

Biomedical Research

New Grantee Webinar

Ed & Ethel Moore Alzheimer's Disease
Research Program

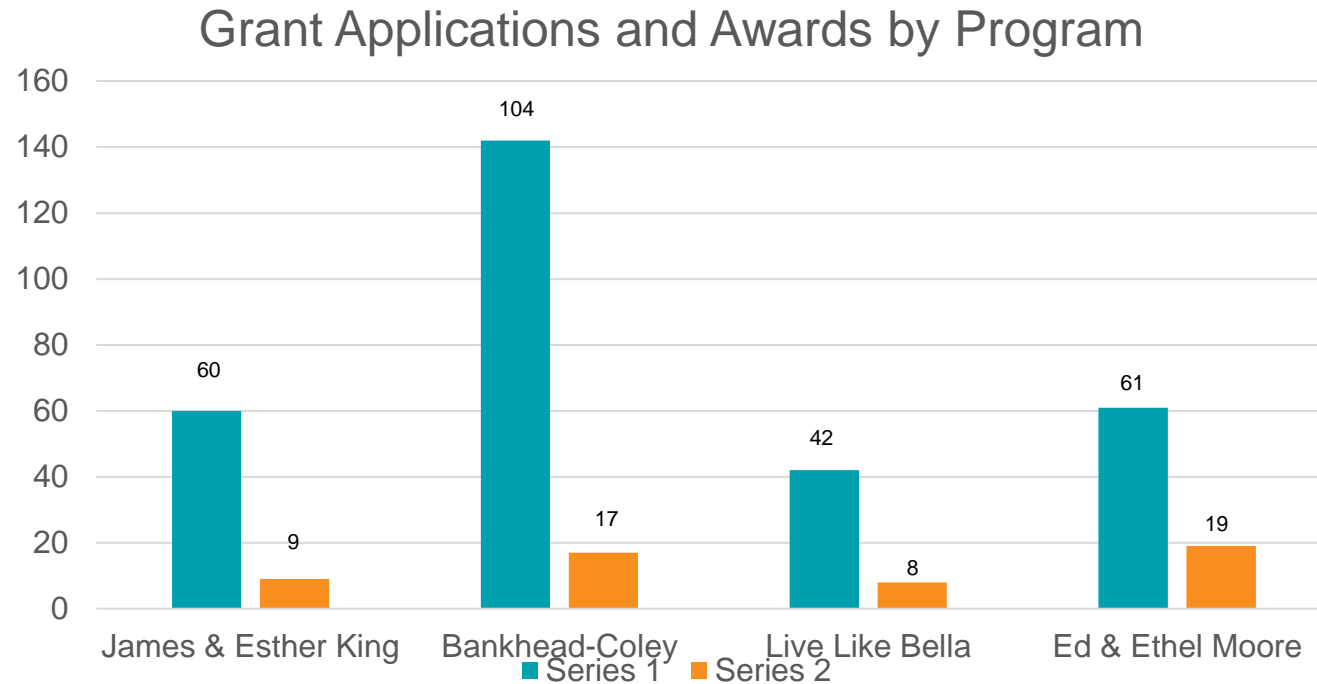
Biomedical Research Grant Programs
Bankhead-Coley
James & Esther King
Live Like Bella

**Florida
HEALTH**

7/24/2024

Welcome and Congratulations

During the 2023-2024 funding cycle, 227 applications were received. 53 research projects were awarded.



2023 Long-Term Impact Survey

- 72.73% of researchers reported Biomedical grant funding helped them receive tenure or promotion and had a high impact on their research program long term
- 54.55% of researchers stated funding provided the basis for research patents and/or treatments currently used in patient care
- 90% responded the funding led to the recipient receiving other federal grant funding

For more information, please visit our website:

[BankheadColeyBRACReport.pdf \(floridahealth.gov\)](#)

Staff Introductions – Program Leads

Bridgette Morton, Biomedical Research Program Administrator

Christine Kucera, Team Lead, James & Esther King and Live Like Bella Programs,
Biomedical Research Advisory Council Liaison

Gavin Grigg, Team Lead, Bankhead-Coley and Rare Pediatric Disease Grant
Programs

Sheryl Mosley, Team Lead, Florida Cancer Innovation Grant Program

Kristin Reshard, Team Lead, Alzheimer's Disease Grant Program,
Alzheimer's Disease Advisory Board Liaison

Staff Introductions – Grant Managers

James and Esther King and Live Like Bella
Angela Collins, Grant Manager
Trent Gibson, Grant Liaison

Bankhead-Coley and Rare Pediatric Diseases
John Murphy, Grant Liaison

Florida Cancer Innovation Fund
Belinda Little-Wood, Grant Liaison

Ed and Ethel Moore Alzheimer's Disease
Joe Mitchell

IRB Coordinator
Marcia Forbes

Questions?

