

The broadcast is now starting. All attendees are in listen-only mode.

RPPR webinar training for grantee institutions, my name is Cynthia Dwyer in the NIH office of extramural research and I'm your moderator for today, we're really happy to be providing this event for you and look forward to spending the next hour and a half or so with you, there will be a recording in approximately three to five business days and you will be able to find the URLs for that recording in your chat box which is located in your webinar toolbox. It's the URLs for the webinar home page on the grants.nih.gov website as well as the RPPR Web page. With approximately 1,000 of you registered today from around the world, it will be best to type in any questions in the questions box also found in your webinar tool bar. Carol, Emily and our experts from our electronic research administration team will address many of these at the end of the webinar; however, like I said, we have approximately 1,000 of you registered for today, so those questions that we do not get to and the

questions that you don't have answered throughout the webinar in the content you receive, you will be given an e-mail address at the end for Carol and Emily, our main presenter, following the webinar, feel free to contact them with those questions. This webinar is presented live, but without a camera. Therefore, to help you get a better idea of who's presenting, I'd like to introduce you to Carol Wigglesworth and Emily Linde. Both are grants policy panelists in the NIH Office of Extramural Research. And now, what you've been waiting for, on with the show.

>> Thanks, Cynthia. So this is Carol Wigglesworth here, and we do have our eRA colleagues, Scarlett Gibb and Melissa Daley with us, to help us answer any technical questions that we might get about the RPPR module. So we're going to start right off the bat by giving you a quiz. What does RPPR stand for? So you'll be able to answer this on your screen, it's a multiple choice question.

Just bare with us, please. Okay. What does

RPPR stand for? Research Progress Pending Receipt.
Rothko Preferred Painted Rectangles, Research
Performance Progress Report or Research Performance
Progress Review?

And the results are... that 92% actually got this right. I'm impressed. That's great. So we'll move on, now that we've got that out of the way, we all know what we're talking about, the Research Performance Progress Report. So I'm going to start with some background of where this came from and why we are implementing it. So the RPPR is a result of a federal-wide research business model subcommittee effort that was many years in the making. The purpose of the effort was to create a standardized progress report for use by all agencies that support research or research-related activities. So it's similar to the SF 424 application, in that all agencies will be adopting it, except that rather than a form, like the 424, we have a format known as the OMB final format. The format consists of a series of questions, some were mandatory, and most are actually optional for the agencies. In April

of 2010, OMB directed the agencies to implement the RPPR. As with other federal-wide efforts the goal is to reduce the administrative burden and cost to grantees and also in this case to ease comparison of outcomes across agencies. All agencies were required by OMB to post an implementation plan. NIH's plan commits to implementing the RPPR only in an electronic format. And to eventually replacing the PHS 2590, the eSNAP and the fellowship progress report, the 416-9 with the RPPR, so it will replace all of our interim progress reporting mechanisms. We also have worked with our agency partners in our development of the RPPR module, so that these three agencies will also be adopting the RPPR that we will be showing you today. HRQ, FDA and CDC. It is also useful to mention that we worked with many other federal agencies, all of which are required to implement the RPPR. For example, the National Science Foundation, and USDA, in working with these other agencies in implementing the RPPR, we developed a data dictionary, to standardize the data elements where possible. So when you hear us refer

to a federal standard, it is in that context.

>> Thanks, Emily. So I also want to bring you up to date on where we've been this year, where we're -- where we are today and where we're going from here. We began a pilot last April with 7 institutions that generously volunteered their time and effort to test the module. They were very helpful. They were patient. We worked through a number of system glitches and identified errors, most of which we were able to quickly correct. So they also provided helpful feedback, and we're extremely grateful for their participation in that pilot. Institutions that are members of the Federal Demonstration Partnership, FDP, were given early access to the module in June as part of the collaborative relationship that NIH has with FDP member organizations. So all in all, the pilot and FDP institutions have to date submitted over 450 RPPRs. So that brings us to October, and specifically to this week. Tomorrow, in its newest release, eRA will modify the system to give all NIH grantees access to the RPPR module and all grantees

will be able to submit an RPPR as of October 19th, which is Friday. So use of the RPPR is optional at this time. You may still submit an eSNAP if you choose. However, we encourage grantee institutions to take advantage of this opportunity to try the RPPR, become familiar with the module, begin to train your staff. This is important because we expect to eliminate eSNAP and the paper 416-9 for fellowships in April of 2013, so we'll be mandating the use of RPPR for all SNAP and F awards in the spring 2013. So this window is relatively short. We only mandate use of systems once grantees have had a window to learn the system, but in this instance it's just between October 19th and April, so please take the opportunity during this time to try the RPPR and become familiar with it. We will of course publicize that mandate through the usual guide notices and Nexus articles in advance. The mandate will not apply to awards that require budget as part of the progress report, though it will apply to all SNAP and F awards. Just in case you aren't familiar with the term SNAP, it stands for

