Agenda

- **Announcements**
  - New COS
  - Subcontract Invoices
  - New Electronic COI form
  - Online Training: Data Changes and Journal Entries
  - eSNAP & xTrain
- **No Cost Extensions**
- **Residual Balance Transfer Requests**
- **Portfolio Analysis**
- **Insight: New Fund Statements**
No Cost Extension SOP

Department
1. Complete and sign the “No Cost Extension Request Form”
2. Attach McLean Budget Template
3. Attach latest copy of the financial report available in Insight or Document Direct
4. If a significant change of effort is anticipated, attach sponsor’s approval
5. If effort commitment is not planned to be equivalent to the salary distribution, attach a “Cost Share Request Form” and a justification for the need to cost share (form requires approval from the owner of the source that will support the cost shared amount)
6. Forward to Research Administration for review and approval

Research Administration
1. AD of RA will review all documents and sign the No Cost Extension Request Form (additional information may be requested before approval)
2. Documents will be forwarded to the Sr. VP of RA for review and approval
3. Sr. VP of RA will send an email confirmation to the PI when fully approved
NO-COST EXTENSION REQUEST FORM
FOR GRANT FUNDS

Principal Investigators may request a no-cost extension of grants awarded by public and private sponsors. This request is subject to prior approval by the Research Administration. Please complete the form below and submit it at least 60 days before the grant award period is over.

Principal Investigator or Project Director: ______________________________________________

Phone and Email Address: ____________________________________________________________

Project Title: _________________________________________________________________

Sponsor: _________________________________________________________________

Grant Number#: __________________________ McLean Fund Number #: _________________

Funded Award Period: ___________________________________________________________________

A. Reason for no-cost extension:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

B. What is your plan for the use of the unobligated funds (please attach the McL budget template and latest copy of the financial report available on Insight or Document Direct):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

C. Desired expiration date for no-cost extension: _______________________________________

Signatures of the following hospital officials must be obtained in the order in which they are listed. In signing below, each official indicates that the change is appropriate according to Hospital and agency guidelines.

Principal Investigator or Project Director __________________________ Date _______________

_________________________________________________________________________________

Associate Director of Research Administration __________________________ Date _______________

_________________________________________________________________________________

Sr. VP of Research Administration __________________________ Date _______________

_________________________________________________________________________________
Residual Balance Transfer Requests SOP

**Department**
1. Complete and signed Partners Residual Balance Transfer Request form: Residual Balance Transfer (PDF)
2. Signed Residual Fund Transfer Checklist
3. Copy of the executed agreement
5. If budget against actual expenses vary more than 25%, explanation that describes the costs that were not incurred as anticipated and originally budgeted
6. Route documents to Associate Director of Research Administration: respinosa@partners.org

**Research Administration**
1. AD of RA will review all documents and sign the Partners Residual Balance Transfer Request Form and the Residual Fund Transfer Checklist (additional information may be requested before approval)
2. If the balance is greater than 20% of the total revenue and/or greater than $100,000, the documents will be forwarded to the Department Chief (VP of Research if PI is Department Chief) for review and signature
3. The completed packet will be forwarded to Research Finance for processing
Request for Transfer of Residual Balance to Sundry Fund

Transferring Grant will be inactivated up on completion of this request.

Administrator/PI: _______________________________ Phone: _______________________________
Department/Division: _______________________________

Cost Center Information for Transfer

From: _______________________________ To: _______________________________
PeopleSoft #
Title
PI
Department/Division
IDC Rate

Total Sponsor Support: _______________________________
Cash Balance: _______________________________ Eligible for Transfer to Research Sundry: $

Please verify the following statements, if not applicable, please select “N/A”

☐ The project is complete with all incurred costs recognized and charged to proper accounts
☐ The deliverables and reports have been completed and accepted by the sponsor, and there are no outstanding obligations to the sponsor.
☐ No federal or state grant/contract funds were used to pay for this project.
☐ All allocable patient care costs related to this project were charged to the project, and none of the costs were charged inappropriately to other patients, 3rd party insurance including Medicare and Medicaid, or to federal grants.
☐ N/A Cash balance is confirmed on the most recent PHGL026Q report available in Document Direct
☐ If any charges (patient care, salary & fringe, supplies, other) are posted subsequent to this transfer, I will be responsible for their payment from other funds.

