

New York State
Department of Health
Extramural Grants Administration
Contractor Training

NYS Department of Health Extramural Grants Administration

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

NYS Department of Health Extramural Grants Administration

Program Staff

- Bonnie Brautigam- Director
- Terry Ascienzo- Associate Accountant
- Mary Rogers- 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 Staff

- Janet Cohn, J.D.
Executive Director
- 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
- Intellectual Property
- 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

Intellectual Property Activity

- 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

Fiscal Reporting

Fiscal Reporting Topics

- Vouchering/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;
 - it benefits both the contract and other work of the institution;
 - 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

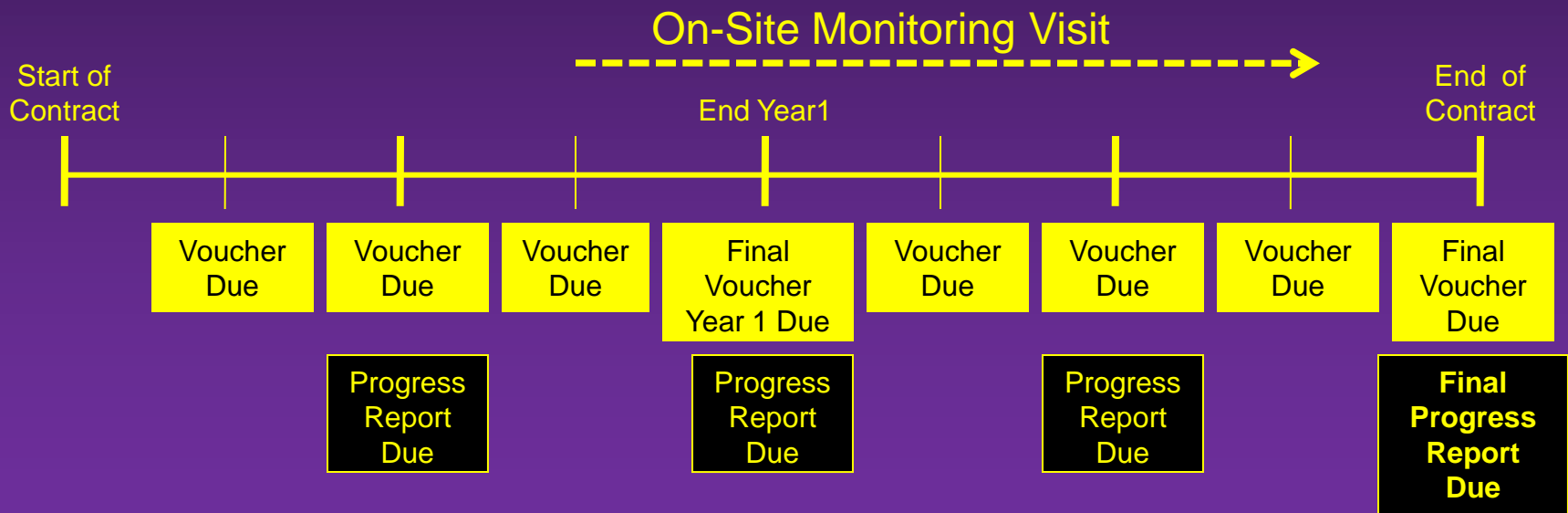
- Requires that:
 - Actual expenses are periodically compared with budget
 - Actual expenses are accurate, i.e., reasonable, allocable, allowable and consistently charged
 - Mischarges are corrected in a timely manner (cost transfers)
 - Prior approvals are obtained when required
 - **Subcontractor**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

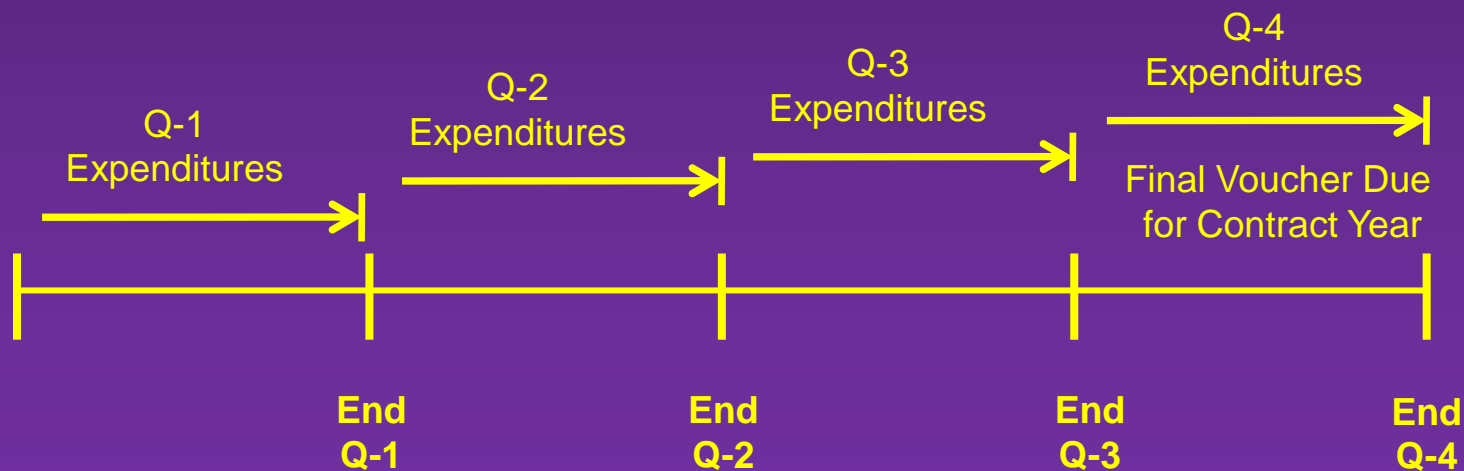
Vouchering, Progress Report, On-Site Monitoring Timeline