Please use the chat feature to ask questions during the presentation

There will be a question/answer opportunity at the end

The presentation will be recorded and posted to [Grant Management Forms Library and Other Resources | Florida Department of Health \(floridahealth.gov\)](#)

Grant Terms and Conditions

- ✓ Ensure all program and fiscal staff have a copy of the agreement
- ✓ The beginning date is the date of execution by both parties
- ✓ Attachment II - Schedule of Deliverables (quarterly financial and progress reports, annual proof of insurance and legislative reports, no-cost extension request and final reports)
- ✓ Attachment V – Budget (Approved Budget Narrative in PeerNet)
- ✓ Attachment VII – Annual Executive Compensation Form due annually in January

PeerNet Grant Management System

PeerNet is used for uploading and maintaining all deliverable reports as outlined in the Contract Attachment II (Quarterly reports, legislative reports, Budget Change Requests, IRB documentation, research modifications and no-cost extensions)

Additional staff that will be assisting with submitting deliverables must be added in PeerNet as a *Contributor*. The PI completes an invite in PeerNet. Contributors' complete registration by confirming their email address.

[PeerNet Instructions for Awardees](#)

Research Start-Up Requirements

Background Screening

The assigned grant manager will complete a determination checklist

Grantee's employees may not begin work until the background screenings are complete, reported and approved by DOH.

An affidavit should be submitted for those employees with a current Level 2 screening within the past five (5) years.

The grantee covers the cost for the background screening. Grant funds may be used. The grantee may utilize the Department's background screening resource at no cost.

Research Start-Up Requirements

Research must start within 90 days of contract execution

Institutional Authorizations

- Required for research that involves human subjects, vertebrate animals, recombinant DNA, stem cells or radiation
- Approvals are due to DOH within 10 days of the approved date
- Required monthly updates regarding the status of all applicable regulatory applications are due via email to the assigned grant manager beginning July 31, 2024
- Future updates are due to DOH within 10 days of approval
- Authorizations must be actively in place during the entirety of the project period

Research Start-Up Requirements

Administrative Project Start (Pending Authorizations)

The Grantee must request in writing to the assigned Grant Manager authority to begin the administrative portion of the research that does not pertain to human subjects, vertebrate animals, recombinant DNA, stem cells or radiation while institutional authorizations are pending.

Grant Deliverables

All grant deliverables must be submitted timely in PeerNet on the required forms located on the Biomedical Research [Grant Management Forms Library and Other Resources | Florida Department of Health \(floridahealth.gov\)](#)

Quarterly Invoice – grant deliverable payments are fixed-priced. Refer to the Attachment II for the period covered and amount due

Quarterly Financial Report – tracks quarterly expenditures by budget categories for the quarter and life-to-date

Expense Reports – documents expenses by category and must include required documentation

Expense Documentation

Travel Expenses

Per section 112.061, Florida Statutes, reimbursement for allowed travel must be at or below the current State of Florida travel rates.

- Hotel accommodations rate is up to \$225 per night
- Mileage is reimbursed at \$0.45 per mile
- Meals are reimbursed at a rate of \$6 (breakfast), \$11 (lunch) and \$19 (dinner) \$36 per day
- Per diem is calculated on the last day of travel up to \$80 (no meals)
- Conference travel (requires conference agenda and/or presentation materials)

All travel must be documented on the required forms: [StateofFloridaIn-StateTravelVoucher.xlsx \(live.com\)](#) and [StateofFloridaOut-of-StateTravelVoucher.xlsx \(live.com\)](#). Receipts for airfare, baggage, ground transportation, and hotel must be submitted. Mileage must be documented with travel maps showing distances and must also be documented on the state travel form. International travel, subscriptions and memberships are not allowed.

Expense Documentation

Participant Payments

IRB approval, protocols and consent forms covering the entire quarter and payment log without personal information is required.

