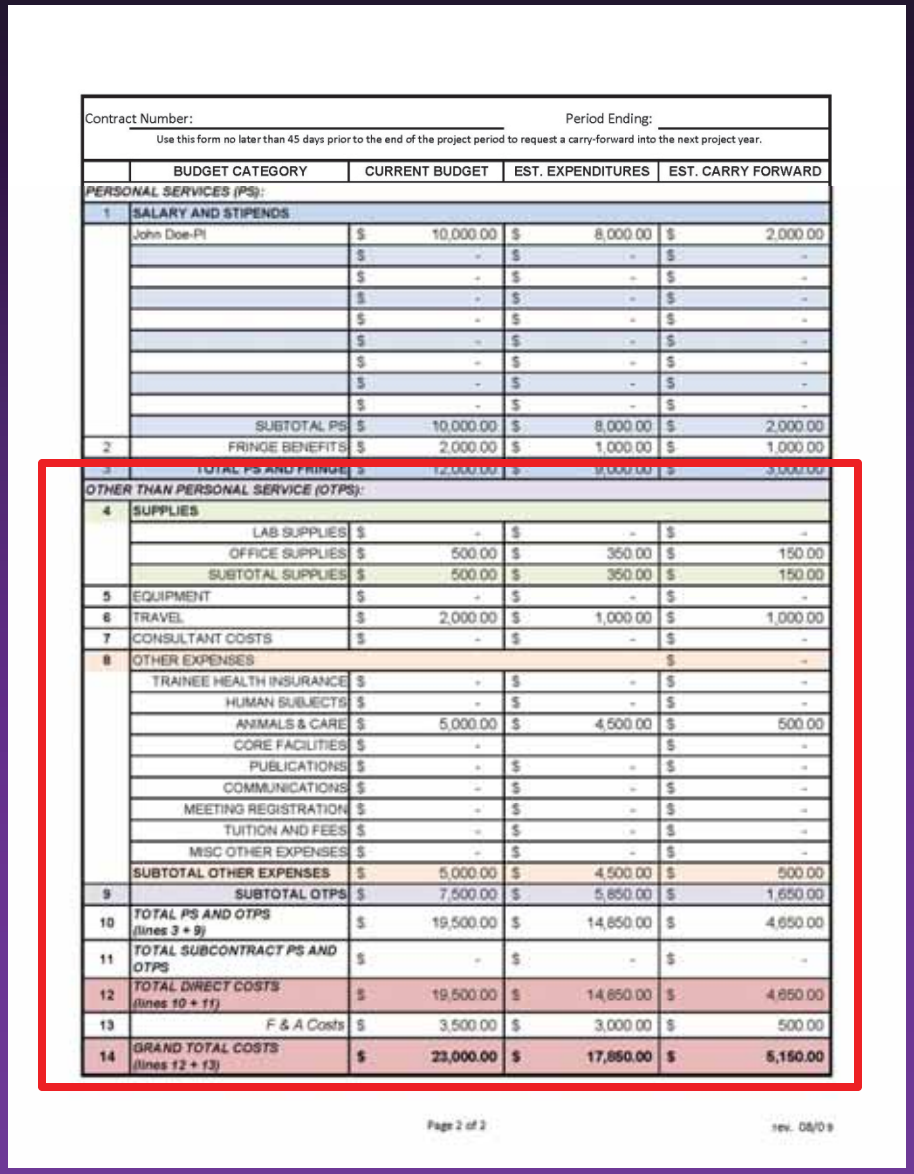
Approval Signature of Extramural Funding Administrator Date

Contract Number: _____ Period Ending: _____

Use this form no later than 45 days prior to the end of the project period to request a carry-forward into the next project year.

	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. CARRY FORWARD
PERSONAL SERVICES (PS):				
1	SALARY AND STIPENDS			
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	SUBTOTAL PS	$ -	$ -	$ -
2	FRINGE BENEFITS	$ -	$ -	$ -
3	TOTAL PS AND FRINGE	$ -	$ -	$ -
OTHER THAN PERSONAL SERVICE (OTPS):				
4	SUPPLIES			
	LAB SUPPLIES	$ -	$ -	$ -
	OFFICE SUPPLIES	$ -	$ -	$ -
	SUBTOTAL SUPPLIES	$ -	$ -	$ -
5	EQUIPMENT	$ -	$ -	$ -
6	TRAVEL	$ -	$ -	$ -
7	CONSULTANT COSTS	$ -	$ -	$ -
8	OTHER EXPENSES			$ -
	TRAINEE HEALTH INSURANCE	$ -	$ -	$ -
	HUMAN SUBJECTS	$ -	$ -	$ -
	ANIMALS & CARE	$ -	$ -	$ -
	CORE FACILITIES	$ -	$ -	$ -
	PUBLICATIONS	$ -	$ -	$ -
	COMMUNICATIONS	$ -	$ -	$ -
	MEETING REGISTRATION	$ -	$ -	$ -
	TUITION AND FEES	$ -	$ -	$ -
	MISC OTHER EXPENSES	$ -	$ -	$ -
	SUBTOTAL OTHER EXPENSES	$ -	$ -	$ -
9	SUBTOTAL OTPS	$ -	$ -	$ -
10	*TOTAL PS AND OTPS (lines 3 + 9)*	$ -	$ -	$ -
11	*TOTAL SUBCONTRACT PS AND OTPS*	$ -	$ -	$ -
12	*TOTAL DIRECT COSTS (lines 10 + 11)*	$ -	$ -	$ -
13	*F & A Costs*	$ -	$ -	$ -
14	*GRAND TOTAL COSTS (lines 12 + 13)*	$ -	$ -	$ -

Carry Forward Request Example



Contract Number: _____ Period Ending: _____

Use this form no later than 45 days prior to the end of the project period to request a carry-forward into the next project year.

	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. CARRY FORWARD
PERSONAL SERVICES (PS):				
1	SALARY AND STIPENDS			
	John Doe-PI	$ 10,000.00	$ 8,000.00	$ 2,000.00
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	SUBTOTAL PS	$ 10,000.00	$ 8,000.00	$ 2,000.00
2	FRINGE BENEFITS	$ 2,000.00	$ 1,000.00	$ 1,000.00
3	TOTAL PS AND FRINGE	$ 12,000.00	$ 9,000.00	$ 3,000.00
OTHER THAN PERSONAL SERVICE (OTPS):				
4	SUPPLIES			
	LAB SUPPLIES	$ -	$ -	$ -
	OFFICE SUPPLIES	$ 500.00	$ 350.00	$ 150.00
	SUBTOTAL SUPPLIES	$ 500.00	$ 350.00	$ 150.00
5	EQUIPMENT	$ -	$ -	$ -
6	TRAVEL	$ 2,000.00	$ 1,000.00	$ 1,000.00
7	CONSULTANT COSTS	$ -	$ -	$ -
8	OTHER EXPENSES			$ -
	TRAINEE HEALTH INSURANCE	$ -	$ -	$ -
	HUMAN SUBJECTS	$ -	$ -	$ -
	ANIMALS & CARE	$ 5,000.00	$ 4,500.00	$ 500.00
	CORE FACILITIES	$ -		$ -
	PUBLICATIONS	$ -	$ -	$ -
	COMMUNICATIONS	$ -	$ -	$ -
	MEETING REGISTRATION	$ -	$ -	$ -
	TUITION AND FEES	$ -	$ -	$ -
	MISC OTHER EXPENSES	$ -	$ -	$ -
	SUBTOTAL OTHER EXPENSES	$ 5,000.00	$ 4,500.00	$ 500.00
9	SUBTOTAL OTPS	$ 7,500.00	$ 5,850.00	$ 1,650.00
10	*TOTAL PS AND OTPS (lines 3 + 9)*	$ 19,500.00	$ 14,850.00	$ 4,650.00
11	*TOTAL SUBCONTRACT PS AND OTPS*	$ -	$ -	$ -
12	*TOTAL DIRECT COSTS (lines 10 + 11)*	$ 19,500.00	$ 14,850.00	$ 4,650.00
13	*F & A Costs*	$ 3,500.00	$ 3,000.00	$ 500.00
14	*GRAND TOTAL COSTS (lines 12 + 13)*	**$ 23,000.00**	**$ 17,850.00**	**$ 5,150.00**

Page 2 of 2

rev. 08/09

Carry Forward Request Example

Contract Number: _____ Period Ending: _____

Use this form no later than 45 days prior to the end of the project period to request a carry-forward into the next project year.

	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. CARRY FORWARD
	OTHER THAN PERSONAL SERVICE (OTPS):			
4	SUPPLIES			
	LAB SUPPLIES	$ -	$ -	$ -
	OFFICE SUPPLIES	$ 500.00	$ 350.00	$ 150.00
	SUBTOTAL SUPPLIES	$ 500.00	$ 350.00	$ 150.00
5	EQUIPMENT	$ -	$ -	$ -
6	TRAVEL	$ 2,000.00	$ 1,000.00	$ 1,000.00
7	CONSULTANT COSTS	$ -	$ -	$ -
8	OTHER EXPENSES			$ -
	TRAINEE HEALTH INSURANCE	$ -	$ -	$ -
	HUMAN SUBJECTS	$ -	$ -	$ -
	ANIMALS & CARE	$ 5,000.00	$ 4,500.00	$ 500.00
	CORE FACILITIES	$ -		$ -
	PUBLICATIONS	$ -	$ -	$ -
	COMMUNICATIONS	$ -	$ -	$ -
	MEETING REGISTRATION	$ -	$ -	$ -
	TUITION AND FEES	$ -	$ -	$ -
	MISC OTHER EXPENSES	$ -	$ -	$ -
	SUBTOTAL OTHER EXPENSES	$ 5,000.00	$ 4,500.00	$ 500.00
9	**SUBTOTAL OTPS**	$ 7,500.00	$ 5,850.00	$ 1,650.00
10	***TOTAL PS AND OTPS (lines 3 + 9)***	$ 19,500.00	$ 14,850.00	$ 4,650.00
11	***TOTAL SUBCONTRACT PS AND OTPS***	$ -	$ -	$ -
12	***TOTAL DIRECT COSTS (lines 10 + 11)***	$ 19,500.00	$ 14,850.00	$ 4,650.00
13	*F & A Costs*	$ 3,500.00	$ 3,000.00	$ 500.00
14	***GRAND TOTAL COSTS (lines 12 + 13)***	**$ 23,000.00**	**$ 17,850.00**	**$ 5,150.00**

Actual amounts available may vary depending on further vouchering

Amounts must be carried forward to <u>same budget line</u>

Approval Notification

- After vouchering is completed for current period, EGA staff works with institution on final carry-forward amounts
- Appendix X is sent to institution for signature with new budget and Appendix B-x
- EGA approval letter sent