Example: 2 Year Contract Timeline



Voucher/BSROEs

- Use Claim For Payment form to report quarterly expenditures
- Signed original of Claim For Payment form 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

Claim For Payment Form

AC2253-S (Effective 1/12)											
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.							Total				
Vendor's Signature in Ink _____ Title _____ _____ Date _____ Name of Company _____							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)			MerchInv. 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		Charfield 1 - Accumulator		Charfield 2 - Agency Use		Charfield 3		Amount			
Legacy Format Charge Lines (If Applicable)											
Expenditures						Liquidation					
Dept	Cost Center	Var	Yr	Object	Accum		Amount	Orig Agency	PO/Contract	Line	FP
					Dept	Statewide					
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 (8)	Description of Materials/Service (9)	Quantity (10)	Unit (11)	Price (12)	Amount (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.				Total	(15)
_____ Vendor's Signature in Ink				Discount %	(16)
_____ Date				Net	(17)
_____ Name of Company					

Remember!

Use SFS
Vendor ID
Number,
NOT FEIN

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.

BSROE Detail

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

Current Year Budget →
Current Year Expenditures to Date →
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
<i>PERSONAL SERVICES (PS):</i>					
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
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		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
	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 or Intellectual Property reports are not up to date

Voucher not paid until issue(s) resolved

Stop-the-Clock Letter



Date

Fiscal Contact

Department

Address 1

Address 2

City, State Zip

sent via email

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.

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twitter.com/HealthNYGov

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

<p>Nirav R. Shah, M.D., M.P.H. Commissioner</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">NEW YORK <small>state department of</small> HEALTH</div>	<p>Sue Kelly Executive Deputy Commissioner</p>
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Date

Fiscal Contact
Department
Address 1
Address 2
City, State Zip

sent via email

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

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twitter.com/HealthNYGov

1 of 2

Stop-the-Clock Letter: Detail

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- Voucher is missing receipt/invoices for
- Waiting for deliverable reports for
- Incorrect budgeted amounts
- One or more budget lines exceed current budgeted amounts
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- Other

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

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

Fiscal Requests

All Fiscal Requests require a justification!

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

Justification must be tied to progress made on approved contracts aims.

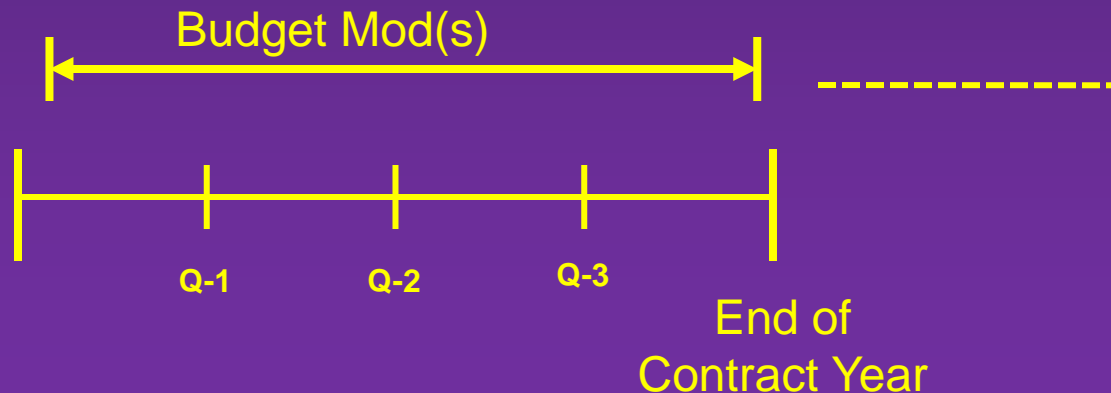
Be specific!