Streamline Noncompeting Award Process. Most NIH awards are designated as SNAP awards, and this is indicated in each notice of award. NIHs implementation of the RPPR for nonSNAP awards is expected some time in late 2013 or early 2014 as indicated by the green arrow at the bottom right of your screen. NonSNAP awards require a 424 budget as part of the progress report and so we aren't there yet. We're working to leverage the budget development that is part of NIH's transition to electronic submission of multi project applications.

>> The upcoming eRA release will also feature PRAM, which stands for Progress Report Additional Materials. This will be a new functionality. Eventually PRAM will be used by NIH to request additional information and clarifying information, but at this time it will be solely used for responses to public access. PRAM is a link where the grantee can respond to an E notification that eRA -- to an E notification that the RPPR has been submitted with publications that are noncompliant with the public

access policy. We'll be talking about this in greater detail later in the presentation.

>> So, as with most things at NIH, one size does not fit all, so NIH's implementation actually involves 7 types of RPPRs to accommodate the differing programmatic requirements. This slide provides some examples of how the types differ. But as Emily will demonstrate, the differences will be transparent to the user. So if you're completing an R01, for an R01 -- completing an RPPR, excuse me for an R01 or an R01-like award, you will be presented with the R01 version of the RPPR, completing an R01 -- an RPPR for a fellowship, you will be asked to provide sponsor comments, report on the responsible conduct of research requirement, etc. Also, remember that at this time we are only implementing the RPPR for SNAP awards, and that would exclude the training awards and the complex awards. Of those 7 types of RPPRs, five are now available. The SBIR STTR is newly available. It was not part of the pilot. There are also some additional activity codes listed under R01. These

are generally considered to be complex, but because they're sometimes issued as SNAP awards, we have included them here under the R01 like SNAP RPPR. So what you have available to you now is the ability -- the option to submit an RPPR for any SNAP or F award. If an RPPR is not submitted for a SNAP award, then SNAP -- eSNAP must be used. For F's, eSNAP was never an option, if an RPPR isn't completed, then the paper 416-9 will need to be completed and mailed in hard copy to the centralized address for receipt of paper progress reports the way you normally do. We will provide a live demonstration of the R01-like RPPR in just a couple of minutes.

You will hear us mention the RPPR instruction guide. That guide and other items are available on the NIH RPPR page under resources, and that's actually also where we're going to be posting the archived version of this webinar. So we have taken the traditional eRA user guide for an eRA module, and combined it with the progress report instructions, and created the RPPR instruction

guide. Chapter six of that guide addresses the content of the R01-like RPPRs, much of what is applicable to the other flavors of RPPR. Chapter 7 provides the differences for the K, F education, and SBIR awards. In order to keep the RPPR screens a manageable size, we have placed detailed instructions in this guide, so we strongly encourage you to consider it your primary source document should you have an issue or be unclear how to respond to a particular question in the RPPR. So before we start the demo, I want to remind you that the RPPR is based on the OMB final format which is composed of the following components. We have provided identifiers, A through H, to make it easier to reference particular items in each component. Section B, accomplishments, is the one component that OMB designated as mandatory for all agencies to adopt. For the other components, agencies were provided with some discretion. NIH did not adopt all parts of each component. In some instances we adopted a question only for our particular category of awards. We will be walking you through each of

these components for an R01-like RPPR. This will provide an opportunity to demonstrate functionality as well as content.

>> While we are waiting to get into the live demo, we want to quickly ask you how many people are viewing the webinar with you. This is so we can get a better -- better idea of how many people we are reaching with our outreach programs.

You should be seeing the questions and answer -- the question and answer on your screen now, so just please let us know if you're alone or if you're in the room with, for example, five to ten people. Okay. It looks like most of you are viewing alone. Thank you for providing that information for us, and we're going to switch to the live demo now.

Thank you, Emily. So we're now entering the RPPR test environment.