Frankenstein University
6/1/08 - 5/31/10
Appendix B-2

Contract # C0123456 PI: Jones, Judy

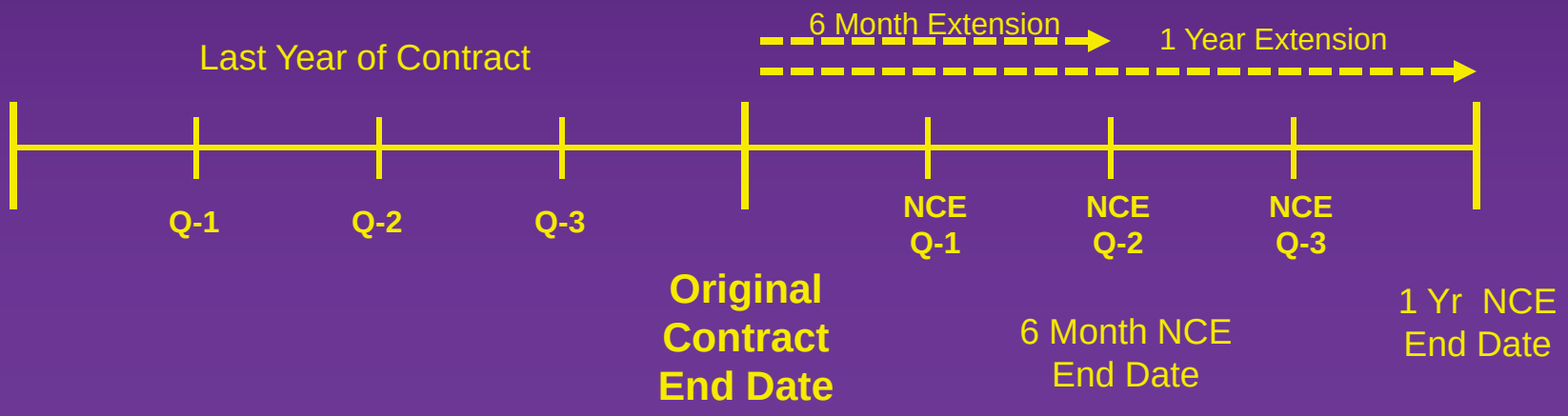
	BUDGET CATEGORY	year one exp	6/1/2009 - 5/31/2010	TOTAL
PERSONAL SERVICES (PS)				
1	**SALARY AND STIPENDS**			
	PI	$ 20,794.00	$ 21,418.00	$ 42,212.00
	Co-PI	$ 7,847.00	$ 8,082.00	$ 15,929.00
	Graduate Assistants	$ 51,810.00	$ 53,364.00	$ 105,174.00
	SUBTOTAL PS	$ 80,451.00	$ 82,864.00	$ 163,315.00
2	FRINGE BENEFITS	$ 13,476.00	$ 13,881.00	$ 27,357.00
3	**TOTAL PS AND FRINGE**	$ 93,927.00	$ 96,745.00	$ 190,672.00
OTHER THAN PERSONAL SERVICE (OTPS):				
4	**SUPPLIES**			
	LAB SUPPLIES	$ 39,623.00	$ 39,755.00	$ 79,378.00
	OFFICE SUPPLIES	$ -	$ -	$ -
	SUBTOTAL SUPPLIES	$ 39,623.00	$ 39,755.00	$ 79,378.00
5	EQUIPMENT	$ 8,000.00	$ 5,000.00	$ 13,000.00
6	TRAVEL	$ 5,000.00	$ 5,000.00	$ 10,000.00
7	CONSULTANT COSTS	$ -	$ -	$ -
8	OTHER EXPENSES			
	TRAINEE HEALTH INSURANCE	$ -	$ -	$ -
	HUMAN SUBJECTS	$ -	$ -	$ -
	ANIMALS & CARE	$ 1,450.00	$ 1,500.00	$ 2,950.00
	CORE FACILITIES	$ -	$ -	$ -
	PUBLICATIONS	$ 800.00	$ 800.00	$ 1,600.00
	COMMUNICATIONS	$ -	$ -	$ -
	MEETING REGISTRATION	$ 1,200.00	$ 1,200.00	$ 2,400.00
	TUITION AND FEES	$ -	$ -	$ -
	MISC OTHER EXPENSES	$ -	$ -	$ -
	SUBTOTAL OTHER	$ 3,450.00	$ 3,500.00	$ 6,950.00
9	**SUBTOTAL OTPS**	$ 56,073.00	$ 53,255.00	$ 109,328.00
10	***TOTAL PS AND OTPS (lines 3 + 9)***	$ 150,000.00	$ 150,000.00	$ 300,000.00
11	***TOTAL SUBCONTRACT PS AND OTPS***	$ -	$ -	$ -
12	***TOTAL DIRECT COSTS (lines 10 + 11)***	$ 150,000.00	$ 150,000.00	$ 300,000.00
13	***F&A COSTS***	$ 28,400.00	$ 29,000.00	$ 57,400.00
14	***GRAND TOTAL (lines 12 + 13)***	**$ 178,400.00**	**$ 179,000.00**	**$ 357,400.00**

must be approved by the STATE prior to the commitment and use of funds. All final budget modification requests must be

not to exceed one year.

No-Cost Time Extension Request

- Use to allow more time to complete research project
- Funds remain in current budget lines
- Start process *at least 6 months* prior to end of contract
  - Requires DOH , Office of Attorney General, and OSC approval
  - Progress Report required for approval
- Periodic and Final Progress Report still required
- New Appendix X required- will be sent to institution for signature



No-Cost Time Extension Request Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

REQUEST FOR NO-COST TIME EXTENSION

(Circle One) Breast Cancer Research hrsb@wadsworth.org | Spinal Cord Injury Research scirb@wadsworth.org | Stem Cell Research mystemgrants@wadsworth.org

Contract Number: _____ Extension Requested: 6 mos. Or 12 mos.

Principal Investigator(s): _____

Institution: _____

Project Title: _____

Use this form to request the extension of a project beyond the contracted ending date. This request must be received at least 6 months prior to the end of the award period to allow for processing of the request

Explain why all the funds will not be expended during the final budget year. Explain the need specific to extend the project beyond the normal termination date to accomplish the aims of the contract. Use additional pages if necessary.

Signature of PI Named Above Date

Signature of Contracts & Grants Official Name/Title Date

Approval Signature of Extramural Funding Administrator Date

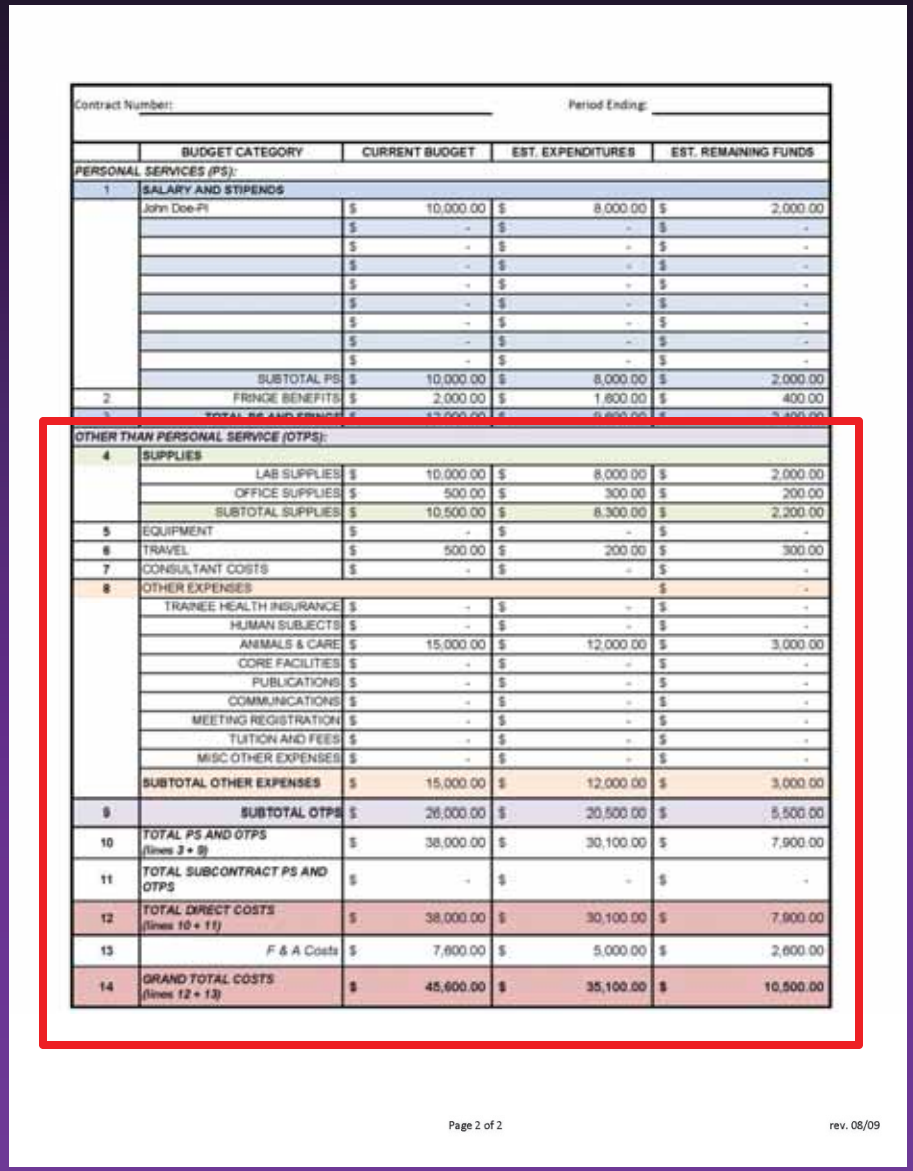
(EGA Use Only) Additional Approvals Needed?