[Sample Payment Log](#)

Tuition Waivers

Course description, class schedule or attestation statement is required. :

[Combo-RequirementsforPaymentsRelatedtoTuitionReimbursements11.pdf](#)
[\(floridahealth.gov\)](#)

Quarterly Progress and Legislative Reports

Summarize the research performed during the reporting period and highlight research findings that will be shared with the Governor, Legislature and public.

- ✓ Refer to the Attachment II for reporting period
- ✓ Progress reports must show significant progress
- ✓ Acronyms must be defined (spell out first reference)
- ✓ AMA style required for citations
- ✓ Personal pronouns are not allowed (use “researchers” or “research staff”)
- ✓ New grants may use the approved application general audience abstract

Other Deliverables

Certificate of Liability Insurance - Due annually as outlined in the Attachment II

No-Cost Extension Request – Due prior to end of grant period as outlined in the Attachment II (no exceptions). Requires Cumulative Progress Report.

[No-CostExtensionRequestForm7.1.2021.doc \(live.com\)](#)

[CumulativeGrantProgressReport7.1.2021.docx \(live.com\)](#)

Final Reports - Due as outlined in the Attachment II

Final Deliverable Reports

Invoice – Final payment may be reduced based on final expenditures

Financial Report – Final grant expenses - no deficits allowed

Expense Reports – Expenses beyond the grant end date are unallowable

Cumulative Report – Submit copies of research presentations and journal publications

Legislative Report – Final report on research findings and continued efforts beyond grant funding

Final payment contingent upon reconciliation of all grant expenditures (Life of the Grant)

Financial Report Guidance

Accessing DOH-Biomedical Deliverables Forms

To access the forms needed during the life of your Biomedical Research grant, save and use the following address/link [Grant Management Forms Library and Other Resources | Florida Department of Health \(floridahealth.gov\)](https://www.floridahealth.gov/grants-managing/grant-management-forms-library-and-other-resources)

Grant Deliverable Forms

Invoice (*fillable PDF*)
Financial and Expenditure Report (*Excel Workbook*)
Quarterly Progress Report
Grant Legislative Progress Report
Final Cumulative Grant Progress Report
Budget Change Request



Florida Public Health Research Programs
INVOICE

A DOH Grant #: [] B Invoice #: []

Date Invoice Received:
Date Revisions Received:

- PLEASE SUBMIT ALL DELIVERABLES BY UPLOADING TO PEERNET.
- INVOICES WILL NOT BE PROCESSED FOR PAYMENT UNTIL ALL DELIVERABLES ARE RECEIVED AND APPROVED.
- ALL DELIVERABLES MUST BE RECEIVED PRIOR TO THE DUE DATE LISTED IN THE ATTACHMENT II, OR A FINANCIAL CONSEQUENCE WILL BE REDUCED FROM THE INVOICE (SECTION 6, TERMS & CONDITIONS)

Institution's Official Name and Address (listed on W-9):

C Institution Name: []
Street Address: []
City, State, Zip: [] [] []

Remit to Name and Address (Must match remittance address in My Florida Market Place and Federal ID# plus sequence number associated with the Remittance address)

D Institution Name: []
Street Address: []
City, State, Zip: [] [] []
Federal ID#: [] Include 3 digit Sequence Number
Financial Contact Name: []
Financial Contact Phone: []

Date Invoice Approved: (Complete Deliverables Packet Approved)

DELIVERABLES (Mark All That Apply - Must Match Terms & Conditions Attachment II)				FOR DOH USE ONLY	
<input type="checkbox"/> Invoice	<input type="radio"/> Quarterly	<input type="radio"/> Final	Period Covered	Invoice Amount	Financial Consequences Applied:
<input type="checkbox"/> Financial Report	<input type="radio"/> Quarterly	<input type="radio"/> Final	[]	[]	[]
<input type="checkbox"/> Expenditure Report	<input type="radio"/> Quarterly	<input type="radio"/> Final	[]	[]	Revised Invoice Amount:
<input type="checkbox"/> Progress Report	<input type="radio"/> Quarterly	<input type="radio"/> Final	[]	[]	[]
<input type="checkbox"/> Proof of Liability Insurance (see Attachment II for Due Date)					
<input type="checkbox"/> Florida Legislature Progress Report	<input type="radio"/> Annual	<input type="radio"/> Final			