And it seems that I have already logged on here. So note that the RPPR module lives under the eSNAP -- eSNAP tab at this time. In the spring we'll be renaming all eSNAP tabs and indicators to

RPPR, but because it lives there now, we're going to click eSNAP, and you initiate an eSNAP the same way you do -- initiate an RPPR the same way you do an eSNAP, but my grant is not here, so just bear with us a moment while we ... okay. Just bear with us a minute. We have to find our grant.

>> This is Cynthia. While we are dealing with our momentary technical issue, I do want to remind you that you can find this -- the Powerpoint for this webinar, which is currently posted, as well as the recording for this in a few days on the grants.nih.gov website, if you'll look under our webinars, workshops, series, you'll find it as well as on the RPPR home page. So I think we have our technical issue taken care of. So back to Carol.

>> Okay. Thanks, Scarlett. That's why we have our eRA folks here. So you're going to initiate this just the way you would an eSNAP. And for now, you'll get this message: Either an RPPR or an eSNAP may be selected but not both.

>> We suggest that you decide before you begin whether or not you will complete an eSNAP or an RPPR.

If you go down one path, and change your mind, for example, you start an RPPR, and then decide that you really want to submit an eSNAP, this is still an option, but to do this, you would need to contact the eRA help desk for assistance. The reverse is also true; if you start an eSNAP and decide that you would rather complete an RPPR, you will need to contact the eRA help desk for assistance.

>> Okay. Since this is an RPPR demo, going to select RPPR. And I'm going to select "initiate" and it's been successfully initiated, so I'm going to click "edit", to start entering information. So what we see here is the cover page A of the RPPR. Note that across the top you have A, B, C, D, et cetera, those are tabs so that you can go through the RPPR, jump around, complete it however you want. The cover page is -- consists primarily of information that is pre-populated from our system. So you've got identifying grant information, PD/PI, recipient information, et cetera. There's very little that you can fill in here. If you have a multiple PI award and would like to change the

contact PI, you can do that here, but you need to provide the eRA commons ID of the new contact PI. Note that if you do this, it won't take effect until after the next notice of award is issued. Where you do need to complete a box is A 2 and A 3, you have to enter a signing official, and an administrative official, and it can be the same person if they happen to have both roles in the system. There's also a place on the right under recipient organization information where you can enter a recipient ID.

This is strictly for your use, if you would like to enter your own institutional tracking number, or identifier, you can do that here. NIH will ignore that information, will totally disregard it. It's just for you use, and then the cover page also has your project grant period, your reporting period and the requested budget period which would be the next year of the award. So note that in order to save I have to either click save in the top left corner or I can do that in the bottom left corner. I also have the tabs again across the bottom for ease of

navigation. Now, the RPPR does not auto save, so that's a feature that we would like to add in the future where -- we're well aware of that, and we hope to be able to do that some time in the future, but at this time, we don't have auto save, so whether or not you click save, when you try to navigate to the next tab, you will get this reminder, "are you sure you wish to navigate? You'll lose any data entered or edited if you do not click the save button," since I know that I clicked the save button, I can just click okay. If I hadn't saved, I would have to click cancel, click save, and then navigate to accomplishments. Again, I'm just going to click okay because I know that I have saved what I entered on to that page. So we're now in section B, accomplishments. What are the major goals of the project? So all instructions in the RPPR are directly from the OMB final format such as the information here, list their major goals of the project. I've stated in the approved application, et cetera. However, we have used the NIH -- the HHS logo when we need to provide additional

agency-clarifying information, so in this case, what we're telling you is goals is OMB final format language, that goals for us is equivalent to specific aims which is the NIH vernacular.

So under B 1, you're asked to enter information in a text box. Note that there's a counter here, that counts down as you enter your data, so the limit to this text box is 8,000 characters which is approximately 3 pages. That's the data dictionary uniform standard for the RPPR, and so we have adopted that to be consistent with other agencies; however, in most cases, NIH would rather not have three pages of major goals, so we have an NIH-recommended page length here that's up to one page. So I'm going to move on to B 1 (a). Have the major goals changed since the initial competing award or previous report? The first year I can check yes. Or I can check no. But in the next year of the RPPR, after I've submitted one RPPR, the next year this box under B 1 is going to pre-populate from what I entered the previous year, and then if I click yes, have the major goals changed, I will get another text box that

