

#### **Biomedical Research**

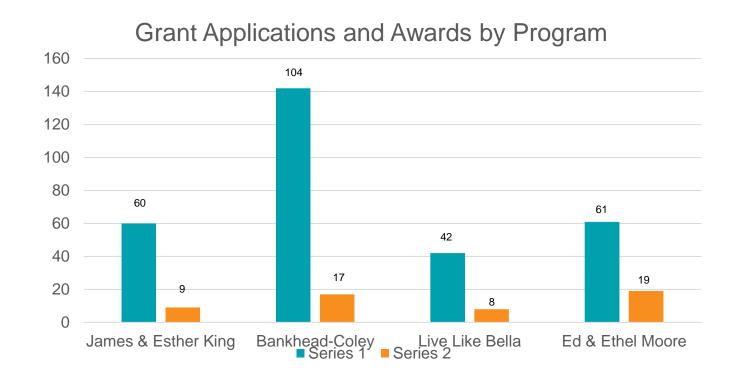
#### **New Grantee Webinar**

Ed & Ethel Moore Alzheimer's Disease Research Program

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

## **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 <u>Grant Management</u> <u>Forms Library and Other Resources | Florida Department of Health (floridahealth.gov)</u>



#### **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: <u>StateofFloridaIn-StateTravelVoucher.xlsx (live.com)</u> and <u>StateofFloridaOut-of-StateTravelVoucher.xlsx (live.com)</u>. 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. : <u>Combo-RequirementsforPaymentsRelatedtoTuitionReimbursements11.pdf</u> (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 <u>Grant Management Forms Library and Other Resources | Florida Department of Health (floridahealth.gov)</u>

#### 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 I	Public Health R		Programs	Date Involce Received:	
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Florida	DOH Grant	k	Invoice #:			
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					Date Revisions	
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· City.	State, Zip:		1		Date Involce Approved:	
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ELIVERABLES (Mark All Invoice	That Apply - Must Match	Conditions Attach	-			FOR DOH USE ONLY
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n this form is accurate to th				is accurate to the best of my ki		
Deliverables approved on this	Invoice are referenced on th	e Invoice Performance Analys	is form and inclusi	ve of the requirements of the Grant	Terms & Conditions, Attach	ment
Payment Schedule (attached).						

- 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.



#### Florida Public Health Research Programs

HEALTH	Α	Financial	Report	В	
DOH Grant Number:			Financial Report #:	_	
Principal			Fiscal		
Investigator Name:			Contact Person:		
Grantee Institution:			Telephone:		
Total Award Amount:	\$0.00		E-Mall Address:		
Grant Start Date:			Grant End Date:		
Reporting Period:	1st Quarter - Ju	ly 1 through Septer	mber 30	Due: By October 3	1
(Check One)		ctober 1 through D		Due: By January 3	1
с —	_	nuary 1 through Ma		Due: By April 30	
		orll 1 through June	30	Due: By July 31	O
	FINAL - Life of t	the Grant		Due: 60 Days after	Grant End Date
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
ravel					\$0.00
Patient Care					\$0.00
					\$0.00
Other Expenses					\$0.00 \$0.00
Other Expenses ndirect rotal	\$0.00	\$0.00	\$0.00	\$0.00	•
CERTIFICATIONS:	te, and correct reflec	tion of the actual expen	ditures for this grant and tha	f funds were used solely	\$0.00 \$0.00 \$0.00
Other Expenses Indirect Total CERTIFICATIONS: I oertity that this report is a true, accurate approved by the Program. I further certile by providing this electronic signature, to inding and have the came meaning as procedures were properly followed to a to be the legally binding equivalent of n	te, and correct reflectly that no occurrence  handwritten signaturence the authenticity handwritten signature handwritten signature handwritten signature handwritten signature handwritten signaturence handwritten signatur	oftion of the actual expense of budgetary, scientific res. I am also confirming by of the electronic signature and that the data on	diffures for this grant and the o, or commitment overlap has am attecting that I und that internal controls have thins. This catherent is to co this form is accurate to the	at funds were used solely social during this qui ierstand that electronic so been maintained, and the rithy that it confirm that	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 tor the grant as arter.  Ignatures are legally at potoles and is electronic signature is
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#### Sections A – E should be completed by the Grantee/Financial Contact Person