NYS Department of Budget: Yes / No NYS Office of the State Comptroller: Yes / No

Contract Number: _____ Period Ending: _____

	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. REMAINING FUNDS
PERSONAL SERVICES (PS):				
1	**SALARY AND STIPENDS**			
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	SUBTOTAL PS	$ -	$ -	$ -
2	FRINGE BENEFITS	$ -	$ -	$ -
3	**TOTAL PS AND FRINGE**	$ -	$ -	$ -
OTHER THAN PERSONAL SERVICE (OTPS):				
4	**SUPPLIES**			
	LAB SUPPLIES	$ -	$ -	$ -
	OFFICE SUPPLIES	$ -	$ -	$ -
	SUBTOTAL SUPPLIES	$ -	$ -	$ -
5	EQUIPMENT	$ -	$ -	$ -
6	TRAVEL	$ -	$ -	$ -
7	CONSULTANT COSTS	$ -	$ -	$ -
8	OTHER EXPENSES			$ -
	TRAINEE HEALTH INSURANCE	$ -	$ -	$ -
	HUMAN SUBJECTS	$ -	$ -	$ -
	ANIMALS & CARE	$ -	$ -	$ -
	CORE FACILITIES	$ -	$ -	$ -
	PUBLICATIONS	$ -	$ -	$ -
	COMMUNICATIONS	$ -	$ -	$ -
	MEETING REGISTRATION	$ -	$ -	$ -
	TUITION AND FEES	$ -	$ -	$ -
	MISC OTHER EXPENSES	$ -	$ -	$ -
	SUBTOTAL OTHER EXPENSES	$ -	$ -	$ -
9	**SUBTOTAL OTPS**	$ -	$ -	$ -
10	***TOTAL PS AND OTPS*** *(lines 3 + 9)*	$ -	$ -	$ -
11	***TOTAL SUBCONTRACT PS AND OTPS***	$ -	$ -	$ -
12	***TOTAL DIRECT COSTS*** *(lines 10 + 11)*	$ -	$ -	$ -
13	*F & A Costs*	$ -	$ -	$ -
14	***GRAND TOTAL COSTS*** *(lines 12 + 13)*	$ -	$ -	$ -

No-Cost Time Extension Request Example



Contract Number: _____ Period Ending: _____

	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. REMAINING FUNDS
PERSONAL SERVICES (PS):				
1	SALARY AND STIPENDS			
	John Doe-PI	$ 10,000.00	$ 8,000.00	$ 2,000.00
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	SUBTOTAL PS	$ 10,000.00	$ 8,000.00	$ 2,000.00
2	FRINGE BENEFITS	$ 2,000.00	$ 1,600.00	$ 400.00
OTHER THAN PERSONAL SERVICE (OTPS):				
4	SUPPLIES			
	LAB SUPPLIES	$ 10,000.00	$ 8,000.00	$ 2,000.00
	OFFICE SUPPLIES	$ 500.00	$ 300.00	$ 200.00
	SUBTOTAL SUPPLIES	$ 10,500.00	$ 8,300.00	$ 2,200.00
5	EQUIPMENT	$ -	$ -	$ -
6	TRAVEL	$ 500.00	$ 200.00	$ 300.00
7	CONSULTANT COSTS	$ -	$ -	$ -
8	OTHER EXPENSES			$ -
	TRAINEE HEALTH INSURANCE	$ -	$ -	$ -
	HUMAN SUBJECTS	$ -	$ -	$ -
	ANIMALS & CARE	$ 15,000.00	$ 12,000.00	$ 3,000.00
	CORE FACILITIES	$ -	$ -	$ -
	PUBLICATIONS	$ -	$ -	$ -
	COMMUNICATIONS	$ -	$ -	$ -
	MEETING REGISTRATION	$ -	$ -	$ -
	TUITION AND FEES	$ -	$ -	$ -
	MISC OTHER EXPENSES	$ -	$ -	$ -
	SUBTOTAL OTHER EXPENSES	$ 15,000.00	$ 12,000.00	$ 3,000.00
9	**SUBTOTAL OTPS**	$ 26,000.00	$ 20,500.00	$ 5,500.00
10	*TOTAL PS AND OTPS (lines 3 + 9)*	$ 38,000.00	$ 30,100.00	$ 7,900.00
11	*TOTAL SUBCONTRACT PS AND OTPS*	$ -	$ -	$ -
12	*TOTAL DIRECT COSTS (lines 10 + 11)*	$ 38,000.00	$ 30,100.00	$ 7,900.00
13	*F & A Costs*	$ 7,600.00	$ 5,000.00	$ 2,600.00
14	*GRAND TOTAL COSTS (lines 12 + 13)*	**$ 45,600.00**	**$ 35,100.00**	**$ 10,500.00**

Page 2 of 2 rev. 08/09

No-Cost Time Extension Request Example

Contract Number: _____ Period Ending: _____

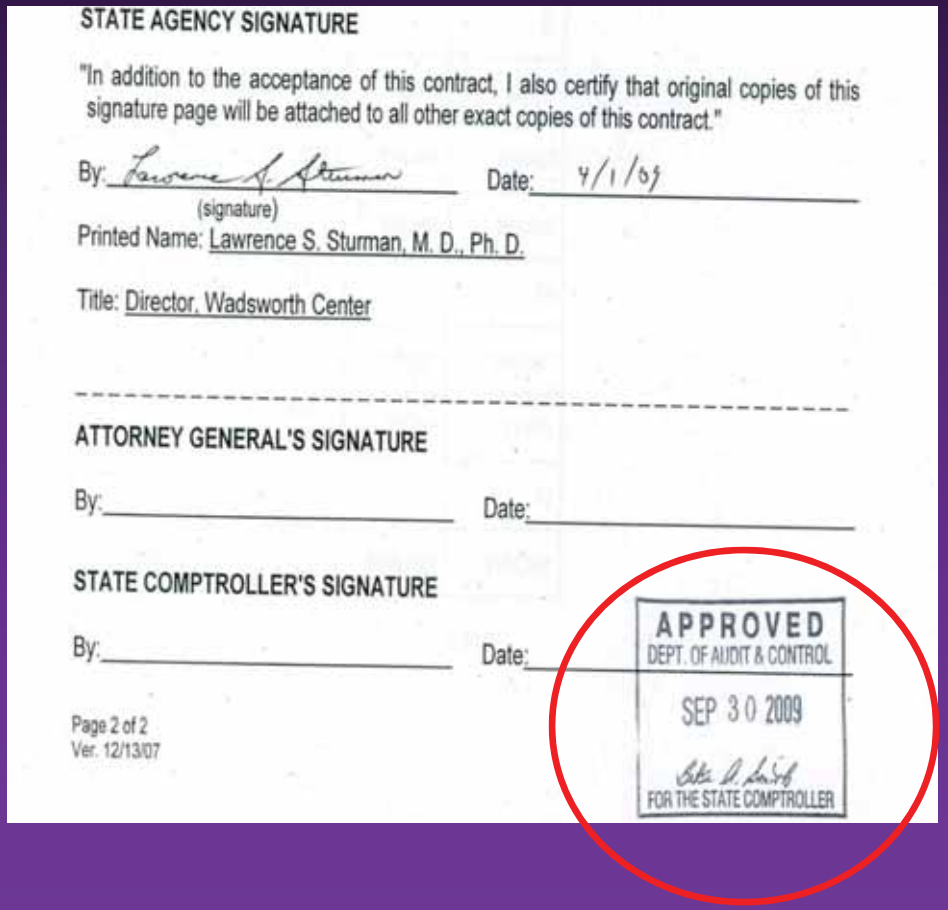
	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. REMAINING FUNDS
	OTHER THAN PERSONAL SERVICE (OTPS):			
4	**SUPPLIES**			
	LAB SUPPLIES	$ 10,000.00	$ 8,000.00	$ 2,000.00
	OFFICE SUPPLIES	$ 500.00	$ 300.00	$ 200.00
	SUBTOTAL SUPPLIES	$ 10,500.00	$ 8,300.00	$ 2,200.00
5	EQUIPMENT	$ -	$ -	$ -
6	TRAVEL	$ 500.00	$ 200.00	$ 300.00
7	CONSULTANT COSTS	$ -	$ -	$ -
8	OTHER EXPENSES			$ -
	TRAINEE HEALTH INSURANCE	$ -	$ -	$ -
	HUMAN SUBJECTS	$ -	$ -	$ -
	ANIMALS & CARE	$ 15,000.00	$ 12,000.00	$ 3,000.00
	CORE FACILITIES	$ -	$ -	$ -
	PUBLICATIONS	$ -	$ -	$ -
	COMMUNICATIONS	$ -	$ -	$ -
	MEETING REGISTRATION	$ -	$ -	$ -
	TUITION AND FEES	$ -	$ -	$ -
	MISC OTHER EXPENSES	$ -	$ -	$ -
	SUBTOTAL OTHER EXPENSES	$ 15,000.00	$ 12,000.00	$ 3,000.00
9	**SUBTOTAL OTPS**	$ 26,000.00	$ 20,500.00	$ 5,500.00
10	***TOTAL PS AND OTPS (lines 3 + 9)***	$ 38,000.00	$ 30,100.00	$ 7,900.00
11	***TOTAL SUBCONTRACT PS AND OTPS***	$ -	$ -	$ -
12	***TOTAL DIRECT COSTS (lines 10 + 11)***	$ 38,000.00	$ 30,100.00	$ 7,900.00
13	*F & A Costs*	$ 7,600.00	$ 5,000.00	$ 2,600.00
14	***GRAND TOTAL COSTS (lines 12 + 13)***	**$ 45,600.00**	**$ 35,100.00**	**$ 10,500.00**

Actual amounts available may vary depending on further vouchering

Unexpended funds must stay in current budget line

No-Cost Time Extension Request Approval Notification

- EGA returns countersigned request form with contingencies
- Appendix X sent to institution for signature
- EGA obtains DOH, AG, and OSC approvals
- Copy of executed Appendix X sent to Institution (4-6 months)



STATE AGENCY SIGNATURE

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: Lawrence S. Sturman Date: 9/1/09
(signature)

Printed Name: Lawrence S. Sturman, M. D., Ph. D.

Title: Director, Wadsworth Center

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____

APPROVED
DEPT. OF AUDIT & CONTROL
SEP 30 2009
FOR THE STATE COMPTROLLER

Page 2 of 2
Ver. 12/13/07

Program Websites

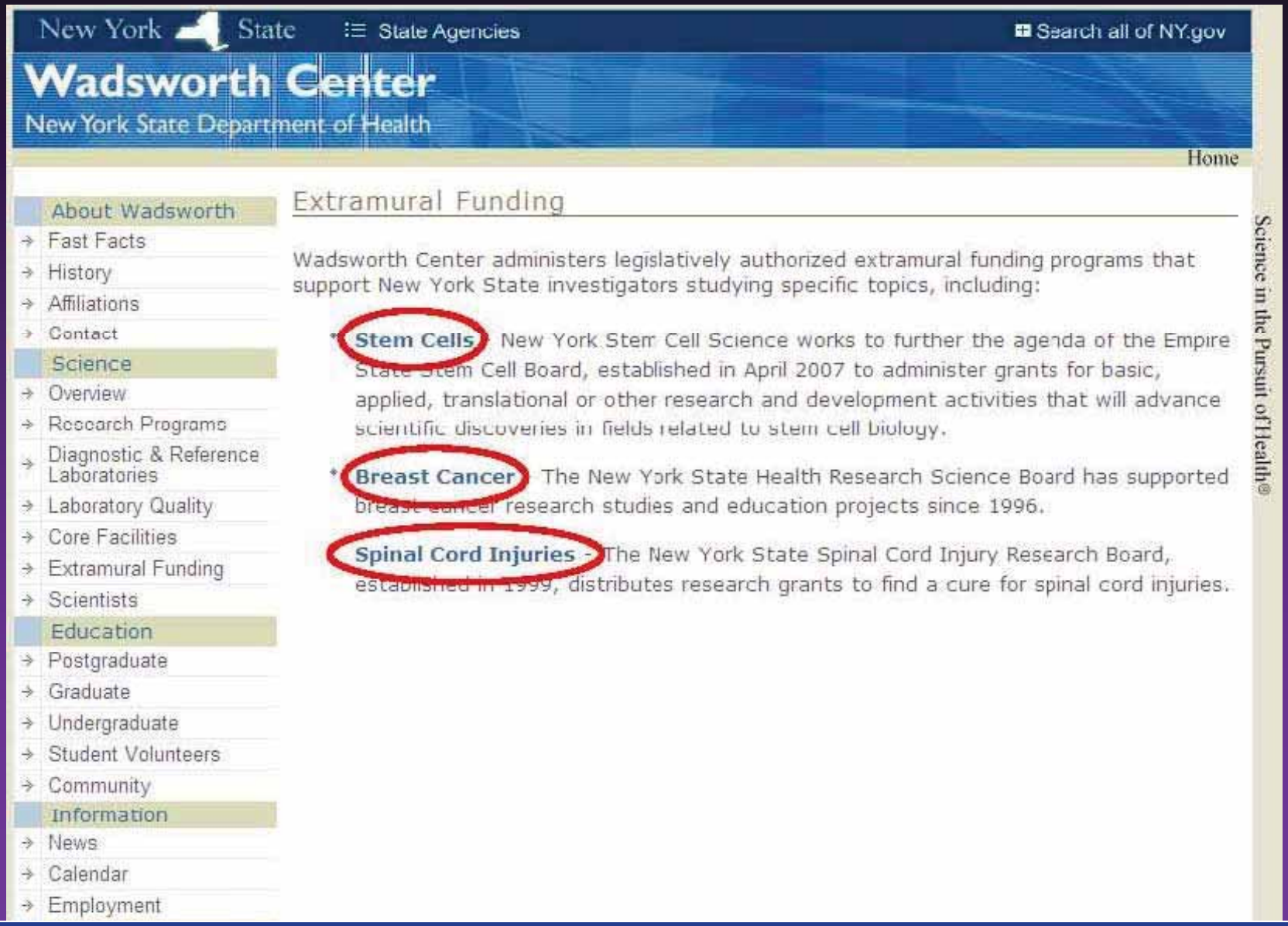
- NYSTEM (NY Stem Cell Program) http://stemcell.ny.gov
- Spinal Cord Injury Research Program http://www.wadsworth.org/extramural/spinalcord/
- Breast Cancer Research and Education Program http://www.wadsworth.org/breastcancer/