F CERTIFICATION: By providing this electronic signature, I, [] am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures, I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signatures. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

[] Authorized Signature [] Date

**** FOR DEPARTMENT OF HEALTH USE ONLY ****

SIGNATURE OF GRANT MANAGER/LIAISON: [] Date []
Grant Manager/Liaison, Biomedical Research Section
Public Health Research

By providing this electronic signature, I, [] am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures, I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signatures. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

SIGNATURE OF SUPERVISOR: [] Date []
Deputy Director, Public Health Research

By providing this electronic signature, I, [] am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures, I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signatures. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

All Deliverables approved on this Invoice are referenced on the Invoice Performance Analysis form and inclusive of the requirements of the Grant Terms & Conditions, Attachment II Payment Schedule (attached).

rev. 6.1.2023

A = DOH Grant #

B = Grantee Invoice #

C = Grantee Official Name and Physical Address

D = Grantee Remittance Name & Address

Should be the same information in MFMP and include the FEIN plus 3-digit sequence #

- Financial Contact Person
- Valid Financial Contact Person Phone Number

E = Deliverables submitted

The Period Covered is the dates of the Quarter being Reported as reflected on Attachment II

F = Grantee Financial Preparer Certification and Signature

Original (penned/wet) signature or Adobe e-signature

It is important to complete all deliverable forms in their entirety to ensure prompt processing.

The Certification statement should include the name of the financial contact that is completing the forms/documents.

Sections A through F should not be blank or have inaccurate/missing information will cause delays in processing and require revisions that will necessitate a revised Invoice form and updated signature and date.

Sections A – E should be completed by the Grantee/Financial Contact Person



Florida Public Health Research Programs Financial Report

<p>A</p> <p>DOH Grant Number: _____</p> <p>Principal Investigator Name: _____</p> <p>Grantee Institution: _____</p> <p>Total Award Amount: \$0.00</p> <p>Grant Start Date: _____</p> <p>Reporting Period: _____</p> <p>(Check One)</p> <p>C</p> <p>1st Quarter - July 1 through September 30</p> <p>2nd Quarter - October 1 through December 31</p> <p>3rd Quarter - January 1 through March 31</p> <p>4th Quarter - April 1 through June 30</p> <p>FINAL - Life of the Grant</p>	<p>B</p> <p>Financial Report #: _____</p> <p>Fiscal Contact Person: _____</p> <p>Telephone: _____</p> <p>E-Mail Address: _____</p> <p>Grant End Date: _____</p> <p>Due: By October 31</p> <p>Due: By January 31</p> <p>Due: By April 30</p> <p>Due: By July 31</p> <p>Due: 60 Days after Grant End Date</p>
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D

Budget Category (Do not modify these categories)	Budget (Current Approved)	Expenditures This Period	Previous Reported Expenditures	Expenditures To Date (Include Current Period)	Balance To Date
Personnel/Fringe					\$0.00
Consultant					\$0.00
Contractual					\$0.00
Consortium					\$0.00
Equipment					\$0.00
Supplies					\$0.00
Travel					\$0.00
Patient Care					\$0.00
Other Expenses					\$0.00
Indirect					\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

E

CERTIFICATIONS:

I certify that this report is a true, accurate, and correct reflection of the actual expenditures for this grant and that funds were used solely for the grant as approved by the Program. I further certify that no occurrence of budgetary, scientific, or commitment overlap has occurred during this quarter.

By providing this electronic signature, I, _____, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also certifying that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Printed Name of Fiscal Agent	Signature, Authorized Fiscal Agent	Date
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FOR DOH USE ONLY

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Grant Manager	Date
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By providing this electronic signature, I, _____, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also certifying that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Deputy Director, Public Health Research	Date
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rev. 6.1.2023

Financial Report:

- Financial Report # - please enter the corresponding report or deliverable number listed on the Attachment II. For example, is this payment 1, 2, 3, etc.
- Grant Start Date - Enter the scheduled start date or the Date of Execution, for example, 04/01/22.
- Grant End Date - enter the ending date of the grant. If a No-Cost Extension was approved, enter the new end date.
- Reporting Period - Select the correct reporting period indicating a quarterly period, or final reporting period.
- Budget - Enter the current approved budget. If a Budget Change Request is approved during the reporting period, enter the updated budget allocations.