#### 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).

			diture Report				
Report Type	:	Quarterly					
			Period of Service:				
Grant Numb	er:		(Must match the Invoice exactly				
Budget Cate	gory:	Personnel/Fringe	Total Budget Category Allotment:		6.00		
	Check No/				Amou	ınt	
	EFT/ACH	1				ī	Fringe
Date Paid	Reference#	Name of Personnel	Pay Period Begin/End Date	Salarie	s	В	enefits
10/20/2023	F0069679	Dmitriy Minond (PT)	10/01/2023 to 10/13/2023	\$	1,487.91	\$	383.1
11/3/2023	F0069814	Dmitrly Minond	10/14/2023 to 10/27/2023	\$	1,487.91	\$	383.14
11/17/2023	F0069938	Dmitriy Minond	10/28/2023 to 11/10/2023	\$	1,487.91	\$	383.1
12/1/2023	F0070065	Dmitriy Minond	11/11/2023 to 11/24/2023	\$	1,487.91	\$	383.1
12/15/2023	F0070193	Dmitriy Minond	11/25/2023 to 12/08/2023	\$	1,487.91	\$	383.14
12/29/2023	F0070314	Dmitriy Minond	12/09/2023 to 12/22/2023	\$	1,487.91	\$	383.13
1/12/2024	F0070472	Dmitriy Minond	12/22/2023 to 12/31/2023	\$	743.96	\$	191.5
10/20/2023	F0069679	Velayutham Sadeeshkumar	10/01/2023 to 10/13/2023	\$	1,714.73	\$	441.5
11/3/2023	F0069814	Velayutham Sadeeshkumar	10/14/2023 to 10/27/2023	\$	1,714.73	\$	441.5
11/17/2023	F0069938	Velayutham Sadeeshkumar	10/28/2023 to 11/10/2023	\$	1,714.73	\$	441.5
12/1/2023	F0070065	Velayutham Sadeeshkumar	11/11/2023 to 11/24/2023	\$	1,714.73	\$	441.5
12/15/2023	F0070193	Velayutham Sadeeshkumar	11/25/2023 to 12/08/2023	\$	1,714.73	\$	441.5
12/29/2023	F0070314	Velayutham Sadeeshkumar	12/09/2023 to 12/22/2023	s	1,714.73	\$	441.5
1/12/2024	F0070472	Velayutham Sadeeshkumar	12/22/2023 to 12/31/2023	\$	857.37	\$	220.7
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	FOR DOH II	SE ONLY: Quarterly/Final Expe	nditure Review - Desk Review				
		nditures reported allowable in the		Approve	d Budget C	hang	е
	Request?					_	
	Does the dat	a provided above meet the criteri	a for monitoring and testing by D	ock Re	iow?		
	_ Does the dat	a provided above meetine chen	a for inclinitioning and testing by the	esk rev	new r		
Grant Manag	ger		Date				

By providing this electronic signature, I am also confirming that implement that understand that electronic signatures are legally blinding 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 Reports**