E-alerts

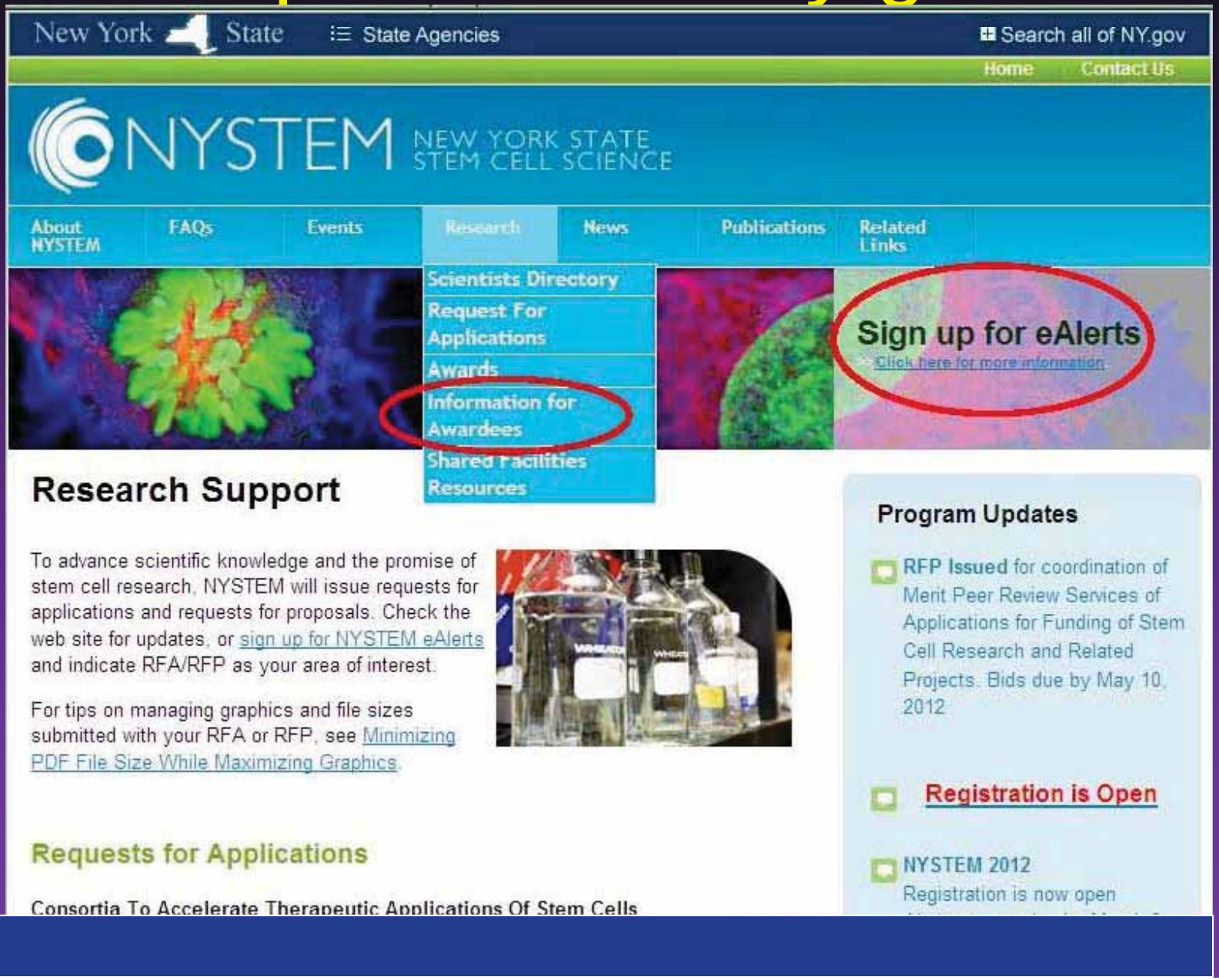
Sign up to receive notification of new:

- Requests for Applications (RFAs)
- Event Announcements
- News Releases
- Grants Awarded

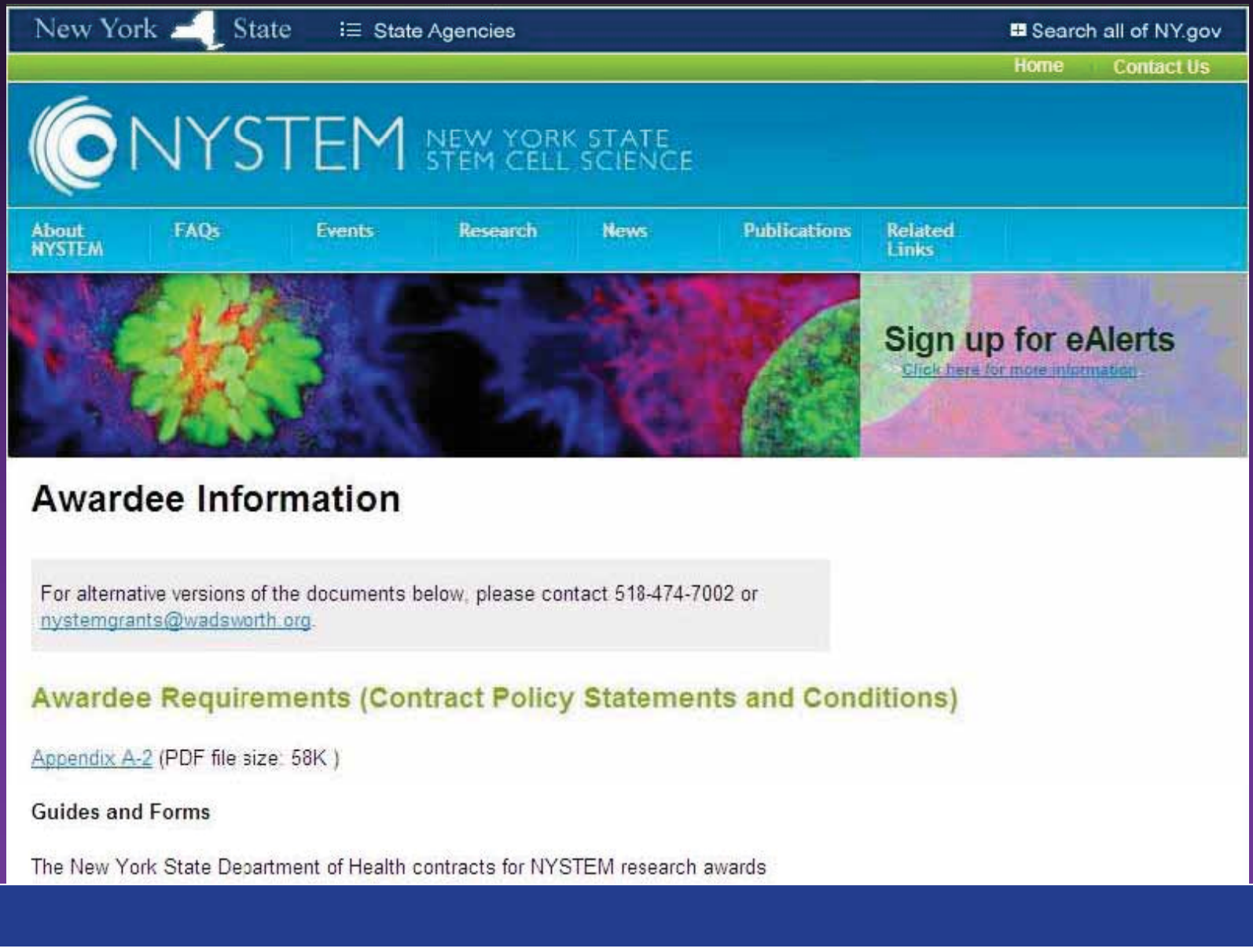
http://www.wadsworth.org/extramural/index.htm