- This is where we are on each specific aim
- This is what we plan to accomplish in next year
- This is how unexpended funds will specifically be used to accomplish stated aims

Budget Modification Requests

Use to move funds between budget lines
within 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/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
hrrb@wadsworth.org scirb@wadsworth.org nystemgrants@wadsworth.org

Contract Number _____ Current Period End Date _____

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 cumulative change of greater than 10 percent of the total contract amount, 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

page 1 of 2 rev. 08/09

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 cumulative change of greater than 10 percent of the total contract amount, 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 total contract budget requires OSC approval
- Is cumulative over contract term
- 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	<i>F & A Costs</i>	\$ -	\$ -	\$ -
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% of Total contract budget:

- EGA Approval Letter
- Signed copy of request

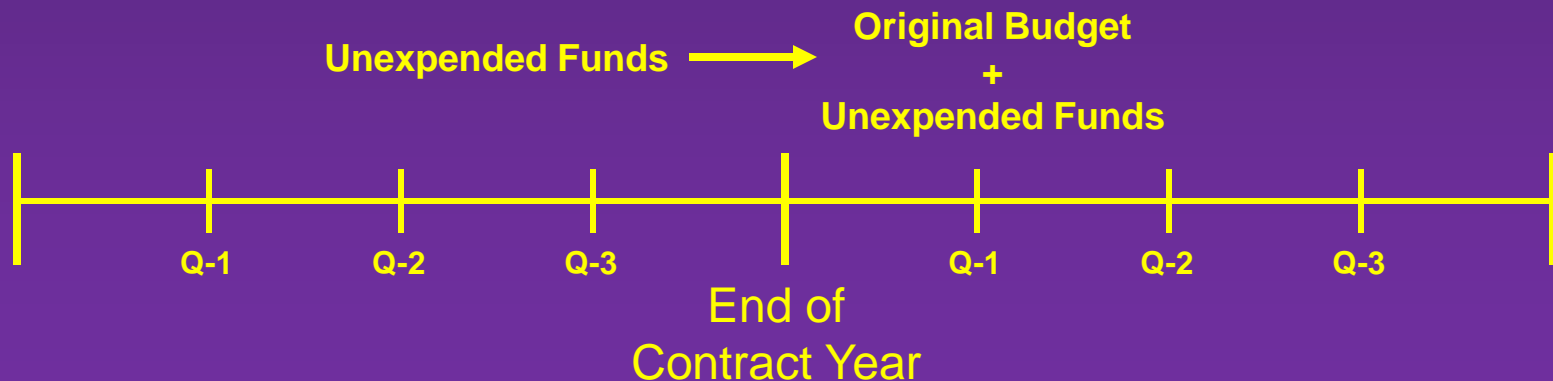
More than 10%:

- EGA Approval Letter with contingencies
- Signed copy of request noting additional approvals needed
- OSC approval required

NYS Department of Health – Wadsworth Center – Extramural Grants Administration			
BUDGET MODIFICATION REQUEST			
(Circle One)	Breast Cancer Research hrrb@wadsworth.org	Spinal Cord Injury Research scirb@wadsworth.org	Stem Cell Research nystemgrants@wadsworth.org
Contract Number		Current Period End Date	
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 cumulative change of greater than 10 percent of the total contract amount, must be submitted to OSC (Office of the State Comptroller) for approval This approval may take 3-4 months to obtain.			
<i>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.</i>			
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	

Carry Forward Request

- Use to move unexpended funds from one budget period to the next period
- Requests made more than 30 days after end of annual budget period may be denied
- Final Voucher for contract year required to finalize
- Requires EGA Program & DOH approval
- Progress Report requirements are unchanged
- Funds **MUST** be carried forward to same budget line



Carry Forward Request Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

REQUEST TO CARRY FORWARD UNEXPENDED FUNDS INTO THE NEXT CONTRACT YEAR

The carryforward of unexpended funds from one budget period into the next **MUST** be requested via this form **NO MORE THAN 30 DAYS** after the end of the annual budget period.

The carryforward of unexpended funds from one budget period into the next **CANNOT** be completed until the **FINAL** voucher for the budget period is received and approved by EGA staff.

Late requests may be declined.

Program (circle one): Breast Cancer Research Stem Cell Research
hrsb@wadsworth.org psibarger@wadsworth.org

Contract Number _____ Current Budget Period End Date _____

Principal Investigator _____

Institution _____

Project Title _____

Explain why all the funds were not expended during the annual budget period. Justify the amount in each budget line as necessary to achieve the research aims. Describe steps that will be taken to utilize the additional funds during the new annual budget period and to reduce the need to request additional Carry Forwards or a No Cost Extension. Use additional pages if necessary.

Signature of PI Named Above _____ Date _____

Signature of Contracts & Grants Official _____ Name/Title _____ Date _____

For EGA Use Only: (circle one) Approval Disapproval

Signature of Extramural Grants Administrator _____ Date _____

Carry Forward Request Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

REQUEST TO CARRY FORWARD UNEXPENDED FUNDS INTO THE NEXT CONTRACT YEAR

The carryforward of unexpended funds from one budget period into the next **MUST** be requested via this form **NO MORE THAN 30 DAYS** after the end of the annual budget period.

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Late requests may be declined.