- There are two tabs on the spreadsheet, one is formatted for Personnel/Fringe expenditures ONLY. The other is formatted for all other expenditure categories. Tailor your Excel workbook to INCLUDE ONLY THOSE CATEGORIES IN YOUR APPROVED BUDGET.
- 2 Report Type Select from the drop-down list, Quarterly, Final or Supplemental
- Budget category for Personnel/Fringe use the tab labeled Personnel/Fringe. There is only one option to select. For all other budget categories, select the correct category. For instance, if your Approved Budget has Personnel/Fringe, Supplies, Other, Indirect, you will copy the Blank Expenditure sheet 3 times and complete one for Supplies, Other and Indirect. We only submit a spreadsheet for the categories with reported expenditures. This efficiency will reduce the amount of paper/ink/staff time to print and/or sort out the specific pages needed in the invoice.
- 4 Period of Service The drop down list has been replaced with a fill in the blank that must include the quarterly/final period and the year. This date must match the date on the Invoice and the Financial Report.
- Total Budget Category Allotment Enter the CURRENT approved budget allotment from the Approved Budget or Approved Budget Change Request.
- The Previous Reported Expenditures, Expenditures to Date and Balance to Date have been removed from the Expenditure Report and are only reported/maintained on the Financial Report. You may link the Current Expenditures this Quarter to the correct cell on the Financial Report or you may hand enter the totals.
- Both Expenditure Report spreadsheets now include certain fields of information that are required for a Quarterly Expenditure Monitoring Report as relates to Fixed Price Fixed Fee method of payment.
- Date Paid previously "Date", this field now more concisely identifies the actual date the expenditure was paid. "Date" was too vague and has caused numerous returns for correction, especially if those dates are outside of the grant period. Grantees have 60 days after the end of the grant to pay expenditures with service dates during the grant period.
- 9 Check No/EFT/ACH Reference # Fixed Price Fixed Fee methof of payment does not require supporting documentation with the invoice. However, routine monitoring is performed on a quarterly basis for expenditures, as well as during an annual monitoring (on-site visit or desk review). Providing this reference number will satisfy those monitoring requirements.
- Pay Period Begin/End Date on the first and last invoice, please only list the dates within the grant period. If a pay period has work days outside the grant period, those costs must be prorated and allocated to another funding source. Only report those expenditures within the grant period.
- 11 If additional rows are needed, you may insert additional rows. Formulas calculate the Totals at the bottom of each colum and repeat the grant total in the Current Reporting Period Expenditures box. Depending on how many rows are inserted, please insert a page break if needed to keep the DOH Use Only section together.
- Two monitoring questions have been added for the DOH Grant Manager to assure that all expenditures are allowable per the Approved Budget or an Approved Budget Change Request and that all the financial data provided meets the criteria for monitoring and expenditure testing.

Expenditure Report						
Report Type:	Quarterly					
			Period of Service:			
Grant Number:	(M ust match invoice exactly)					
			Total Budget Category			
Budget Category:	Supplies		Allotment:	\$21 000.00	6	
		Check				
Investor Boto	Date Pald	No/EFT/ACH Reference#	Payee/Vendor Name	Service/Item Description	Eman	ditures
Invoice Date 9/29/2023	10/5/2023	IV039206		CELL STRAINER	\$	65.48
10/4/2023	10/12/2023	IV039206	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	IV039900	VWR Scientific Products	CELL SCRAPER	\$	63.56
10/16/2023	10/24/2023	IV039901	Fisher Scientific	LIVE/DEAD FIX AQUA	\$	134.62
9/20/2023	10/19/2023	IV040158	VWR Scientific Products	VWR PIPET PASTEUR 9IN CS1000	ŝ	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	ŝ	319.70
812812023	10/18/2023	14040100	VWR Scientific Products		-	313.70
10/11/2023	10/24/2023	IV040394	Takara Bio USA	PrimeScrip RT Reagent Kit (Perfect Real Time)	s	440.00
10/11/2020	1012-412-02-0	14040004	Takala bio ogk	Talley	-	410.00
10/19/2023	10/26/2023	IV040445	VWR Scientific Products	VWRFLSK TISSUCLTR	s	435.60
9/25/2023	10/31/2023	IV040690	Amazon Com Inc	Nair Hair Remover Men Body Cream	s	28.40
8/2J202J	10/31/2023	14040030	Amazon com mc	,	*	20,40
				Brilliant Stain Buffer, Ms CD11c BUV737 HL3 25ug, Ms CD16/CD32 Pure 2.4G2 100ug, Ms		
				CD3e BUV395 145-2C11 50ug, Ms CD8a PE		
10/23/2023	11/9/2023	IV041169	Becton Dickinson & Co	53-6.7 200ug	\$	772.00
				Alexa Fluor 700 anti mouse, APC Anti-mouse CD4, APC/Cyanine7 anti-mouse, FITC Anti-		
				mouse/human CD11b, Pacific Blue anti-		
				mouse CD45, PE/Caynine7 anti-nouse NK-		
10/12/2023	11/9/2023	IV041201	BioLegend Inc.	1.1, PE/Dazzi 594 ant-nous 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	s	232.76
11/13/2023	11/22/2023	17042043	VVIX Scientific Floudius	CT 15ML CB FL CAP 50 RK 10 RK CS STE.	*	232.70
				VWR FLSK TISSU CLTR 50ML VNT CAP		-
11/13/2023	11/22/2023	IV042045	VWR Scientific Products	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
				Alcohol Prep Pads, 50ML FS FL CAP Bags,		
				Vial Cryogenic PP, Forceps, Cotton Pads,		
12/15/2023	12/22/2023	IV043331	VWR Scientific Products	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	s	(100.00)
THOUZOLO			TOULX		_	1100.007
				Total:	\$	4,814.77
				Current Reporting Period Expenditures:	\$	4,814.77
FOR DO	USE ONLY:	Quarterly/Fina	I Expenditure Review - Desk F	Review		
				or an Approved Budget Change Request?		
		pa. No amorrada	sprates com budget	a. a pp. or ou bouget on ange modules:		
Does the	data provided	above meet the	criteria for monitoring and testi	ng by Desk Review?		