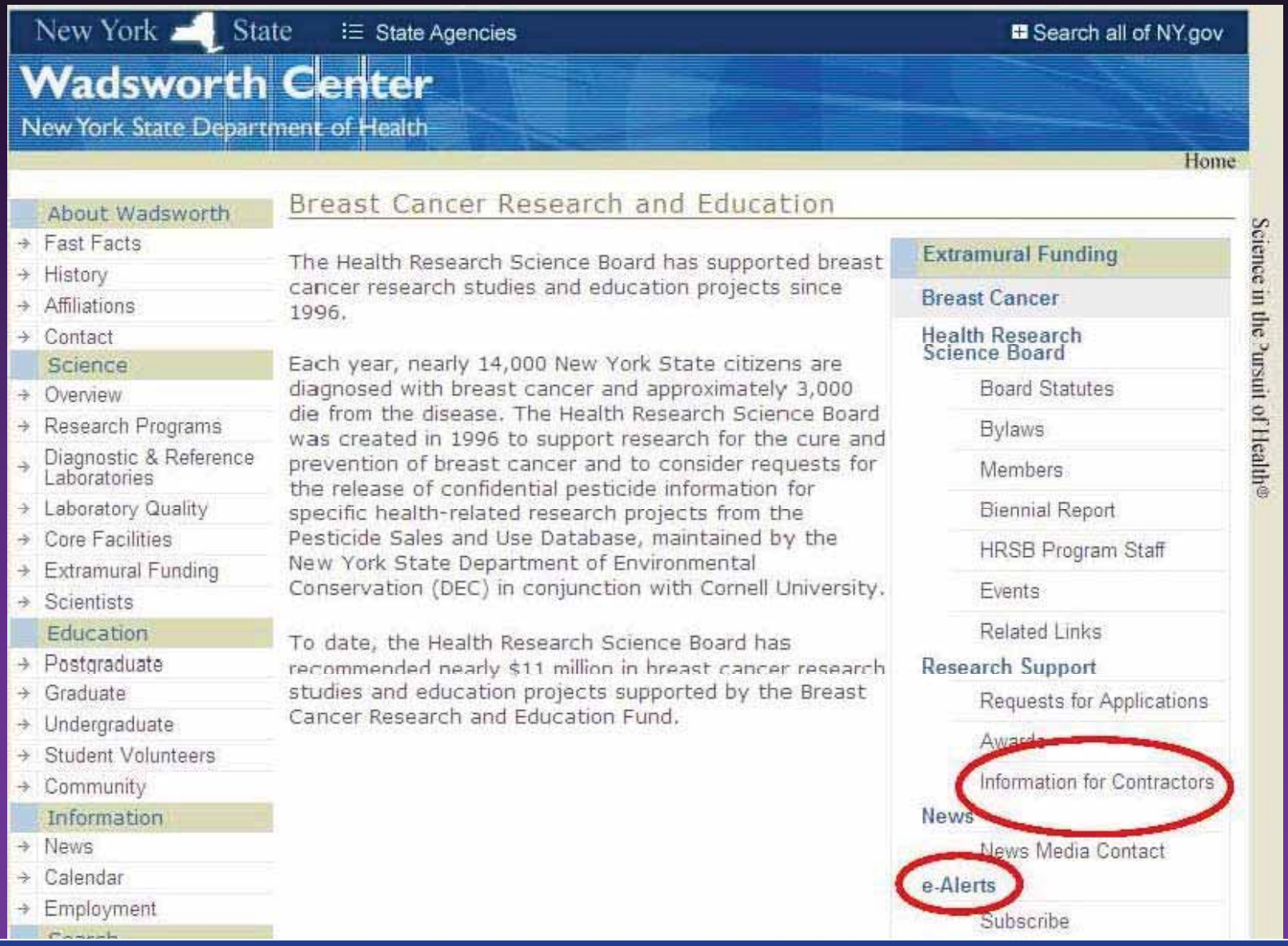
http://stemcell.ny.gov/



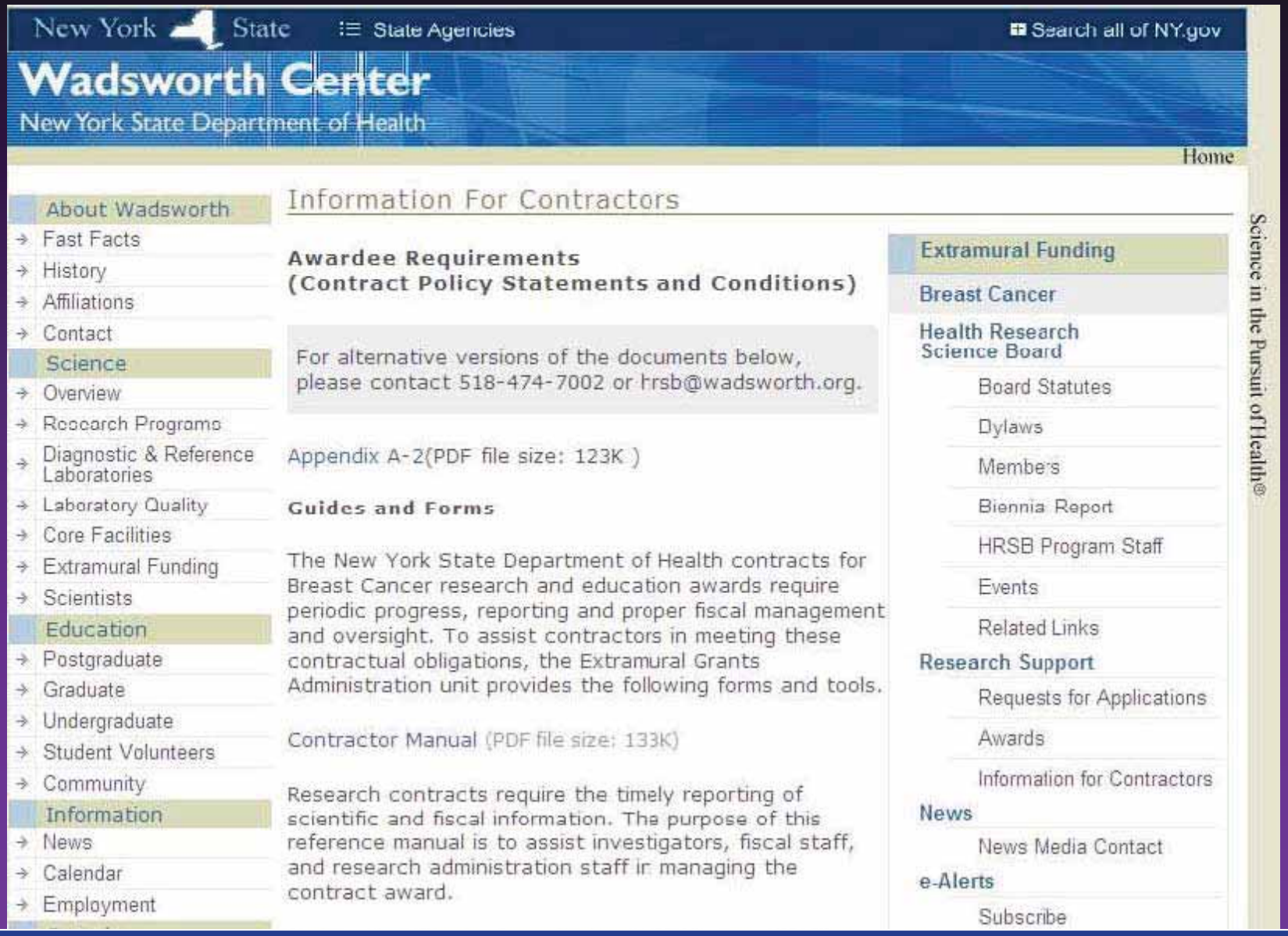
http://stemcell.ny.gov/awardee_information.htm



http://www.wadsworth.org/extramural/breastcancer/index.htm



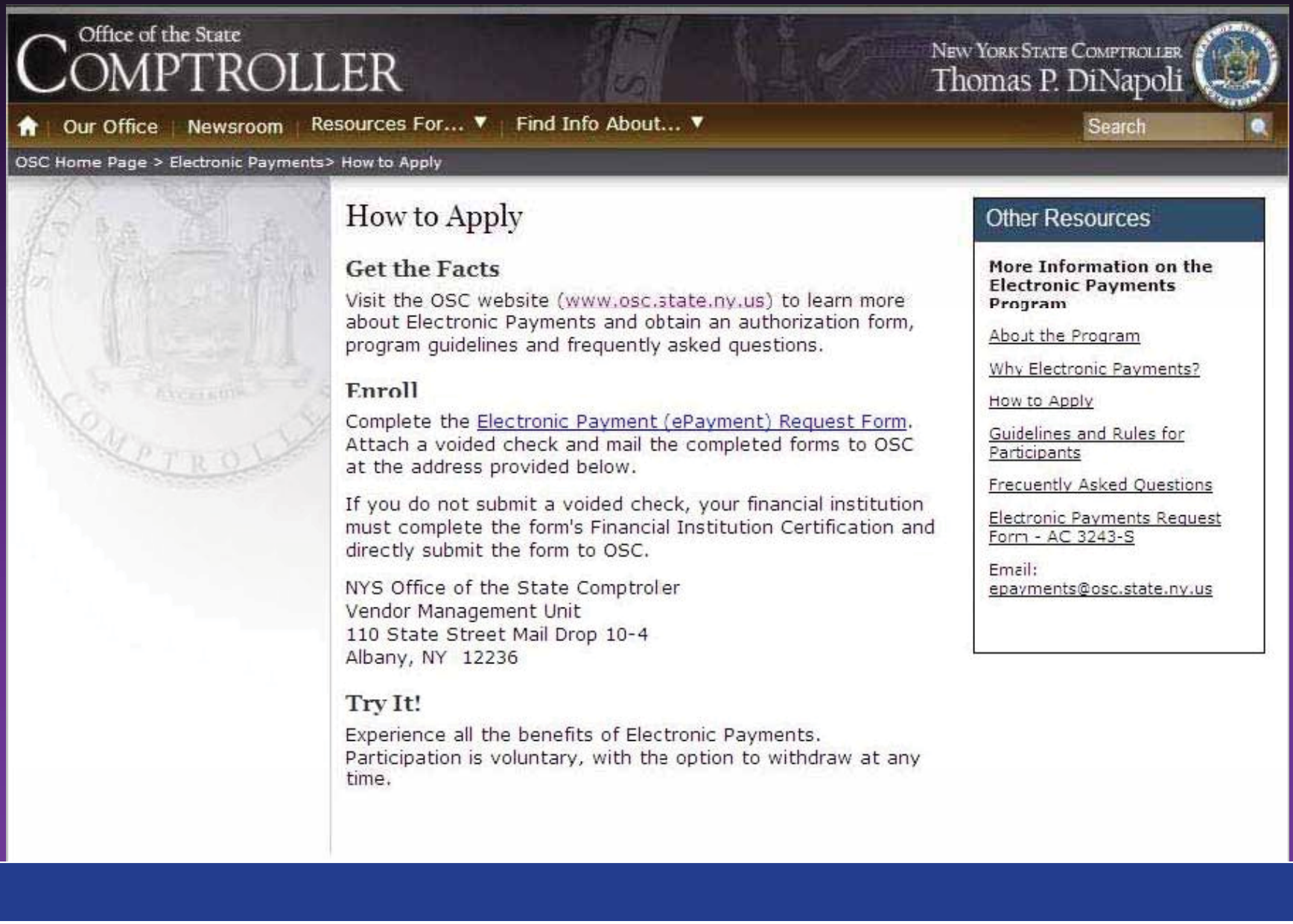
http://www.wadsworth.org/extramural/breastcancer/contractors.htm