NOTE: Balance to Date cannot be a negative number (overspent). The invoice will not be processed without an Approved Budget Change Request, which must accompany the invoice for payment.

Financial Consequences will be applied by the DOH Grant Manager (if applicable) and reduced from the total grant award and cannot be recouped later or at the end of the grant.

Other Reductions - Participant Payments, Tuition waivers and Travel require additional documentation. If the documentation is missing or corrections are not made timely, these expenditures may be reduced from the invoice and may be requested on a future invoice once the documentation is sufficient. A Supplemental Invoice would need to be submitted for the specific expenditures reduced.

Certification Regarding Electronic Signatures - the required certification statement has been added to the Financial Report. This is required effective January 2022 on all invoices per Department of Financial Services (DFS).



Expenditure Report

Report Type: <u>Quarterly</u>		Period of Service: _____			
Grant Number: _____		(Must match Invoice exactly)			
Budget Category: <u>Supplies</u>		Total Budget Category Allotment: _____		\$21,000.00	
Invoice Date	Date Paid	Check No/EFT/ACH Reference#	Payee/Vendor Name	Service/Item Description	Expenditures
9/29/2023	10/5/2023	IV039206	Fisher Scientific	CELL STRAINER	\$ 65.48
10/4/2023	10/12/2023	IV039543	Fisher Scientific	PLT 96 WELL LOW EVP .365	\$ 101.62
9/13/2023	10/12/2023	IV039900	VWR Scientific Products	PIPET SEROLOGICAL	\$ 63.62
9/13/2023	10/12/2023	IV039901	VWR Scientific Products	CELL SCRAPER	\$ 63.56
10/16/2023	10/24/2023	IV040111	Fisher Scientific	LIVE/DEAD FIX AQUA	\$ 134.62
9/20/2023	10/19/2023	IV040158	VWR Scientific Products	VWR PIPET PASTEUR 9IN CS1000	\$ 54.61
9/29/2023	10/19/2023	IV040166	VWR Scientific Products	VWR FILTER UNT PVDF 75MM	\$ 413.58
9/29/2023	10/19/2023	IV040167	VWR Scientific Products	VWR BOX FOR VIAL STORAGE 2IN EA1	\$ 36.38
9/29/2023	10/19/2023	IV040168	VWR Scientific Products	REAGENT MYCOPLASMA ELIMINATE	\$ 319.70
10/11/2023	10/24/2023	IV040394	Takara Bio USA	PrimeScrip RT Reagent Kit (Perfect Real Time)	\$ 440.00
10/19/2023	10/26/2023	IV040445	VWR Scientific Products	VWRFLSK TISSUCLTR	\$ 435.60
9/25/2023	10/31/2023	IV040690	Amazon Com Inc	Nair Hair Remover Men Body Cream	\$ 28.40
10/23/2023	11/9/2023	IV041169	Becton Dickinson & Co	BrightStain Buffer, Ms CD11c BUV737 HL3 25ug, Ms CD16/CD32 Pure 2.4G2 100ug, Ms CD3e BUV395 145-2C11 50ug, Ms CD8a PE 53-6.7 200ug	\$ 772.00
10/12/2023	11/9/2023	IV041201	BioLegend Inc.	Alexa Fluor 700 anti mouse, APC Anti-mouse CD4, APC/Cyanine7 anti-mouse, FITC Anti-mouse/human CD11b, Pacific Blue anti-mouse CD45, PE/Cyanine7 anti-mouse NK-1.1, PE/Dazzl 504 anti-mouse Ly-6G/Ly-6C	\$ 529.20
10/10/2023	11/9/2023	IV041213	Bio Rad Laboratories Inc.	IQ SYBR Green Supermix	\$ 225.13
11/13/2023	11/22/2023	IV042043	VWR Scientific Products	ISOPROPYL ALCOHOL BIOTECHNOLOGY GRD 4L	\$ 232.76
11/13/2023	11/22/2023	IV042045	VWR Scientific Products	CT 15ML CB FL CAP 50 RK 10 RK CS STE, VWR FLSK TISSU CLTR 50ML VNT CAP CS200	\$ 196.04
12/8/2023	12/14/2023	IV042942	Fisher Scientific	BCA PROTEIN ASSAY KIT	\$ 150.40
12/15/2023	12/21/2023	IV043330	VWR Scientific Products	VWR SCALPEL DISPOSABLE	\$ 71.04
12/15/2023	12/22/2023	IV043331	VWR Scientific Products	Alcohol Prep Pads, 50ML FS FL CAP Bags, Vial Cryogenic PP, Forceps, Cotton Pads, Scissors	\$ 524.98
11/30/2023	11/30/2023	JA032460	FedEx	Postage/Shipping of Samples	\$ 56.05
11/30/2023	11/30/2023	F0069941	FedEx	Postage/Shipping of Samples	\$ (100.00)
Total:					\$ 4,814.77
Current Reporting Period Expenditures:					\$ 4,814.77