gives me the opportunity to enter my revised goals. Be aware, as you enter information into text boxes, that the system does not support Greek letters, mathematical equations, images and so-called rich text including bold, italic, under lining, super script, et cetera, you may enter or copy and paste such characters into a data field or text box but when you submit the RPPR, generates a report, the characters will not appear correctly. It's important that you be cautious about the use of such characters in text boxes and that you also review the completed RPPR pdf prior to submission, as you'll see, there are opportunities for pdf attachments and those attachments may include any characters, rich text or images. So you also can cut and paste information into a text box, and that works fine. Again, there's the caution about using rich text format in that -- in that cut and paste, so you need to check and make sure you haven't done that, but also the system will truncate without warning at 8,000 characters, so again, another reason to review the RPPR prior to submission. Question B 2 asks

what was accomplished under these goals? Here, we have the opportunity to upload an attachment. So I'm going to do that. This works like the 424 does. Okay. So I've uploaded my accomplishments. I can view that attachment if I like. There it is. We've completed aim 1. We'll continue to work on aims 2 and 3. I'll complete that attachment and add a different one. B 3 provides the opportunity to report on competitive revisions and administrative supplements that are associated with the award and for which reporting is required. In this instance, there's a yes/no question. If I click yes, then the grayed add boxes below are now live so that I can enter information. So you would need -- if you click yes, then you need to enter either the revision or supplement number identifier, or the title, but both are not required. One or the other. Then you need to describe the specific aims for the revision or supplement, the accomplishments, note that the character limit here is only 700 characters for a quarter of a page, so we're not looking for long explanations. And then the data goes into a table

format, click add new, and it populates the table. I can edit it. I can delete it and start over or I can add another one by going back here and entering another revision or supplement. Which I'm not going to do. B 4 and B 5 provide the opportunity to say nothing to report. So B 4, what opportunities for training and professional development has the project provided, question from the OMB final format, and there is some instruction here that is worth reading about what we're looking for, but the NIH-specific instruction is very important, for TFK, R 25, R 13, D 33, et cetera, awards, designed to provide training, a response is required. So you would provide that response by adding an attachment.

B 5, how have the results been disseminated to communities of interest. Again, NIH is telling you reporting the routine dissemination of information, press release et cetera is not required, for awards not designed to disseminate information. The grantee should select nothing to report, and I'm actually going to go back up here and select nothing

to report so I don't get an error message. The B 6 question, what do you plan to do during the next reporting period to accomplish the goals is a mandatory question. You're required to enter a response in the B 6 text box.

Now I'm going to click save and navigate to the next tab which is C, products, where you report your publications.

>> Note that for every question in the RPPR, some kind of response is required. In many instances, that response may be as simple as selecting nothing to report check box. In the absence of selecting nothing to report, the system will either require an attachment or text entry depending on what the question is.

>> Okay. So we're now in C, which is products, and C has -- C 1 is where we report our publications. Are there publications or manuscripts accepted for publication during the reporting period resulting directly from this award? Because we don't have fake live data here, I'm going to go back to the Powerpoint slide, presentation, to show you what the

publication section looks like. This makes it a little easier to see the different options that come up, and what the public access compliance status is. So when you click yes, there's interface, between the RPPR, your bibliography, where PI's maintain their bibliographic information, the first three different tables can possibly show up, at least the first one will show up, all publications associated with this project in my NCBI. So this table shows publications where the grantee has made a grant paper association in my NCBI. Note that the association with this RPPR box is already checked. The second table, publications not associated with this project in my NCBI shows all of those publications that the individual also has in their my NCBI account but they have not already associated with this project in my NCBI. So here you have the opportunity to associate a publication with this RPPR. The third table is entitled publications previously reported for this project. So this will show publications where you have already made that grant paper association through an RPPR, and it has

been finalized in my NCBI. Note that all three of these tables provide the public access compliance status. There are four different categories, and the status is either complete, that means the publication is in compliance, compliance has been achieved, it's been submitted to central as required. Not applicable means that the publication does not fall under the public access policy, for example, in this case you get some further information why it doesn't fall under the policy is because it was not peer reviewed and progress means that the individual has initiated the process to submit the publication to pub med central but has not completed that process. For the purposes of NIH in progress means that you are in compliance because you have initiated the process. And noncompliant means that you should have submitted the publication to pub med central but you have not. Upon submission of the RPPR to the agency, the grant paper association my NCBI becomes finalized. So this is a live data feed coming into the RPPR from my NCBI and going back from the