Electronic Payments

- Saves time – faster deposits
- Easier tracking for institutions
- No lost checks
- Advance email notification
- Online verification of payments
- Remittance advice

http://www.osc.state.ny.us/epay/how.htm



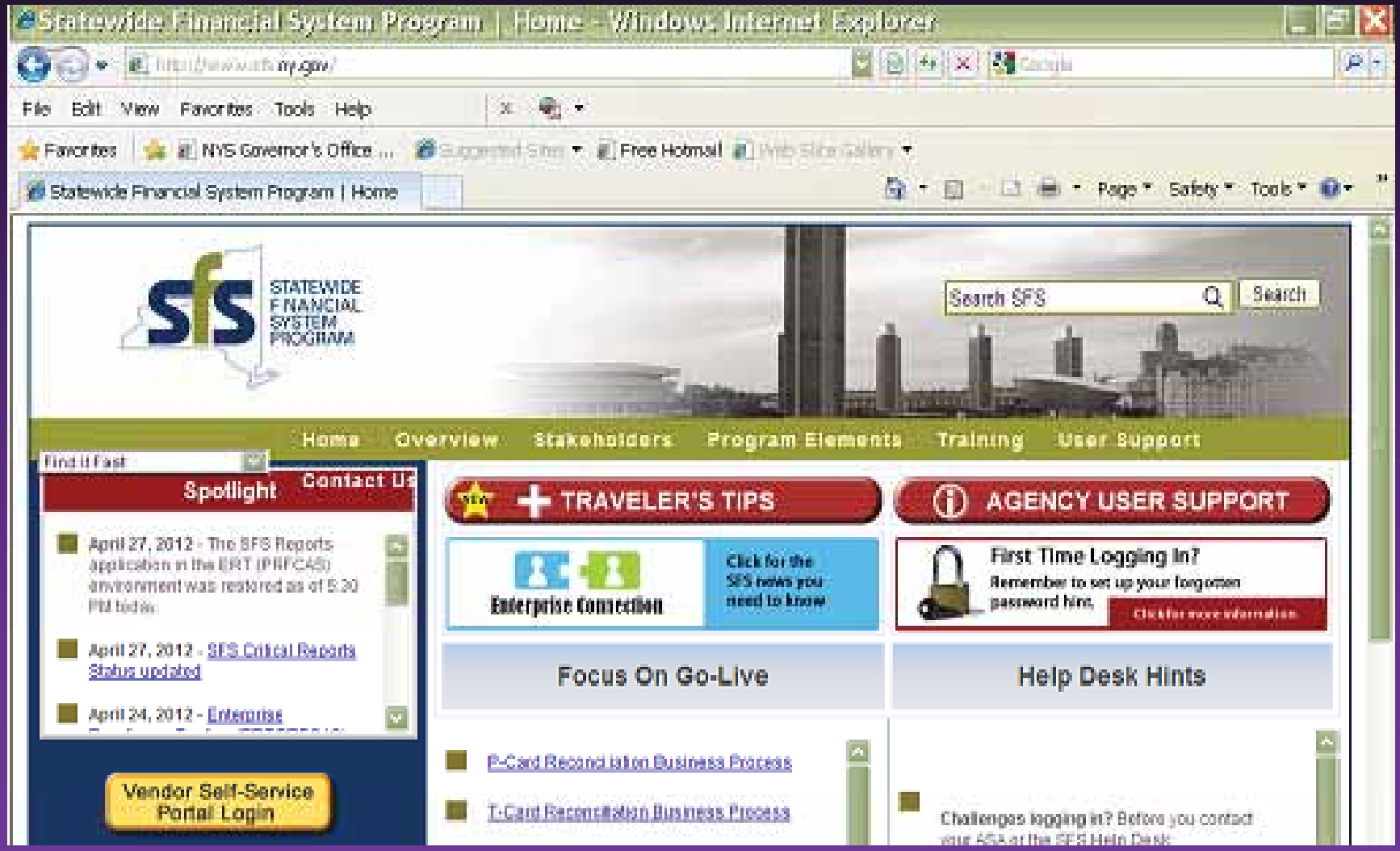
NEW – SFS STATEWIDE FINANCIAL SYSTEM

All State agencies will be working with one integrated system. On a grand scale, the State expects SFS will improve efficiency, effectiveness, integrity, transparency and accountability.

ADVANTAGES for VENDORS

- Maintain own contract information
- View voucher payment status
- (Very) Long term: enter own vouchers and transmit electronically to DOH

http://www.sfs.ny.gov/



http://www.sfs.ny.gov/sfsUserSupport/sfsSupportBusinessNYS.htm

Fiscal Reporting

Q & A

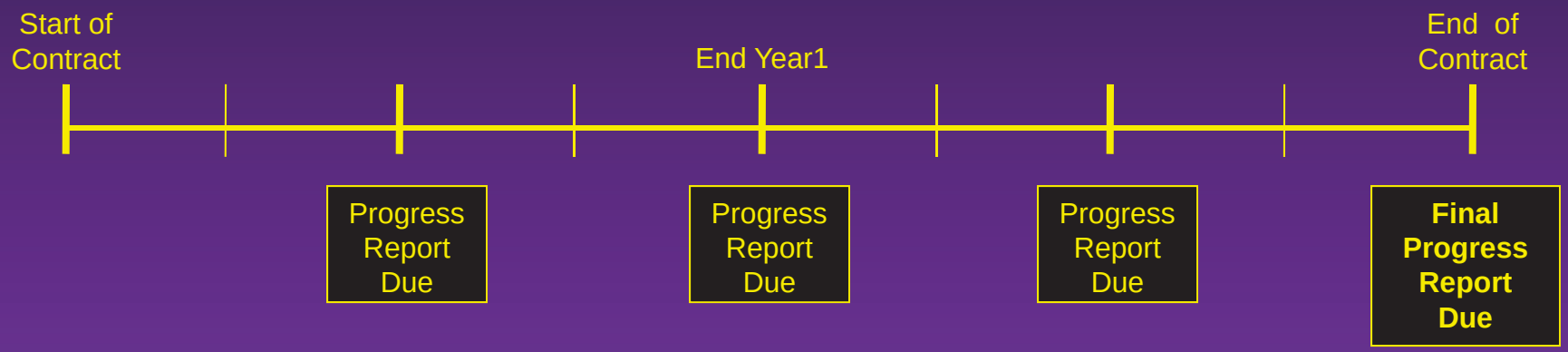
Progress Reports

Progress Report Forms

- Section 1 Progress Report
- Section 2 Lay Abstract
- Section 3 Scientific Progress
- Section 4 Personnel Effort
- Section 5 Other Support
- Section 6 Publications
- Section 7 Patents and Licenses
- Section 8 Other Products of the Project
- Section 9 Training and Professional Development

Progress Report Timeline

Example: 2 Year Contract Timeline



Progress Report Requirements

- **Periodic** Progress Report due no later than 30 days after quarter end or per contract
- **Final** Progress Report due no later than 60 days after contract end, or per contract specifications
- Must be submitted electronically
- Must be submitted on currently approved forms
- Publications must be submitted as PDF files

Common Progress Report Mistakes

- Insufficient detail provided in Progress Abstract and/or Scientific Progress areas
- Personnel Effort changes not explained
- Other Support incomplete or incorrect
- DOH Programs not acknowledged in publications as research funding source

Why It Matters

- Vouchers cannot be paid if Progress Reports are overdue, incorrect or incomplete
- Continued funding depends on verifiable progress of each program; publications go to Governor, legislature, general public

Current Scientific Progress Report Form

NYS Department of Health
Wadsworth Center
Extramural Grants Administration
Scientific Research Progress Report Form

New York State Stem Cell Science Program (nystemgrants@wadsworth.org)
General Research Projects
Targeted Induced Pluripotent Stem Cells (iPS) Research Projects
Targeted Human Embryonic Stem Cell (hESC) Research Projects
Empire State Stem Cell Scholars: Fellow-to-Faculty Awards in Stem Cell Research

Spinal Cord Injury Research Program (scirb@wadsworth.org)
CART and IDEA Research Projects
Program Projects

Breast Cancer Research and Education Program (hrsb@wadsworth.org)
Rowley Research Projects

Contractors must submit progress reports electronically in MS Word to the appropriate e-mail address above. Please enter the contract number in the subject line of the e-mail. The complete nine-part "Progress Report Form" should be submitted. Indicate "Nothing to Report" on any form where appropriate and insert blank consecutively numbered pages as necessary.

April 2012

Section 1
Progress Report

Include:

- Name of PI & grant or contract official
- Name of Institution
- Program Type: HRSB, SCIRB, NYSTEM
- Contract Number
- Report Number or Final Report
- Contract period start and end date
- Reporting period start and end date

Section 1- Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration — Section 1

Scientific Research Progress Report

The Principal Investigator is responsible for providing a well-organized and comprehensive reporting that **includes the activities and progress of all collaborators, subcontractors, consultants and subprojects.** For contracts with subprojects, please include required information for each subproject; ensure each subproject is identified. Consecutively number all pages of this report, using additional pages as necessary. If there is nothing to report in a section during the reporting period, state "Nothing to Report."

Complete the information requested. For contracts with subprojects, please include required information for each subproject; ensure each subproject is identified.

Source of funds:

Check One ☐ Breast Cancer Research hrsb@wadsworth.org ☐ Spinal Cord Injury Research scirb@wadsworth.org ☐ NYS Stem Cell Research nystemgrants@wadsworth.org

CONTRACT NO. _____ CONTRACT START DATE & END DATE _____

SEMI-ANNUAL PROGRESS REPORT ☐ **OR** FINAL REPORT ☐

REPORTING PERIOD: _____ to _____ DATE OF SUBMISSION: _____

PROJECT TITLE: _____

PRINCIPAL INVESTIGATOR: _____

INSTITUTION: _____ ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

CONTRACTS AND GRANTS OFFICIAL

NAME/TITLE: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

E-MAIL: _____

ASSURANCES: By submission of this document the Principal Investigator and the Institution certify that the statements in this report are true, complete and accurate to the best of their knowledge.

NOTE: SIGNATURES NOT REQUIRED

Section 2
Lay Abstract

- Summary of progress for reporting period or entire project
- Use “lay language”
- Not a “Copy and Paste” of previous Abstract
- Progress Abstract information used for Annual Reports and other program publications

Section 2- Detail

NYS Department of Health – Wadsworth Center – Extramural Grants Administration Section 2

Scientific Research

Progress Report **LAY ABSTRACT**

Using lay language, briefly summarize the progress toward completion of the specific aims that has been made **since the beginning of the contract.** This text will be made public to demonstrate the success of the program; do not include confidential information. Using copies of previously submitted abstracts, including the one from the application, is not acceptable. Please be sure to define abbreviations. **DO NOT EXCEED 300 WORDS**. **Use this format:** Introduction/Background; Progress Toward Specific Aims; Future Directions; and Impact.

Section 3
Scientific Progress

- State **each** aim and provide detailed account of progress on each during report period – **include data**
- Modification, deletion or addition to research aims must be justified/explained
- Briefly describe activities planned for next period
- Describe and explain the implications of significant problems and describe planned solutions/adjustments

Section 3- Detail

NYS Department of Health – Wadsworth Center – Extramural Grants Administration — Section 3

Scientific Research
Progress Report — **PROGRESS**

Include a statement of each aim, followed by a detailed account of progress made toward its accomplishment during the reporting period. Include data to support findings. Include a discussion of stated aims not yet addressed. Briefly describe activities planned for the next reporting period. Describe any significant problems encountered that jeopardize the successful completion of the aims. Explain the implications of the problems encountered and the anticipated/planned solutions and/or adjustments. **The PI is reminded that prior approval is required whenever there are significant changes in the project or its direction.** If applicable, explain:

- The reason for eliminating or changing an original aim
- The relevance of any proposed modified or new specific aim(s) to the project's mission and reseach priorities
- Progress toward achievement of new or modified aims that were previously approved.