Program (circle one): Breast Cancer Research Stem Cell Research
hrsb@wadsworth.org nystem@ams@wadsworth.org

Contract Number _____ Current Budget Period End Date _____

Principal Investigator _____

Institution _____

Explain why all the funds were not expended during the annual budget period. Justify the amount in each budget line as necessary to achieve the research aims. Describe steps that will be taken to utilize the additional funds during the new annual budget period and to reduce the need to request additional Carry Forwards or a No Cost Extension. Use additional pages if necessary.

Signature of PI Named Above _____ Date _____

Signature of Contracts & Grants Official _____ Name/Title _____ Date _____

For EGA Use Only: (circle one) Approval Disapproval

Signature of Extramural Grants Administrator _____ Date _____

No longer
requires
OSC
approval

No estimate of
expenditures
required.

Still requires
full justification!!

Carry Forward Request Justifications

Explain why all the funds were not expended during the annual budget period. Justify the amount in each budget line as necessary to achieve the research aims. Describe steps that will be taken to utilize the additional funds during the new annual budget period and to reduce the need to request additional Carry Forwards or a No Cost Extension. Use additional pages if necessary.

Justification must be tied to progress made on approved contracts aims. **Be specific!**

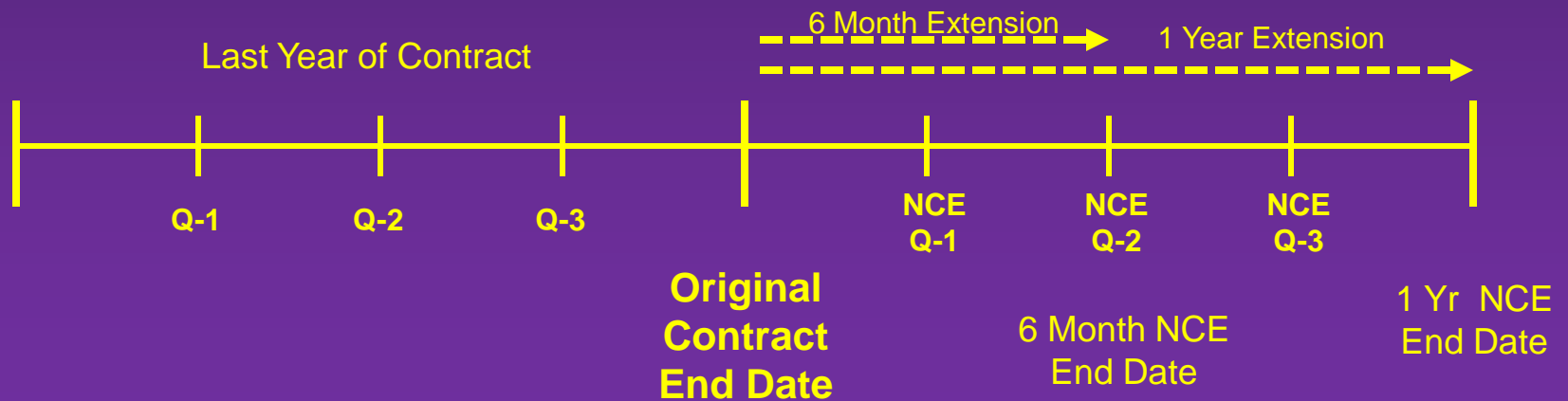
- This is where we are on each specific aim
- This is what we plan to accomplish in next year
- This is how unexpended funds will specifically be used to accomplish stated aims

Carry Forward Approval Notification

- After vouchering is completed for current period, EGA staff works with institution on final carry-forward amounts
- EGA approval letter sent with new contract budget

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



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 Spinal Cord Injury Research Stem Cell Research
hrrsb@wadsworth.org scirb@wadsworth.org nystemgrants@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

		BUDGET CATEGORY			CURRENT BUDGET	EST. EXPENDITURES	EST. REMAINING FUNDS
Contract Number: _____		Period Ending: _____					
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	\$ 1,800.00	\$ 400.00
3	TOTAL PS AND FRINGE	\$ 12,000.00	\$ 9,800.00	\$ 2,400.00
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	<i>F & A Costs</i>	\$ 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

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
- EGA obtains DOH, AG, and OSC approvals
- Copy of executed amendment sent to institution and EGA
- Institution can voucher for allowable expenses incurred during approved extension period

Program Websites


- NYSTEM (NY Stem Cell Program)
<http://stemcell.ny.gov>
- 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>

New York  State ☰ State Agencies 🔍 Search all of NY.gov

Wadsworth Center

NEW YORK STATE DEPARTMENT OF HEALTH

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Extramural Funding


Wadsworth Center administers legislatively authorized extramural funding programs that support New York State investigators studying specific topics, including:

- ♦ **Stem Cells** - New York Stem Cell Science works to further the agenda of the Empire State Stem Cell Board, established in April 2007 to administer grants for basic, applied, translational or other research and development activities that will advance scientific discoveries in fields related to stem cell biology.
- ♦ **Breast Cancer** - The New York State Health Research Science Board has supported breast cancer research studies and education projects since 1996.
- ♦ **Spinal Cord Injuries** - The New York State Spinal Cord Injury Research Board, established in 1999, distributes research grants to find a cure for spinal cord injuries.