The signature of the PI below indicates that the above information is accurate.

______________________________
Principal Investigator signature and date

If there is a significant balance* in the account, attach an explanation, a copy of the executed contract with the sponsor, and obtain the Department Chief signature below.

______________________________
Department Chief (VP of Research, if PI is Department Chief)

* A significant balance is defined as a balance greater than 20% of the total revenue and/or greater than $100,000.
Residual Fund Transfer Checklist

PI Name: ________________________________
Sponsor Name: __________________________
Project Title: ____________________________
Project Period: __________________________
Total Revenue: __________________________ Residual Amount to Transfer: __________________
Funds to Transfer Residual Balance: FROM: __________________________ TO: __________________________

Fund Type: [ ] Industry Sponsored [ ] Philanthropy [ ] Other: ______________

1. All work has been completed
2. The respective protocols expired
3. All reports (technical and financial) have been received and accepted by the sponsor
4. No outstanding items remain open or in question with the sponsor
5. All expenses related to the project have been properly charged to the account and all purchase orders have been closed
6. At least 60% of revenue was used for salary & fringe expenses
7. At least 1% of PI’s salary was allocated to the sponsored research fund
8. There is no provision for return of unexpended funds to the sponsor
9. All payments required from the Sponsor have been received by McLean Hospital

Attach copy of the executed contract along with the latest copy of the Financial Report. If budget against actual expenses vary more than 25%, attach an explanation that describes the costs that were not incurred as anticipated and originally budgeted.

PI Name          Signature & Date

Associate Director of Research Administration     Signature & Date
Updated Financial Summary View #2
- Project Demographics Expanded view

| Fund # | P Name       | Project End         | Total Budget Amount | CGG | Sponsor                        | Type       | Project Start       | Project End   | Budget Start       | Budget End     | Budget Balance | Fund Balance | Balance Type | Fund Classification | Last Month Expenses |
|--------|--------------|---------------------|---------------------|-----|-------------------------------|------------|---------------------|----------------|-------------------|----------------|----------------|--------------|--------------|---------------|--------------------|---------------------|
| 213805 | Spillott, D.  | 12/31/2009          | $0.00               | 84AA| NIH                           | Grant      | 07/01/2003          | 12/31/2009   | 07/01/2003        | 12/31/2009    | $0.00         | $0.00        | B            |                    | $0.00               |
| 101944 | Sacks, F.     | 02/28/2012          | $6,494,516.00       | 36PA| NIH-NHLBI                      | Grant      | 02/28/2012          | 02/28/2012   | 02/28/2009        | 02/28/2010    | ($513,414.19) | ($513,414.19) | B            |                    | $150,167.32         |
| 200399 | Juengst, H.   | 04/03/2012          | $1,252,217.00       | 30EA| NIH-NDREK                      | Grant      | 07/01/2007          | 04/03/2012   | 04/03/2009        | 04/03/2010    | ($510,600.42) | ($510,600.42) | B            |                    | $52,282.36          |
| 103486 | Medofsky, B.  | 03/04/2010          | $2,496,230.00       | 30AA| AHRQ Agency for Healthcare     | Contract   | 03/04/2010          | 03/04/2010   | 03/04/2009        | 03/04/2010    | $446,640.77 | ($471,880.32) | C            | $197,457.27      | $197,457.27         |
| 215100 | Moschovitz, S.| 04/03/2011          | $0.00               | 14AA| NIH-NAIP                       | Grant      | 07/01/2009          | 04/30/2011   | $451,471.53       |                | ($451,471.53) | ($451,471.53) | B            |                    | $146,086.08         |
Questions?
Contact

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