Section 4
Personnel Effort

- List all personnel funded by award, including support staff
- Complete each column
- Pre-approval by EGA is required for change to key personnel
- PIs must maintain minimum Percent Effort as indicated in the RFA

Section 4- Detail

NYS Department of Health – Wadsworth Center – Extramural Grants Administration — Section 4

Scientific Research Progress Report — **PERSONNEL EFFORT**

List **all personnel** devoting effort to the project, including support personnel. Indicate the percentage of effort for all personnel as most recently reported. **Approval is required prior to any changes to key personnel.** Describe any changes in role. Indicate date of change. The principal investigator must maintain at least the minimum percentage of effort indicated in the RFA.

NAME	% OF EFFORT LAST REPORTED	CURRENT % OF EFFORT	KEY or SUPPORT PERSONNEL	FUNDED or NOT FUNDED BY THIS AWARD	DESCRIBE ROLE OR NEW ROLE	DATE OF CHANGE

From last progress report or original application

Please complete with either the word "Key" or "Support"

If % of effort last reported and current % of effort are different, a date of change is required

PI must maintain minimum % Effort required by RFA

Section 5
Other Support

- Complete this section for all key personnel
- Use reporting format requested on page – **Note Changes**
- Use extra pages as needed
- Total Percent Effort can not exceed 100% from all active sources for any individual

Section 5- Detail

NYS Department of Health – Wadsworth Center – Extramural Grants Administration — Section 5

Scientific Research Progress Report — **OTHER SUPPORT**

Repeating the format shown below, provide current information on **all** active and pending sources of support for each **key personnel** listed in Section 4 of this report. If the individual listed has no other active or pending support, check the box and list the next person. For each entry of other support, provide the name of the funding agency and indicate whether the support is active or pending. Provide the grant/contract number and the name of its PI. Indicate whether data from the contract that is the subject of this progress report contributed to the application for each source of other support. Provide the start/end dates of the award/pending award, the annual direct costs, and the percent of effort this Key Personnel is devoting, or will devote, to this source of support. Provide the title of the project or subproject. Indicate whether the project involves stem cell research. If 'Yes,' provide the specific aims of the project. For each pending project, indicate whether it includes any scientific or budgetary overlap with the contract that is the subject of this progress report. If 'Yes,' provide the intended resolution if the pending application is funded.

NAME OF KEY PERSONNEL_____

Check here if the individual named above has no other active or pending support: ☐

FUNDING AGENCY ☐ ACTIVE or ☐ PENDING FUNDING

GRANT/CONTRACT NUMBER, (PI NAME)

THE NYS-FUNDED CONTRACT CONTRIBUTED TO THE REQUEST FOR THIS OTHER SUPPORT ☐ YES ☐ NO

DATES OF ACTIVE/PENDING AWARD — ANNUAL DIRECT COSTS — PERCENT EFFORT

TITLE OF PROJECT (OR SUBPROJECT)

THIS PROJECT INVOLVES STEM CELL RESEARCH: ☐ *YES ☐ NO

*For any "Yes" answer, list the specific aims of this project and explain the distinction between this project and the NYS-funded contract.

THIS PENDING PROJECT OVERLAPS A RESEARCH AIM IN THE NYS-FUNDED CONTRACT: ☐ **YES ☐ NO

**For any "Yes" answer, provide the intended resolution if this pending application is funded.

Total % Effort can not exceed 100% for any individual from all Active funding sources

Section 6
Publications

- Complete only if activity in specified areas
- Include only items published during report period
- Include PDF attachments with Progress Report
- Publications information used for Annual Reports and other program publications
- Publications must acknowledge DOH Program funding support

Section 6- Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration — Section 6

Scientific Research Progress Report — **PUBLICATIONS**

Research results must be disseminated and made easily available to the research community and the lay public in compliance with the terms of the contract (Appendix A-2). Using the format shown, provide a complete citation for each manuscript **published during the reporting period.** Indicate whether NYSTEM, SCIRB or HRSB funding contributed to the publication. If yes, attach a portable document format (.pdf) file, including all items in press or published (do not include those "in preparation" or "submitted"). Also indicate whether NYSTEM, SCIRB or HRSB funding is acknowledged in the publication.

Publication Type	NYSTEM, SCIRB or HRSB Funding: Contributed (yes/no) If yes, attach .pdf file	NYSTEM, SCIRB or HRSB Funding: Acknowledged (yes/no)
JOURNAL ARTICLES Example: Mouse M, Duck D, Fudd E, LePew P. "Effect of Combining Disney and Looney Tunes Characters." Nature. 2009; 45(3):318-324.		
CHAPTERS Example: Ella C and Charming P. "The Biomechanics of Glass Slippers." Chapter: Deciphering Magical Phenomenc Multidisciplinary Perspective, pp. 10-18. New York, New York, 2009.		
MEETING ABSTRACTS Example: Staph B and Coli E. "The Journey of a Germ." Meeting abstract, 3rd Annual Meeting of the Society for the War Against Disease. Washington, D.C., November 15-19, 2008.		
OTHER PRESENTATIONS Example: Astro N. "Expanding the Frontiers of Space." Presentation, Smithsonian Institute, Air and Space Museum. Washington, D.C., February 20, 2009.		

April 2012

Section 6- Detail

NYS Department of Health – Wadsworth Center – Extramural Grants Administration — Section 6

Scientific Research Progress Report — **PUBLICATIONS**

Research results must be disseminated and made easily available to the research community and the lay public in compliance with the terms of the contract (Appendix A-2). Using the format shown, provide a complete citation for each manuscript **published during the reporting period.** Indicate whether NYSTEM, SCIRB or HRSB funding contributed to the publication. If yes, attach a portable document format (.pdf) file, including all items in press or published (do not include those "in preparation" or "submitted"). Also indicate whether NYSTEM, SCIRB or HRSB funding is acknowledged in the publication.

See contract for specific language to acknowledge programs

Section 7
Patents and Licenses

- Complete as instructed only if activity in specified areas during report period
- Provide description of invention and its potential importance
- **Do not** submit confidential information in the description
- **Do** attach non-redacted PDFs marked “Proprietary/Confidential”

Section 7- Detail

NYS Department of Health – Wadsworth Center – Extramural Grants Administration Section 7

Scientific Research

Progress Report

PATENTS AND LICENSES

Provide a list of all invention disclosures made, patents applied for or issued, or licenses issued **during the reporting period** that were developed, in whole or in part, with funds from this contract. Indicate the title of the disclosure, patent or license and the term for which the patent or license is in effect. NY investigators should also provide the NY Case Number, and investigators at other institutions should provide reference information such as internal case docket numbers together with other available information that has been made public, if any (e.g. other identifier numbers and date of the filing). Describe the invention and its potential importance. Do not submit confidential information in this description; it may be made public to demonstrate the success of the program. Provide a copy of the executed disclosures or agreements (e.g., invention disclosures, patent filings, licenses) marked "Proprietary/Confidential."

Section 8
Other Products of the Project

- List any products resulting from the project
- Describe the products
- Explain how the products are being shared or made available to others
- Complete table and attach non-redacted PDFs marked “Proprietary/Confidential”

Section 8- Detail

NYS Department of Health – Wadsworth Center – Extramural Grants Administration Section 8

Scientific Research

Progress Report

OTHER PRODUCTS OF THE PROJECT

List and describe any other products resulting from the project. These may include:

- Websites or other internet products
- Technologies or techniques
- Databases, software
- Curricula, educational aids, audio or video products
- Research Material (e.g. cell lines, probes, animal models, assays)
- Other

Indicate how these products are being shared/made available.

Section 9
Training and Professional Development

List any training and professional development activities not found elsewhere in the progress report, including:

- Workshops
- Seminars
- Courses
- Other

Section 9- Detail

NYS Department of Health – Wadsworth Center – Extramural Grants Administration Section 9

Scientific Research Progress Report

TRAINING & PROFESSIONAL DEVELOPMENT

Describe opportunities for training and professional development provided to those who worked on the project or were involved in activities supported by the project. Training activities may include courses or one-on-one mentoring. Professional development activities result in increased knowledge or skill in an individual's area of expertise, e.g. workshops, seminars that are not listed elsewhere in the report.

For awards that specifically require mentoring and career development activities, this Section must be completed by the mentor and specifically address the career development plan included in the contract.

Progress Reports

Q & A

Contract Compliance Monitoring

Compliance Monitoring

- Requirement of the contract
- Allows program staff ability to verify that contract deliverables are being met
- On-site visit provides PIs and institutions opportunity to discuss program and contract details with program staff

Compliance Monitoring Process

- Fiscal Policy and Expenditure Review
- Institutional Policy and Procedure Review
- On-Site Visit

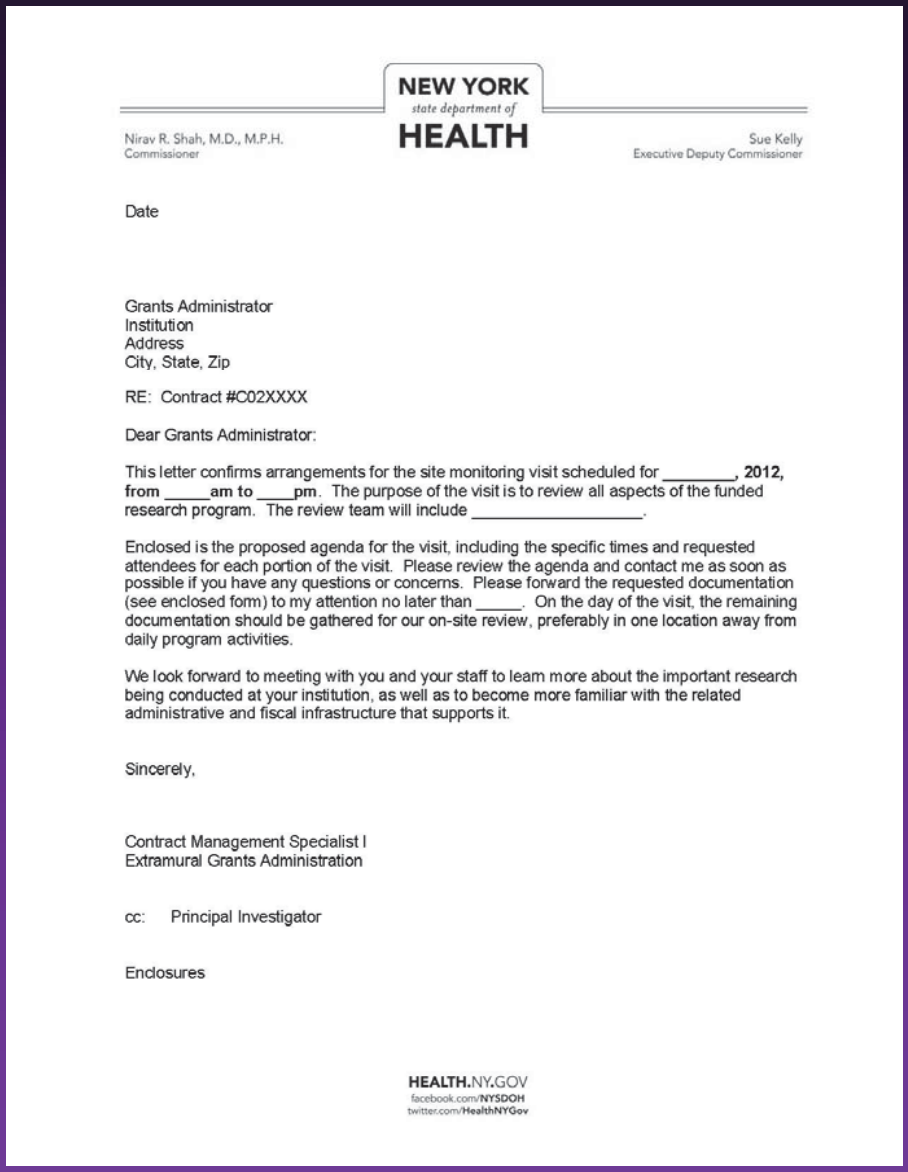
Compliance Monitoring- Details

- Fiscal Policy & Expenditure Review
  - Review of institution's fiscal policies and procedures
  - Voucher and supporting documentation review
- Institutional Policy & Procedure Review
  - Administrative policy and procedure review
    - Ex. IACUC, IRB, IBC, ESCRO policies