publication section of the RPPR to my NCBI. The data in these tables are dynamic. Until the point in time that the grantee submits the RPPR to the agency. I'm going to repeat that sentence because it's very important. The data in these tables are dynamic until the point in time that the grantee submits the RPPR to the agency. Therefore, any change occurring in pub med, pub med central, the PIs, my bibliography account, or in the compliance status of a publication, will refresh upon saving the products section or opening the RPPR in another session. This is another reason to check the RPPR prior to submitting the progress report to NIH. If you have a noncompliant publication, for example, there's one here, you will still be allowed to submit your progress report; however, you will receive a warning when you check for errors. That's okay. You can still submit with a warning and the public access warning is the only warning in the RPPR module. It does not block submission the way an error does. Upon submission of an RPPR, with a noncompliant publication, the system will generate

an automatic E notification indicating that a noncompliant publication was submitted in the RPPR, and that E notification will ask you to address the noncompliance. You can use my NCBI to manage and monitor compliance with the public access policy throughout the year. That's what we encourage you to do. It makes it much easier to complete the RPPR, if you don't have a compliance issue at the time you're trying to submit your RPPR.

>> We are sometimes asked how a PI can create a my NCBI account. My NCBI uses the same login credentials as the common, if you do not have an account, go to my NCBI. Login with your eRA commons user ID and password and an account will be established for you. Just -- you will use this account to manage your bibliography, when you complete your RPPR, your publications will be displayed in section C 1.

>> There's also a link to my NCBI at the top of the publication section, if you want to go back and forth between the RPPR and my NCBI. While I'm here I want to point out that we have little question

marks in little blue circles, and if you click one of those, they're sprinkled throughout the RPPR, it brings you to a help file, which provides further explanation, sometimes definitions, and so we strategically placed those to provide information for you and make it easy to find out additional information. Do the back. Okay. Thanks. Okay. I'm almost done with the C section, and then I will be turning this over to Emily. C 2 is websites or other internet sites. Again, we have the Nothing to report option, or you can enter information, pay attention to the information by the logo for awards not designed to create or maintain websites, select nothing to report. Description is only required -- required for awards designed to create or maintain websites. C 3, technology or techniques is similar. You can click nothing to report or you can identify technologies here. C 4 is inventions, patent applications and/or licenses, these are the same two questions that are in the current progress report. They may have been clarified slightly, but it's two simple yes/no

questions, have inventions, patents, et cetera, resulted from this award during this reporting period. Yes, no, if yes, has it been reported? C 5 addresses other products, and also includes C 5 (b) resource sharing, to other products. We have examples here of other products that we would like you to report here, and do you that through an attachment. Select nothing to report. And resource sharing is where you would report on the status of any formal resource sharing plan you have that might be a term of I ward, you might a association study that you need to report on, this is where we want you to report on resource sharing, and again there's a help file here if you want additional information if you want information on what we mean by resource sharing. So I'm now going to turn the demo over to Emily who will walk you through the remaining RPPR questions. But while we make the transition, we will ask another question.

The question is can you report a citation by manually entering it into the RPPR? Yes or no? And 66% said no, and 34% said yes. Well, you must report

publications through your my bibliography account and my NCBI and that automatically populates the RPPR with your publication. So this ensures that publications will be reported in NIH reporting systems, such as report, and that you receive appropriate credit for your publication resulting from the award. It also ensures that NIH has a record of that product of the research, so when we go report to congress we can report on that. So I'm now turning this over to Emily for the remainder of the demo.

>> We are about halfway done with the presentation, so take a deep breath, we know that this is a whole lot of information that we're presenting to you all at once. For that reason, I am going to skip over some of the questions as we go through the remainder of the demo, for the RPPR, so I'm going to skip those questions for which we've already demonstrated the functionality or for which the functionality should be pretty self evident, and I'm going to highlight things that are either new information, collections, or a little bit different

process, or information collection within the RPPR. I'm going to start with D 1 and the D section is participants. D 1 asks what individuals have worked on the project. The text you will see directly following that question is text coming to us directly from the OMB final format. You'll then see the HHS logo and the title instructions. All of these instructions following that should be familiar to you. They are instructions that we employ now in the eSNAP, so there aren't changes there. We have added a feature where you will be able to use an individual's eRA commons ID to populate a person's profile. I'm going to scroll down here a little bit so you can see that we have a list of participants. Where possible, we are definitely trying to leverage any information that we have, so if you have already submitted an eSNAP and we have this information, or you have submitted an RPPR previously, we're going to capture that information and pre-populate where we can. Under role here, you will see PD/PI is already completed. That completed by the systems because we have that

information in there. And I'm going to go in here now and as if I'm going to add an individual, so I will just add myself here. Please note that in all of the fields that are required there's a red restriction marking them as a required field. I said that we're definitely going to try to pre-populate the information where we can. There will be a few items that we will be unable to pre-populate, and that's either because we -- they are new questions, we haven't asked them before, or it's information that needs to be completed annually. For example, the senior key personnel. That is actually senior key personnel as defined by your organization.