Grant Manager	Date	

by providing this electronic signature, it as a becomining that internal controls have been maintained, and that policies and procedures were properly clicered 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 handeritten signature and that the data on this form is accurate to the best of my knowledge.



			Expenditure Re	port		
Report Type:	Quarterly		D-d-d-d-0d			
Grant Number:			Period of Service: (Must match invoice exactly)			
Grant Number:			Total Budget Category		e	
Budget Category:	Indirect Cos	ts	Allotment:			
	_	Check	i			
		No/EFT/ACH				
Invoice Date	Date Paid	Reference#	Payee/Vendor Name	Service/Item Description	Expen	ditures
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
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					_	
				Total:	s	5,008.04
				Current Reporting Period Expenditures:	\$	5,008.04
FOR DO	H USE ONLY:	Quarterly/Fin	al Expenditure Review - Desk I	Review		
Are the e	expenditures re	ported allowab	le in the Approved Grant Budget	or an Approved Budget Change Request?		
			a adhada faransalkadan cadhada sa	bu Doots Brooking		
Does the	data provided	above meet th	e criteria for monitoring and testi	ng by Desk Neview?		
Grant Manager	la elementum I		an eller	Date		

By providing this electronic signature, i, manufacture, is an attending that understand that sectoric signatures are legally binding and have the same meaning as handerfitten signature. I am after confirming that internal controls have been maintained, and that peocless and procedures were properly followed to a new orth a substraticity of the sk decironic 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 handwritten signature and that the data on this form is accurate.

FLORIDA DEI Florida PUBLIC I	BUDGET CHANGE REQUEST			
OOH GRANT#:	TOTAL GRANT PERIOD:			DATE:
PRINCIPAL INVESTIGATOR(S):			GRANTEE:	
PROJECT TITLE:				_
Total amounts	of reduction and increase	e should be equal. Plea:	se use whole num	bers.
BUDGET CATEGORY	TOTAL CURRENT APPROVED BUDGET	REDUCE BY	INCREASE	BY NEW REVISED GRANT BUDGET
PERSONNEL/FRINGE BENEFITS				\$ -
CONSULTANT				\$ -
CONSORTIUM/CONTRACTUAL				\$ -
EQUIPMENT				\$ -
SUPPLIES				\$ -
TRAVEL				\$ -
PATIENT CARE				\$ -
OTHER EXPENSE				\$ -
INDIRECT COST				\$ -
TOTAL COST	\$ -	\$ -	\$	- \$ -
Briefly provide a justification for the requeste explain how project goals can still be met. If NOTE: % salary requested can not exceed	new personnel are added	, indicate % effort, base a	annual salary and s	
SIGNATURE OF PRINCIPAL INV	ESTIGATOR:			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



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:

- 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 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. Sectiono 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 <u>Grant Management Forms Library and Other Resources</u> | <u>Florida Department of Health (floridahealth.gov)</u>



## **Grant Monitoring**

- ✓ Quarterly and final closeout review of deliverables
- ✓ Annual Program Monitoring is required and may be a 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

