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NIH Implementation of Uniform Guidance

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National Institutes of Health
Turning Discovery Into Health

Research Terms

- NIH is working with other Federal research agencies to develop a Research Terms and Conditions Overlay document
 - **Overlay will serve as a companion document to provide additional clarity for select provisions consistent with government-wide research policy**
- **Until the Overlay document is complete, Federal Research Agencies have been encouraged to develop their own Interim Terms and Conditions**

NIH Interim Grant General Conditions

NIH's Interim Grant General Conditions document was developed in order to serve as NIH's interim implementation of 45 CFR Part 75

- **Interim document aligns with the format of the NIH GPS**
- **Terms and conditions for grant awards until Research Terms and Conditions Overlay is available**
- **Effective for Notices of Award issued on or after December 26, 2014 that obligate new or supplemental funds**
- **FAQs:** http://grants.nih.gov/grants/policy/faq_grants_uniformguidance.htm
- **NIH Guide to Grants and Contracts NOT-OD-15-065**

Notice of Award

- **Developed a revised NoA that aligns with the Fed-wide requirements. The revised NoA was deployed on December 29, 2014, and identifies the following information:**
 - **Federal award date**
 - **Total approved cost sharing or matching (replaced Non-Federal share)**
 - **Total Amount of Federal Funds Obligated (Federal Share)**
 - **Adds Catalog of Federal Domestic Assistance (CFDA) name in addition to the CFDA Number**
 - **Adds Period of Performance above the Budget Period and Project Period**
 - **Adds Research & Development (R&D) Indicator**

NIH Grants Policy Statement

- NIH is making the necessary changes to the NIH Grants Policy Statement in order to reflect NIH's adoption of the regulations
- In addition to removing all of the references to the previous OMB Circulars and HHS regulations located at 45 CFR parts 74 and 92, the following are some of the NIH GPS Chapters that have been revised in order to comply with 45 CFR part 75:
 - NIH GPS Chapter 1.1 – Definitions and Terms
 - NIH GPS Chapter 2.3 – Application Information and Processes
 - NIH GPS Chapter 5 – Notice of Award (NoA)
 - NIH GPS Chapter 6 – Payment
 - NIH GPS Chapter 7 – Cost Considerations
 - NIH GPS Chapter 8 – Administrative Requirements

Cost Related Prior Approvals

NIH prior approval is not required to rebudget funds for any direct cost item that the applicable cost principles identify as requiring the Federal awarding agency's prior approval, unless the incurrence of costs is associated with or is considered to be a change in scope

- Incur pre-award cost
- Initiate a one-time no-cost extension
- Carryforward Unobligated balances
- Rebudget among budget categories
- Rebudget between direct and F&A costs
- Provide subwards based on fixed amounts
- Direct charge the salaries of administrative and clerical staff if conditions in 45 CFR § 75.413 are met

Cost Related Prior Approvals (cont'd)

- **Direct charge payments of Incidental activities for which supplemental compensation is allowable under written institutional policy (at a rate not to exceed the institutional base salary)**
- **Include charges for Intra-IHE faculty consulting on sponsored agreements that exceed a faculty member's base salary, but only in unusual cases**
- **Direct charge capital expenditures for general purpose equipment**
- **Direct charge capital expenditures for special purpose equipment with a unit cost over \$5,000**

Procurement System Standards and Requirements

Recipients must follow the requirements in 45 CFR parts 75.327 through 75.335 for the purchase of goods or services through contracts under grants

- *Note: OMB has provided a one-year grace period for implementation of these subsections for IHEs and nonprofit organizations. Thus, these requirements are expected to take effect for these entities for their first fiscal year after December 26, 2015.*

Closeout

Recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 120 calendar days of the end of grant support. The reports become overdue the day after the 120 day period ends.

- This provisions is aligned with the clarification being proposed for the Closeout provision within the Research Terms and Conditions Overlay document.

Questions

Q1. What can we expect for timing of the release of the RTCs? Will they be retroactive to awards received awarded on or after December 26, 2014?

Q2. Besides uniformity for the grantee community and the participating federal agencies, what do you think the COGR membership will see as the most positive new feature of the RTCs?

Q3. Has NIH gained any traction with the Division of Payment Management (DPM) in terms of flexibility of the budget period as grantees are attempting to draw cash?

Q4. When will the update to the Grants Policy Statement be issued?

Q5. Will institutions be allowed to revise FFRs after the 90 or 120 day close out period and draw additional funds? Since PMS (for NIH) is likely to expire the funds immediately, what is the process to do so?

Answers

A1. RTCs have just entered the formal vetting process within the Research Business Models subcommittee. The exact timing for completion of the RTCs remains unknown as we still need to consider the full approval process which will include FDP, public, OMB, etc. Please note: NIH and NSF are committed to completing the RTCs and providing our stakeholders with a high quality document, as soon as feasible.

Most research agencies have issued interim terms and conditions that directly support the draft RTCs. NIH will apply the RTCs retroactively to awards that were issued on or after December 26, 2014. Other agencies that will use the RTCs will have the same discretion for applying these retroactively.

A2. Many new prior approval costs that were added to the UG have been waived under the RTCs. In other words, the cost related prior approvals are waived and do not require additional admin burden on the grantees.

Several concepts that originated from COGR were considered and accepted in a few areas, e.g. 120 days for closeout financials.

Answers (cont'd)

A3. Yes, a mutually acceptable position has been reached. NIH has submitted a memo to DPM that waives the flag during the budget period. NIH is committed to maintaining a current memo on file with our colleagues within DPM.

A4. March 2015

A5. Yes, NIH grantees are allowed up to 6 months to submit a revised FFR.

NIH will seek a similar resolution and that is to issue a memo to DPM requesting additional time to accept the FFR. NIH will need to consult with DPM colleagues to determine the best approach for addressing this concern.

Thank You!

Questions?