>> So that question was in our previous all personnel reports. We've removed it a couple of years ago. It caused a lot of angst, both here at NIH and for staff, so we've added it back in my popular demand.

>> I'm going to select project role here. One of the biggest changes with the RPPR is in the person months, and how those are reported. Person months

must be rounded. This is coming to us from language in the OMB final format for the RPPR. This is the new fed-wide standard as defined by the RPPR and allows for reasonable variance, and does not -- and we do not require the same level of granularity down to the person months that you are used to reporting in eSNAP now. This means that person months will be reported in whole numbers from one to 12. In rare instances where the PI -- PD/PI has person months of .4 or less, you would round down to zero. And we've gotten a lot of questions on this as we've gone out to present this. This is information that we cover in that question mark help file that Carol demonstrated to you earlier, so we do have some examples in there that your PD/Pis, I'm sure will find useful and also for administrative staff. Note that we do not anticipate that this will occur frequently, but the system will accommodate your ability to report zero. By NIH definition, effort for the PD/PI must be greater than zero. But you'll be tracking that effort separately as required by the OMB circular. This is just really ballpark

figures for reporting purposes.

>> This change to rounding of the person month does not impact instructions for completing applications. In an application, you can still use a decimal. In fact you'll probably need to use a decimal when you indicate person months, but for the purposes of the RPPR, we are required to round per the OMB final format.

>> So you'll note there's another question with an asterisk that asks for the individual's primary -- if the individual's primary affiliation is with a foreign organization. This is one of three new questions in the NIH RPPR which are designed to enhance our data on foreign collaborations, so if the individual's primary affiliation is with a foreign organization, you would indicate so here. You would then enter the name of their organization, and select the country. I'm going to hit the add new button, and you can see that I have been added to the list of participants. D2 level of effort, you will recognize as one of the SNAP questions. We have actually reworded it to

include a reduction below the level of effort required on the NOA, in those cases where minimum level of effort is required by the terms of the NOA. These are individuals that NIH specifically names on the notice of award, so either the PD/PI or individuals named in the terms of award.

>> Note that this is the only question in the RPPR that is appropriate for requesting prior approval. The IC will review the request and respond as it would any other prior approval request. For all other instances where you're requesting prior approval, for example, change in scope or carryover, you would need to submit a separate request to the IC.

>> So I'm going to skip down to D2 C, changes in other support, so this is also one of the SNAP questions, but will now apply broadly for all -- all mechanisms when we implement the RPPR for all mechanisms. And it applies to senior key, again as defined by your institution. For any individuals for whom there has been a change in other support since previously reported, you would complete the

other support, and attach it here. If there are multiple individuals, you will consolidate that other support, and upload it as one document just like you do with the just in time. You will want to include the grant in the other support that you're preparing so that the NIH staff can calculate that individual's total effort. I'm going to answer a few questions here, so we don't get too many error messages later on in the -- later on in the game, and proceed to the next section.

So under item E impact, you'll see E1, not applicable, I'm actually going to cover what that means and why it appears like that later. So in this section I'm only going to cover question. E4. What dollar amount of the awards budget is being spent in a foreign country? This is the second question geared toward enhancing our information on foreign collaborations. The language comes to us from the OMB final format; however, will you note again, that we have -- behind the HHS logo, we have provided NIH instructions, and this is just to give you a little bit more guidance, so if you're a domestic grantee,

you would provide the dollar amount obligated to first tier subawards to foreign entities for the reporting period. If you were a foreign awardee, you would provide that same information, the dollar amount to first tier subawards outside of your country, unless that country is the U.S. So to report this, if you have no funds being spent in foreign countries, you would select nothing to report, but for the purposes of the demonstration, let's say we have one subaward for \$15,000 to Belize, for example, you would enter that information, click add new, and it will add to the table; however, if you had two -- two subawards to the same foreign country, so let's say that I have two \$15,000 subawards to Canada, I would enter the aggregate funds, so \$30,000, and then I would select the appropriate country, and click add new, so again, these dollars are by country, not -- not by individual foreign component.

Going to navigate to section F. I just want to highlight that, again, we have included NIH-specific information and guidance for F 2,

actual or anticipated challenges or delays. Here I want to highlight that we are requesting only significant challenges. So those challenges that are really impeding the research, for example, a delay in the accrual of patients, or a delay in hiring personnel.