FOR DOH USE ONLY: Quarterly/Final Expenditure Review - Desk Review

Are the expenditures reported allowable in the Approved Grant Budget, or an Approved Budget Change Request?

Does the data provided above meet the criteria for monitoring and testing by Desk Review?

Grant Manager _____ Date _____
 By providing this electronic signature, I, _____, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.



Expenditure Report


Report Type: <u>Quarterly</u>		Period of Service: _____			
Grant Number: _____		(Must match Invoice exactly)			
Budget Category: <u>Indirect Costs</u>		Total Budget Category Allotment: _____		\$74,740.00	
Invoice Date	Date Paid	Check No/EFT/ACH Reference#	Payee/Vendor Name	Service/Item Description	Expenditures
12/31/2023	12/31/2023	G0000314	Nova Southeastern University	Indirect Cost	\$ 1,709.76
11/30/2023	11/30/2023	G0000313	Nova Southeastern University	Indirect Cost	\$ 1,615.70
10/31/2023	10/31/2023	G0000312	Nova Southeastern University	Indirect Cost	\$ 1,682.58
Total:					\$ 5,008.04
Current Reporting Period Expenditures:					\$ 5,008.04

FOR DOH USE ONLY: Quarterly/Final Expenditure Review - Desk Review

Are the expenditures reported allowable in the Approved Grant Budget, or an Approved Budget Change Request?

Does the data provided above meet the criteria for monitoring and testing by Desk Review?

Grant Manager _____ Date _____
 By providing this electronic signature, I, _____, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

		FLORIDA DEPARTMENT OF HEALTH PUBLIC HEALTH RESEARCH		BUDGET CHANGE REQUEST	
DOH GRANT #:		TOTAL GRANT PERIOD:		DATE:	
PRINCIPAL INVESTIGATOR(S):			GRANTEE:		
PROJECT TITLE:					
<i>Total amounts of reduction and increase should be equal. Please use whole numbers.</i>					
<u>BUDGET CATEGORY</u>	<u>TOTAL CURRENT APPROVED BUDGET</u>	<u>REDUCE BY</u>	<u>INCREASE BY</u>	<u>NEW REVISED GRANT BUDGET</u>	
PERSONNEL/FRINGE BENEFITS	_____	_____	_____	\$ -	-
CONSULTANT	_____	_____	_____	\$ -	-
CONSORTIUM/CONTRACTUAL	_____	_____	_____	\$ -	-
EQUIPMENT	_____	_____	_____	\$ -	-
SUPPLIES	_____	_____	_____	\$ -	-
TRAVEL	_____	_____	_____	\$ -	-
PATIENT CARE	_____	_____	_____	\$ -	-
OTHER EXPENSE	_____	_____	_____	\$ -	-
INDIRECT COST	_____	_____	_____	\$ -	-
TOTAL COST	\$ -	\$ -	\$ -	\$ -	-
Briefly provide a justification for the requested budget changes. Indicate whether these changes adversely affect any specific aims of the project and explain how project goals can still be met. If new personnel are added, indicate % effort, base annual salary and salary requested. <i>NOTE: % salary requested can not exceed % effort. Please use additional pages, if necessary.</i>					
SIGNATURE OF PRINCIPAL INVESTIGATOR:			DATE:		

Submit in Excel or PDF format.

** FOR DEPARTMENT OF HEALTH USE ONLY **

SIGNATURE OF GRANT MANAGER/LIAISON:		SIGNATURE OF DEPUTY DIRECTOR:	
_____		_____	
Grant Manager/Liaison Public Health Research		Deputy Director, Biomedical Research Section Public Health Research	
Date		Date	

Budget Change Request Form (BCR)

When completing the Budget Change Request form (BCR), the Approved Budget category (Line Item) amounts are to be listed and should total the Awarded and Approved Budget.