Science in the Pursuit of Health®

http://stemcell.ny.gov/

New York  State ☰ State Agencies

 **NYSTEM**
New York State Stem Cell Science

Sign up for eAlerts

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NYSTEM
works to further the agenda of the Empire State Stem Cell Board, whose mission is to foster a strong stem cell research community in New York State and to accelerate the growth of scientific knowledge about stem cell biology and the development of therapies and diagnostic methods under the highest ethical, scientific, and medical standards for the purpose of alleviating disease and improving human health.

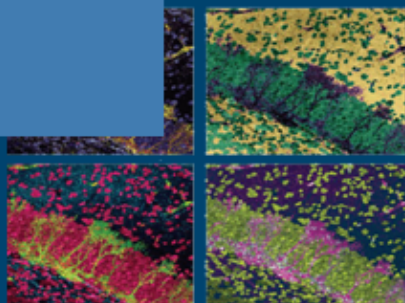
NYSTEM 2012 CALENDAR IMAGES
For Stem Cell Awareness Day, a day recognized by organizations and individuals around the world to promote greater understanding about the importance of stem cell research, NYSTEM sponsored its third annual stem cell image contest.

[Read more](#)

RESEARCH **INFORMATION FOR AWARDEES**

SCIENTIST PROFILES
AWARDS
SHARED FACILITIES RESOURCES

and one-half day event that features some of New York's...



[Read More](#)

Program News **Board Activities** **Meetings**

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

New York  State ☰ State Agencies



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[Home](#) » [Research](#) » [Awardee Information](#)

Awardee Information

For alternative versions of the documents below, please contact 518-474-7002 or nystemgrants@wadsworth.org.

Awardee Requirements

(CONTRACT POLICY STATEMENTS AND CONDITIONS)

[Appendix A-2 \(PDF file size: 58K\)](#)

GUIDES AND FORMS

RESEARCH

[Scientist Profiles](#)

[Awards](#)

[Information for Awardees](#)

[Shared Facilities Resources](#)

New York State State Agencies Search all of NY.gov

Wadsworth Center

NEW YORK STATE DEPARTMENT OF HEALTH

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- Community

Information

Breast Cancer Research and Education

The Health Research Science Board has supported breast cancer research studies and education projects since 1996.

Each year, nearly 14,000 New York State citizens are diagnosed with breast cancer and approximately 3,000 die from the disease. The Health Research Science Board was created in 1996 to support research for the cure and prevention of breast cancer and to consider requests for the release of confidential pesticide information for specific health-related research projects from the Pesticide Sales and Use Database, maintained by the New York State Department of Environmental Conservation (DEC) in conjunction with Cornell University.

To date, the Health Research Science Board has recommended nearly \$11 million in breast cancer research studies and education projects supported by the Breast Cancer Research and Education Fund.

Extramural Funding

Breast Cancer

Health Research Science Board

- Board Statutes
- Bylaws
- Members
- Biennial Report
- HRSB Program Staff
- Events
- Related Links

Research Support

- Requests for Applications
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Wadsworth Center

NEW YORK STATE DEPARTMENT OF HEALTH

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Information For Contractors

Awardee Requirements (Contract Policy Statements and Conditions)

For alternative versions of the documents below, please contact 518-474-7002 or hrrsb@wadsworth.org.

[Appendix A-2\(PDF file size: 123K \)](#)

Guides and Forms

The New York State Department of Health contracts for Breast Cancer research and education awards require periodic progress, reporting and proper fiscal management and oversight. To assist contractors in meeting these contractual obligations, the Extramural Grants Administration unit provides the following forms and tools.

[Contractor Manual \(PDF file size: 133K\)](#)

Research contracts require the timely reporting of scientific and fiscal information. The purpose of this reference manual is to assist investigators, fiscal staff, and research administration staff in managing the contract award.

Extramural Funding

Breast Cancer

Health Research Science Board

- [Board Statutes](#)
- [Bylaws](#)
- [Members](#)
- [Biennial Report](#)
- [HRSB Program Staff](#)
- [Events](#)
- [Related Links](#)

Research Support

- [Requests for Applications](#)
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News

- [News Media Contact](#)

e-Alerts

Science in the Pursuit of Health®

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>



Office of the State
COMPTROLLER

NEW YORK STATE COMPTROLLER
Thomas P. DiNapoli

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Search

OSC Home Page > Electronic Payments > How to Apply

How to Apply

Get the Facts

Visit the OSC website (www.osc.state.ny.us) to learn more about Electronic Payments and obtain an authorization form, program guidelines and frequently asked questions.

Enroll

Complete the [Electronic Payment \(ePayment\) Request Form](#). Attach a voided check and mail the completed forms to OSC at the address provided below.

If you do not submit a voided check, your financial institution must complete the form's Financial Institution Certification and directly submit the form to OSC.

NYS Office of the State Comptroller
Vendor Management Unit
110 State Street Mail Drop 10-4
Albany, NY 12236

Try It!