The next sections here will look familiar to you. We already asked you questions about human subjects and vertebrate animals and select agents and whether or not there's been a change. We've now added biohazards to this list, and again coming to us from the RPPR. Here you would indicate if there's no change, you would just hit the "no change" checkbox, however, if there was a change, you would detail that change, you're going to consult the RPPR instruction guide, because it's going to give you very detailed instructions about what needs to be included in your description of that change, and then you would add that as an attachment. So I'm going to add an attachment here. And keep going and select "no change" for the rest of them.

That brings us to section G for special reporting

requirements. Question G1, special notice of award terms, and funding opportunity reporting requirements is actually the only question in this section that's coming to us from the RPPR final format. All of the remainder of the questions in this section are NIH-specific. This one is where you would address any -- if had you terms of award that required any additional reporting requirements, you would address those here. This is in fact the only question in the RPPR where you could attach multiple attachments so we -- because we do recognize that you might have some -- some programs might have extensive additional reporting requirements, so that's where you would attach them here.

>> And that notice of award is actually in each RPPR, it's a live link to the current notice of award, so if you don't know whether you have special reporting requirements specified in the award terms and conditions, you can click your notice of award, and it will be right there for you to view.

>> So G 2 and G 3 appear here as not applicable,

as you may have noticed at the beginning, we were doing -- we're going through a demo for an R0 1 or R0 1-like grant. However, we have discussed dynamic displace, so I'm going to demonstrate that with the Powerpoint slides now. So this is what we're seeing when we're in there for an R0 1.

However, if you were in there for a fellowship award, you would notice that G 2 is requesting information on the responsible conduct of research, or your RCR plan. Question G 3 is requesting information for your sponsors comments, so if you were completing a fellowship award, you would see this. If you were completing a K award, you would see something similar to this, but we are basing the questions off of -- off of the mechanism that you're submitting.

>> So I just want to note that while preparing for this presentation, we identified an error, selecting nothing to report is not an appropriate response for FTK awards. So the system should have grayed out that option for you and required an upload for responsible conduct of research. Please be aware that we will get this fixed as soon as

possible, but you should remember you're completing a FK or T award that you are required to address responsible conduct of research in this section.

>> All of the questions in the R0 1 are for the R0 1 are listed in chapter 6 of that instruction guide that I mentioned and for here, for example, for the fellowships -- fellowship awards, you'll find another chapter in section 7 which specifically addresses Ks and there's a different section for each of the different types of RPPR. Going to go back to the live demo now. G 4 is a cascading question, so if you answer no, will you just go straight to the next question. If you answer yes, you will be given a succession of questions to answer. Inclusion enrollment, data works just as it does now in the eSNAP, so I'm not going to cover that. Item G 4 (c) is information on the collection of clinical trials data. We have actually reduced the number of fields and you are only asked to enter the NCT number if you have an applicable clinical trial. Note that this should be entered. It does give you an example for how this should be

entered, and the system will validate. And the system is validating not the grant -- not the NCT number itself to see if it's a valid NCT number, but rather it is validating the format of the NCT number, so we know that we'll get close on that one.

For question G 6, human embryonic stem cells, HESC, it works much the same way as the NCT information does. If you have that, you need to identify the line. Again, the system will validate on -- on the format of the number, but will not validate on the number itself. If you had had a change in HESCs, you would enter that information here in the text box.

For G 8 performance site, we are pre-populating this data. It works the same as eSNAP does, and you will get an error if data is incomplete. Note that the system does require you to enter a congressional district for most of this these, you can see that there's a congressional district entered, but if you had not had that completed, it will give you an error when you try to submit. At least one site must be designated as primary, and the system will not let

you delete the primary site unless you have designated another site as primary.

>> There's another system bug where the system is duplicating the primary site, so it's really not a problem to have duplicate sites in there. You can just delete the duplicates if you want, and we will get that bug corrected as soon as possible.

>> Item G 9 is a foreign component, so again, this is a new collection for us, and we're aiming at getting more information on our foreign collaborations. You will report for each component, and then you will identify the country, so for example, if I -- I have a component, I'm going to enter the name of the organization, I'm going to select what the country is, and then I'm going to provide a brief description of what's going on with that component. Note that this collection is by component, not by country, so if you have two components within the same country, you would list those separately, so that you can describe what's going on in each component separately. G 10 estimated unobligated balance. This is the last of

the three SNAP questions, which has, like the others, been applied to all types of awards and has been reworded to provide more clarity, both to you as grantees and to NIH staff. If you identify that you have an estimated unobligated balance, you will actually need to provide that estimated unobligated balance here. You will also, as do you now, provide an explanation for why that balance exists, and if you have carry over authority, you would then let us know what you're going to do. If you do not have carry over authority, things function just as they do now, you would need to submit a separate prior approval request to request that carry over.