The total amount reallocated (Reductions & Increases) should be the same and the Revised Grant Budget Total should always be the same and the initial Awarded/Approved Budget.

A justification is always required and should clearly detail the need for the change as well as how the change will affect the AIMS of the project.

The signature cannot be a font created signature and should be an original (penned/wet) signature or Adobe e-signature.

A BCR can be submitted at anytime during the grant term.

Once the approved BCR is provided, the Financial & Expenditure Report workbook's Financial Report Budget column should be updated as well as the Category Allotment Totals on the Expenditure worksheets where applicable.

Financial Consequences

Financial Consequences may be applied due to:

- ☒ Failure to secure appropriate institutional approvals
- ☒ Late submission of any deliverables
- ☒ Lack of scientific progress
- ☒ Scientific misconduct
- ☒ Lack of prior approval (change in aims/protocol, overspending in budget categories, key personnel change/change effort)
- ☒ Financial Overlap – other support, new grant

Financial Consequences

Fiscal Year 23-24 Biomedical Research Grant Programs Financial Consequences		
Percentage	Description	Location in Terms & Conditions
5%	Research not started 90 days after execution	Page 2, Section 3.a.
10%	Submit institutional authorizations within 10 days after approved	Page 2, Section 3.b.
10%	30day monthly updates on regulatory compliance	Page 2, Section 3.c.
20%	Prior Notification of protocol changes	Page 2, Section 4.b.
10%	Required deliverables: Quarterly reports, annual and final legislative reports demonstrating research impact	Page 3, Section 5. a. and b.
10%	Submit all deliverables according to Attachment II	Page 3, Section 6.
10%	Submit information requested by DOH within three business days	Page 4, Section 8.a.
10%	Prior Approval of Change in Key Personnel	Page 4, Section 9.c.
20%	Financial overlap notice to DOH within 48 hours	Page 8, Section 19
10%	Reportable interests (Conflict of Interest) within 48 hours	Page 8, Section 20.
10%	Breach of confidentiality notice to DOH within 48 hrs	Page 9, Section 22.
10%	Disclose all inventions(patents) on the Quarterly Report	Page 10, Section 25.c.
20%	Scientific Misconduct notify DOH within 48 hours and submit copy of administrative action	Page 10, Section 26.a.
10%	Report to DOH notice of noncompliance regarding human subject regulations within 48 hours	Page 11, Section 27.f.
10%	Vertebrate animals (27.c.) Report to DOH within 48 hours expiration of IACUC approval. Expenses for that period disallowed.	Page 28.c.

Financial Consequences

Financial consequences are deducted from the invoice

Financial consequences are reduced from the award amount and cannot be recovered. Reductions will be applied to the related quarterly or final invoice

The grantee must adjust the balance on the Financial Report to reflect the financial consequence, so the remaining balance is accurate.

Change Requests

All change requests require advance approval

Budget Change Request – requests may must be submitted in PeerNet anytime throughout the life of the grant

Change in Key Personnel/Change in Effort – Change in Effort or PI is not allowed in first year. May require contract amendment

Protocol Change Request – requests for modifications to protocols must be approved and is not guaranteed. May require contract amendment

No-Cost Extensions – No extensions allowed beyond 48 months or March of the final fiscal year. Requests received after the deadline will not be approved.

All forms found on the [Grant Management Forms Library and Other Resources | Florida Department of Health \(floridahealth.gov\)](#)

Grant Monitoring

- ✓ Quarterly and final closeout review of deliverables
- ✓ Annual Program Monitoring is required and may be conducted on-site or through desk-review
- ✓ On-site monitoring includes a review of administrative and financial grant operations, as well as a review of the lab and scientific requirements
- ✓ Administrative Monitoring is conducted once every three years and is coordinated by the DOH Contract Administration office

Grant Monitoring

Expenditure monitoring is conducted every quarter and includes a sampling of expenditures reported for the selected quarter/period. Backup documentation must be submitted to satisfy the review and reconciliation of expenditures

Failure to adequately and timely respond to monitoring requests could result in a compliance finding and subsequent corrective action

The Grant Manager/Liaison will provide technical assistance, as needed, throughout the life of the grant to assure the grantee has the tools needed to succeed.

Final Questions

Please direct any additional questions to:

Research@flhealth.gov