Experience all the benefits of Electronic Payments. Participation is voluntary, with the option to withdraw at any time.

Other Resources

More Information on the Electronic Payments Program

- [About the Program](#)
- [Why Electronic Payments?](#)
- [How to Apply](#)
- [Guidelines and Rules for Participants](#)
- [Frequently Asked Questions](#)
- [Electronic Payments Request Form - AC 3243-S](#)

Email: epayments@osc.state.ny.us

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/>

Statewide Financial System Program | Home - Windows Internet Explorer

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

File Edit View Favorites Tools Help

Favorites NYS Governor's Office ... Suggested Sites Free Hotmail Web Slice Gallery

Statewide Financial System Program | Home

Search SFS Search

Home Overview Stakeholders Program Elements Training User Support

Find it Fast

Spotlight Contact Us

- April 27, 2012 - The SFS Reports application in the ERT (PRFCAS) environment was restored as of 5:30 PM today.
- April 27, 2012 - [SFS Critical Reports Status updated](#)
- April 24, 2012 - [Enterprise](#)

Vendor Self-Service Portal Login

TRAVELER'S TIPS

Enterprise Connection Click for the SFS news you need to know

AGENCY USER SUPPORT

First Time Logging In? Remember to set up your forgotten password hint. [Click for more information.](#)

Focus On Go-Live

Help Desk Hints

- [E-Card Reconciliation Business Process](#)
- [I-Card Reconciliation Business Process](#)

Challenges logging in? Before you contact your ASA or the SFS Help Desk:

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

The screenshot shows a Windows Internet Explorer browser window displaying the website for the Statewide Financial System Program (SFS). The browser's address bar shows the URL: <http://www.sfs.ny.gov/sfsUserSupport/sfsSupportBusinessNYS.htm>. The website header features the SFS logo (a stylized 'sfs' with a map of New York State) and the text 'STATEWIDE FINANCIAL SYSTEM PROGRAM'. A search bar labeled 'Search SFS' is located in the top right. Below the header is a green navigation bar with the following menu items: Home, Overview, Stakeholders, Program Elements, Training, User Support, and Contact Us. On the left side, there is a section titled 'Agency Information Sessions Materials Here:' with a dropdown menu for 'Information Session' and a yellow button labeled 'Vendor Self-Service Portal Login'. The main content area is titled 'Support for Individuals and Firms Doing Business with New York State' and includes the sub-header 'Get Answers Right Away...'. A large blue circle with the number '1' is labeled 'STEP 1'. The text below reads: 'Frequently Consulted Processes: Individuals and firms doing business with New York State can find resolutions to their most common SFS challenges quickly and conveniently, 24 hours per day, 7 days per week from among the following frequently consulted processes:'. A bulleted list of links follows:

- [Maintain My Vendor Information](#)
- [Receive Electronic Payments](#)
- [View Payment Information on Payments Made Prior to April 1, 2012](#)
- [Access Forms Used by Vendors](#)
- [Learn about Vendor Procurement Protest Procedures](#)
- [Learn about Vendor Responsibility and VendRep](#)
- [See How State and Local Governments Are Spending Money](#)
- [Access Other Important Information Regarding Doing Business with NYS](#)

At the bottom of this section, it states: 'If your question relates to something other than the processes above, review our full library of frequently asked questions for individuals and firms doing business with New York State.' On the right side, there is a 'Related Topics' section with a list of links:

- [SFS User Support](#)
- [Support For Agency Users](#)
- [Support For Those Doing Business With NYS](#)
- [User Support Strategy](#)

Fiscal Reporting Q & A

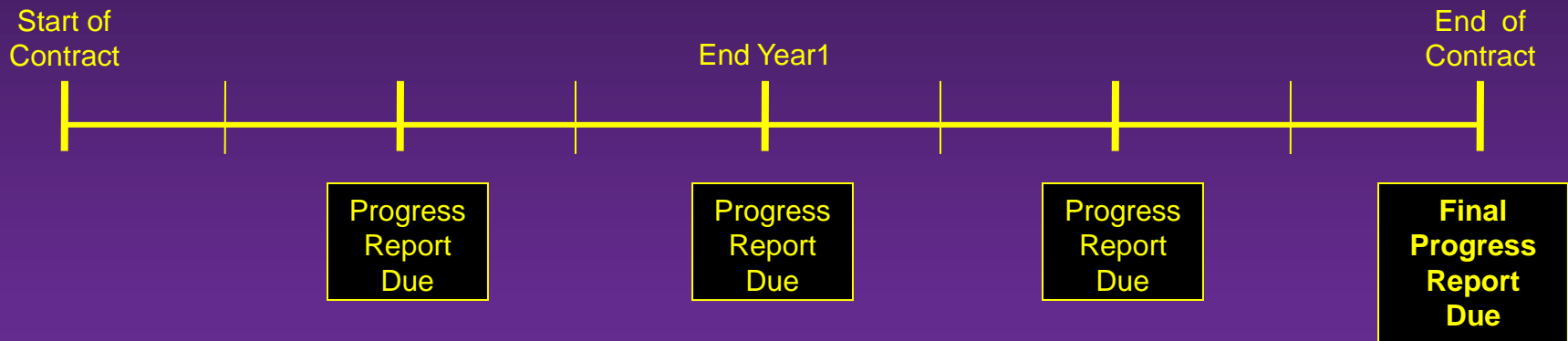
Progress Reports

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

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)
Investigator Initiated Research Projects (IIRP)
Innovative, Developmental or Exploratory Activities (IDEA)