Compliance Monitoring- Details

- On-Site Visit
  - Program and staff discussion of contract
  - Facilities and equipment review
  - Usage records review

Site Visit Letter



NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

Date

Grants Administrator
Institution
Address
City, State, Zip

RE: Contract #C02XXXX

Dear Grants Administrator:

This letter confirms arrangements for the site monitoring visit scheduled for _____, **2012, from _____am to ____pm**. The purpose of the visit is to review all aspects of the funded research program. The review team will include _____.

Enclosed is the proposed agenda for the visit, including the specific times and requested attendees for each portion of the visit. Please review the agenda and contact me as soon as possible if you have any questions or concerns. Please forward the requested documentation (see enclosed form) to my attention no later than _____. On the day of the visit, the remaining documentation should be gathered for our on-site review, preferably in one location away from daily program activities.

We look forward to meeting with you and your staff to learn more about the important research being conducted at your institution, as well as to become more familiar with the related administrative and fiscal infrastructure that supports it.

Sincerely,

Contract Management Specialist I
Extramural Grants Administration

cc: Principal Investigator

Enclosures

HEALTH.NY.GOV
facebook.com/NYSDOH
twitter.com/HealthNYGov

Site Visit Documentation Request

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
EXTRAMURAL GRANTS ADMINISTRATION

Documentation Request Form

Contract Number: C012345
Contractor: Frankenstein's Laboratory

EGA Contract Manager: Connie Gardner
On-Site Visit date: September 21, 2009

THE FOLLOWING CHECKED INFORMATION IS REQUIRED FOR: _____ FISCAL DESK AUDIT
__X__ PRIOR to ON-SITE VISIT

INFORMATION MUST BE RECEIVED BY THE CONTRACT MANAGER NO LATER THAN: 9/16/09
ALL OTHER DOCUMENTATION WILL BE REVIEWED ON SITE

*****Electronic transmission is preferred; if hardcopies are mailed please do not provide originals.*****

FISCAL:

Please provide the following for the time frame of: **4/1/09 – 6/30/09**
(to substantiate reimbursements requested on the quarterly voucher for the same time period).

- ☒ Time sheets for contract funded staff (including staff time and effort reporting)
- ☒ Payroll registers and cancelled checks, bank statements or record of check #'s and amounts, for contract funded staff
- ☒ Invoices, bills, receipts and cancelled checks or bank statements for Other Than Personal Service (OTPS) expenses, including subcontractors (if any)
- ☐ Proof (documentation) of current payment of Payroll Taxes
- ☐ Proof (documentation) of current payment of Health Insurance premiums
- ☒ Allocation Methodologies for all Shared Costs (space, equipment, services, etc.)
- ☐ Copy of the Federally Approved Indirect Cost Rate (or alternate rate documentation)
- ☐ Copy of established fringe rate(s) for contract funded staff
- ☐ Detail (listing) of the expenses supported by the Administrative Cost Rate
- ☐ Inventory of Equipment purchased with contract funds
- ☒ Policy and Procedures for all Fiscal operations including payroll, time and attendance, purchasing, vouchering, subcontractor requirements, etc.

ADMINISTRATION AND OPERATIONS:

- ☒ Organizational Chart inclusive of: Grants Administration, Oversight Committees (e.g., Institutional Review Board) and Laboratory
- ☒ Institutional Policies and Procedures pertaining to:
  - IRB/IACUC/ESCRO/IBC Processes
  - IRB/IACUC/IBC most recent board reports
  - Responsible Conduct of Research
  - Laboratory Safety Protocols (exposure control, bloodborne pathogens, radiation safety, biohazard safety)
  - Emergency Response Plan
  - Equipment Maintenance and Certification
- ☒ Federal and State Reports and Assurances (e.g., OLAW, USDA, NYSDOH)
- ☐ Other _____

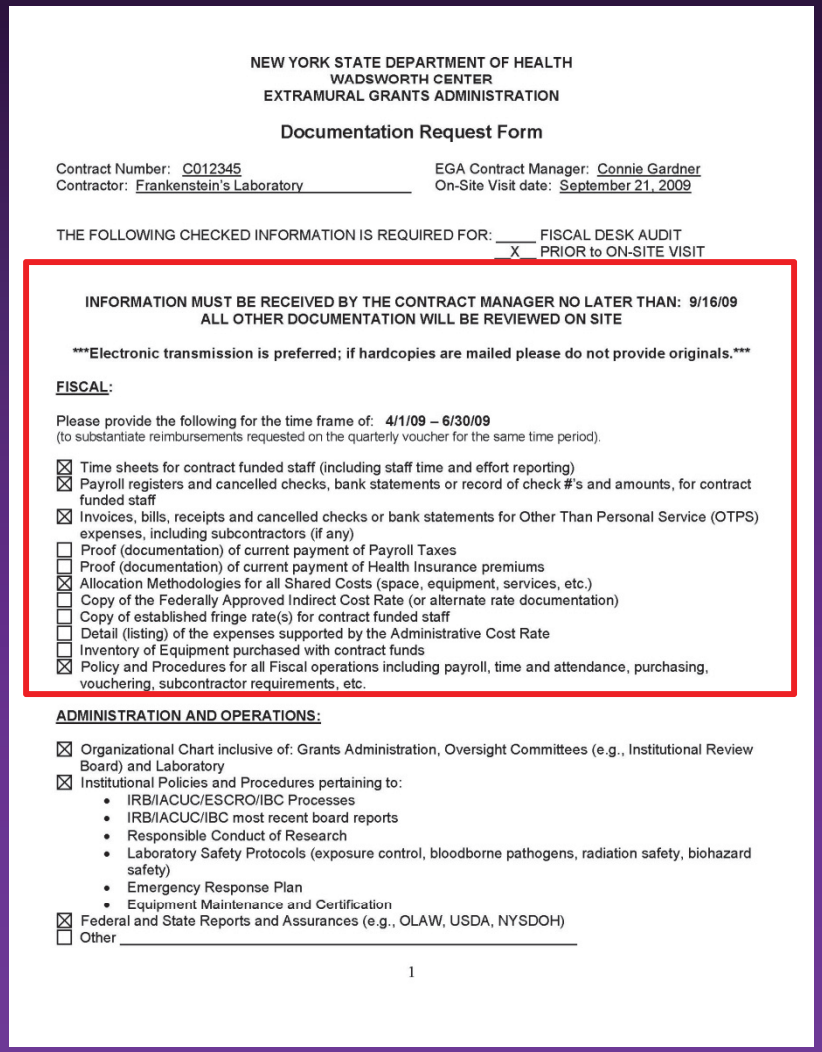
SCIENTIFIC:

- ☐ Scientific Progress Report for reporting period: _____ to _____

ON-SITE MONITORING ONLY. The following must be available for review on-site:

- ☒ All files, records, and computer systems utilized for fiscal processes.
- ☒ All policy and procedure manuals (electronic version acceptable if accessible to EGA staff when onsite)
- ☐ Equipment- Logs maintained for inventory, staff equipment usage, repair/maintenance, and disposal.
- ☐ Other _____

Site Visit Documentation Request- Detail



NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
EXTRAMURAL GRANTS ADMINISTRATION

Documentation Request Form

Contract Number: C012345
Contractor: Frankenstein's Laboratory

EGA Contract Manager: Connie Gardner
On-Site Visit date: September 21, 2009

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- ☐ Proof (documentation) of current payment of Payroll Taxes
- ☐ Proof (documentation) of current payment of Health Insurance premiums
- ☒ Allocation Methodologies for all Shared Costs (space, equipment, services, etc.)
- ☐ Copy of the Federally Approved Indirect Cost Rate (or alternate rate documentation)
- ☐ Copy of established fringe rate(s) for contract funded staff
- ☐ Detail (listing) of the expenses supported by the Administrative Cost Rate
- ☐ Inventory of Equipment purchased with contract funds
- ☒ Policy and Procedures for all Fiscal operations including payroll, time and attendance, purchasing, vouchering, subcontractor requirements, etc.

ADMINISTRATION AND OPERATIONS:

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  - IRB/IACUC/IBC most recent board reports
  - Responsible Conduct of Research
  - Laboratory Safety Protocols (exposure control, bloodborne pathogens, radiation safety, biohazard safety)
  - Emergency Response Plan
  - Equipment Maintenance and Certification
- ☒ Federal and State Reports and Assurances (e.g., OLAW, USDA, NYSDOH)
- ☐ Other _____

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Site Visit Documentation Request- Detail

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Site Visit Agenda- Example

Site Monitoring Agenda

Date: _____

Institution Name: _____

Contract Number: _____

9:00 – 9:30 AM	Entrance Conference – PI(s), Grants Administrator(s), EGA and NYSTEM Staff
9:30 – 10:00 AM	Administrative Coordination Discussion – PI, Grants Administrator(s), EGA and NYSTEM Staff
10:00 – 10:30 AM	Documentation Review – EGA and NYSTEM Staff
10:30 – 11:00 AM	Laboratory Tour – PI(s), Laboratory Staff, EGA and NYSTEM Staff
11:00 – 11:30 AM	Scientific Progress Discussion – Principal Investigator(s), Laboratory Staff, EGA and NYSTEM Staff
11:30 – 11:45 AM	EGA and NYSTEM Staff Discussion
11:45 – 12:15 PM	Exit Conference – PI(s), Grants Administrator(s), EGA and NYSTEM Staff

Compliance Monitoring

Q & A

QUIZ TIME!

Complete the following sentence:

Successful contract management begins with _____ and is sustained by _____.

NYS Department of Health
Extramural Grants Administration

Thank You For Attending!

Contact us at:

hrsb@wadsworth.org

scirb@wadsworth.org

nystemgrants@wadsworth.org

Wadsworth Center
NEW YORK STATE DEPARTMENT OF HEALTH