Breast Cancer Research and Education Program (hrrsb@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 six-part "Progress Report Form" should be submitted. Indicate "Nothing to Report" on any form where appropriate.

June 2013

**Revised
June 2013**

Section 1

Progress Report

Include:

- Name of PI & grant or contract official
- Name of Institution
- Program Type: HRSB or 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

Scientific Research Progress Report

The Principal Investigator is responsible for providing a well-organized and comprehensive report that includes the activities and progress of all collaborators, subcontractors, consultants and subprojects. 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."

Section 1 – Cover Page: 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 NYS Stem Cell Research
hrsb@wadsworth.org nystemgrants@wadsworth.org

Award type:

Check One Rowley Research Projects
 IDEA IIRP

CONTRACT # _____ 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 submitting organization 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-keep under 300 words
- 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

Scientific Research Progress Report

Section 2 – 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

Scientific Research Progress Report

Section 3 – 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 (or milestone)
- The relevance of any proposed modified or new specific aim(s) to the project's mission and research 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

Scientific Research Progress Report

Section 4 – 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

PI must maintain minimum % Effort required by RFA at all times

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- Other Support

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

Scientific Research Progress Report

Section 5 – Other Support:

Repeating the format shown below, provide current information on all active and pending sources of support for the PI, Co-PI(s) and all key personnel listed in Section 4 of this report. *The PI and the contracting organization are responsible for notifying NYS administrative staff of any changes in funding overlap information throughout the contract term.*

If the individual listed has no active or pending support other than the funding provided by the contract that is the subject of this progress report, type an "X" in the box and go on to the next person. For each entry of other support, provide a project title. Type an "X" in the box to indicate whether the support is active or pending. Provide a brief description of the project. List the name of the PI awarded funding for the project. Provide the name of the funding agency, the assigned grant/contract number, and the period of support for the project. Provide the percent of effort the individual devotes to this project. Type an "X" in the box to indicate whether the project involves stem cell research. If 'Yes,' list the specific aims of the project and explain the distinction between the project and the NYS-funded contract that is the subject of this progress report. Type an "X" in the box to indicate whether the project 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 project is funded. Type an "X" in the box to indicate whether data from the contract that is the subject of this progress report contributed to the application for this project.

NAME OF KEY PERSONNEL: _____

Check here if this person has no other source of Active or Pending support: _____

TITLE OF PROJECT: _____

Check here to indicate whether this support is Active or Pending: ___ ACTIVE ___ PENDING

BRIEF PROJECT DESCRIPTION:

NAME OF PROJECT PI: _____

FUNDING AGENCY: _____

AWARD # (e.g., NIH 5R01GM000000-01): _____

PERIOD OF SUPPORT (Start and End Dates): _____ - _____

PROFESSIONAL EFFORT: ___%

THIS PROJECT INVOLVES STEM CELL RESEARCH: _____ YES _____ NO

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

THIS PROJECT OVERLAPS A RESEARCH AIM OR A BUDGETARY ITEM IN THE NYS-FUNDED

CONTRACT: _____ YES _____ NO

**For any "Yes" answer, provide the intended resolution if the project is funded.

THE NYS-FUNDED CONTRACT CONTRIBUTED TO THIS REQUEST FOR OTHER

SUPPORT: _____ YES _____ NO

Section 5- Other Support Detail

NAME OF KEY PERSONNEL: _____

Check here if this person has no other source of Active or Pending support: _____

TITLE OF PROJECT: _____

Check here to indicate whether this support is Active or Pending: ___ ACTIVE ___ PENDING

BRIEF PROJECT DESCRIPTION:

NAME OF PROJECT PI: _____

FUNDING AGENCY: _____

AWARD # (e.g., NIH 5R01GM000000-01): _____

PERIOD OF SUPPORT (Start and End Dates): _____ - _____

PROFESSIONAL EFFORT: ___%

THIS PROJECT INVOLVES STEM CELL RESEARCH: _____ YES _____ NO

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

THIS PROJECT OVERLAPS A RESEARCH AIM OR A BUDGETARY ITEM IN THE NYS-FUNDED CONTRACT: _____ YES _____ NO

**For any "Yes" answer, provide the intended resolution if the project is funded.

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

For all Key Personnel-Repeat format for all funding sources

Section 6

Publications

- 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- Publications Detail

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

Scientific Research Progress Report

Section 6 – 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. Using the formats shown below, provide a complete citation for each manuscript **published during the reporting period**. Indicate whether NYSTEM 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 or HRSB funding is acknowledged in the publication.

JOURNAL ARTICLES

Mouse M, Duck D, Fudd E, LePew P. “Effect of Combining Disney and Looney Tunes Characters.” Nature. 2009; 45(3):318-324.

CHAPTERS

Ella C and Charming P. “The Biomechanics of Glass Slippers.” Chapter: Deciphering Magical Phenomenon: A Multidisciplinary Perspective, pp. 10-18. New York, New York, 2009.

MEETING ABSTRACTS

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

Astro N. “Expanding the Frontiers of Space.” Presentation, Smithsonian Institute, Air and Space Museum. Washington, D.C., February 20, 2009.

Publication Type	Citation	NYSTEM or HRSB Funding	
		Contributed (yes/no) if yes, attach PDF file	Acknowledged (yes/no)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Deleted Progress Report Sections

- Intellectual Property
- Other Products of the Project
- Training and Professional Development

*Report any activity in these areas as part of
Section 3 – Scientific Progress*

Progress Reports

Q & A

Intellectual Property Activity Reports

Intellectual Property Activity

- Collected directly from institutions on a semi-annual basis.
 - January through June due July 31st
 - July through December due January 31st

Intellectual Property

NYS Department of Health Wadsworth Center Extramural Grants Administration Intellectual Property Activity Report

INSTRUCTIONS FOR COMPLETION

Report Deadlines:

The report for the period of January 1 through June 30 is due by **July 31** of each year.
The report for the period of July 1 through December 31 is due by **January 31** of each year.

Step 1. Enable Macros

Upon opening the Excel file, a Security Warning message will appear at the top of the spreadsheet. Click on the Options button and select "Enable this Content." This will allow the required drop-down boxes to appear in the appropriate cells of the Cover Page and Activity Report.

Step 2. Cover Page:

Complete the cover page. If there are no additions or changes to the status of any item listed in the report, check the box at the bottom of the page. *The organizational official is responsible for providing a well-organized and comprehensive report.*

Step 3. Activity Report:

Complete/update all elements of the spreadsheet. Report on all activities that occurred within the reporting period for any invention that was developed in whole or in part with funds from a NYSTEM, HRSB or SCIRB contract.

Provide a copy of the executed disclosures or agreements (e.g., invention disclosure, patent filing, license, assignment, non-enabling description of invention) marked "Proprietary/Confidential" as an attachment in PDF format.

Step 4. Submission Instructions:

Send an email to the single most relevant program email address below. Enter the organization name and "IP Reporting" in the subject line of the email. Attach the completed report as a Microsoft Excel (.XLS) file. Also attach PDF files of all relevant documents (invention disclosures, patent filings, license agreements, non-enabling descriptions of inventions, etc.) marked "Proprietary/ Confidential."

New York State Stem Cell Science Program (nystemgrants@wadsworth.org)
Spinal Cord Injury Research Program (scirb@wadsworth.org)
Breast Cancer Research and Education Program (hrrsb@wadsworth.org)

ASSURANCES: By submission of this report, the organizational official named on the Cover Page of this report certifies that the statements in this report are true, complete and accurate to the best of their knowledge.

Intellectual Property

NYS Department of Health Wadsworth Center Extramural Grants Administration Intellectual Property Activity Report	
Date of Submission: (mm/dd/yyyy)	
Due Date: mm/dd/yyyy	
Reporting Period:	January through June 30, <input type="text"/> July 1, through December 31, <input type="text"/>
Organizational Official responsible for this report	
Name	
Title	
Institution Name	
Address: (Street, City, State, Zip)	
Telephone:	
Fax:	
Email:	
Website:	
No Activity/Change During This Reporting Period (Activity Report is identical to the most recent report)	<input type="checkbox"/>

Intellectual Property

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



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

Site Visit Documentation Request

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
EXTRAMURAL GRANTS ADMINISTRATION

Documentation Request Form

Contract Number: C012345

EGA Contract Manager: Connie Gardner

Contractor: Frankenstein's Laboratory

On-Site Visit date: September 21, 2009

THE FOLLOWING CHECKED INFORMATION IS REQUIRED FOR: _____ FISCAL DESK AUDIT
_____ 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/ACUC/ESCRO/IBC Processes
 - IRB/ACUC/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 EGA Contract Manager: Connie Gardner
Contractor: Frankenstein's Laboratory On-Site Visit date: September 21, 2009

THE FOLLOWING CHECKED INFORMATION IS REQUIRED FOR: FISCAL DESK AUDIT
 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).

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- 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
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- Organizational Chart inclusive of: Grants Administration, Oversight Committees (e.g., Institutional Review Board) and Laboratory
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 - IRB/ACUC/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 _____

Site Visit Documentation Request- Detail

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ALL OTHER DOCUMENTATION WILL BE REVIEWED ON SITE**

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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).

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- 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
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- 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.

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:

hrrsb@wadsworth.org

nysystemgrants@wadsworth.org