And I'm just going to answer a few more questions so we don't get too many error messages as we go on. The last of the sections is section H, budget. You will notice that it says not applicable. That is because at this time we have not yet developed the budget capabilities. This won't matter for F and SNAP awards, as you don't need to supply a budget. When we do implement the budget in accordance with the directive from OMB in the final format, we will

implement the SF 424 budget.

So now I am going to go back to the managed screen -- whoops, I skipped a little bit too far, that's okay. So I'm not going to go over all of these buttons, because many of them function the way that not only eSNAP but many other modules within an eRA function, but I am going to show you a couple of things. I'm going to start with the view, the view of the pdfs. So this is the pdf as NIH will see it, minus a new details, for example, the submit date won't be completed yet until you submit that, but all in all, this is what NIH grant staff will be seeing. You'll notice that we've included book marks and those book marks correspond to each of those categories including the lettering, just for ease of navigation. There are a number of items down here on the bottom of the cover page that you're not actually answering in the cover page section. You're answering them elsewhere in your report; however, because many of us staff and you guys have gotten used to seeing the information on the cover page, we have decided to populate that here for your

convenience, but those answers are coming from the body of the RPPR. I'm going to click on section B, accomplishments, so you will see that we display what the question is. If it's a text response, we let you know what that is directly below that question. If it was a pdf attachment, it indicates the name of that file attachment. And then you would find the attachment on the page following that section. Would you identify what the question number is, and the title of that attachment, and then we display the text that you've included in your pdf. So that's about all I need to say on the pdf. I'm going to go back and let you -- show you that you can check for errors, you can do this at any time throughout completing this, and if you don't do it along the way, the system will do it for you automatically as you go to submit the RPPR. You'll notice for example, here C 1 (a), a required field is missing. We have intentionally kept the responses -- or the error messages to be general. So you would then need to go back to C 1 and figure out what the required field is. These are all error

messages that are listed here, but Carol did mention that there is one warning message, and that warning message is if you are submitting publications that are not compliant with the public access policy. So that gets us through the live demo and I'm going to switch back to the Powerpoint slides, but as we're doing that, we're going to ask you a poll question.

>> So the question reads: Should we record effort for individuals who participate less than one calendar month in D 1 participants? You have four options there. All individuals regardless of person month. Individuals with one person month or greater. The PI regardless of person months, or B and C.

I'm sorry., they're not labeled A, B, C and D, but I think you can figure that out.

>> Excellent, it looks like most of you have been paying very close attention to what we've been telling you, because you have -- most of you have responded and gotten the correct answer, that it's both B and C. You would reflect any individual with one person month or greater, and the PD/PI

regardless of what that PD/PI effort is. I'm going to switch back to the Powerpoint to finish up here. We told you earlier that we would tell you a little bit more about progress report additional materials or PRAM. So this is the functionality that we've developed. It works similar to how just in time would work. If you had submitted RPPR with noncompliant publications, you would have gotten the e-mail (e) notification, if you are the PD/PI, that PRAM link would show up. Only the PD/PI can initiate PRAMs, if this were a live demo, I'd: PRAM and this is what the PD/PI would see, the top information is identifying information for -- for the grants, the PD/PI's name, the grant number, the institution, et cetera. Below that, you will find the status information, so this says PD/PI work in progress and identifies the current reviewer. If this had been submitted, the status would reflect that it had been submitted. Below that, below the second gray line, the public access compliance, you will find a list of instructions, and this is instructions that we currently provide to you now

in the e-mail, but we provide it here also on the screen for your convenience, and this details the type of information that we need to see from you when you're verifying that you are now in compliance, all of your publications are now in compliance with the NIH public access policy. To do this, we do provide a text box and so this is where you would provide that text entry, but be sure that you are following those instructions listed above. In addition we include a link to the NIH public access policy page, should you have any questions specifically about addressing noncompliant publications. So to sum up what is going on with PRAM There will be a link at that will be opened automatically when the RPPR is submitted with noncompliant publication, so you're going to get that e-mail right away and that link is going to open right away. The PD/PI will access that PRAM link from the status screen. The text entry allows for 2,000 characters of text for you to respond and to let us know that all of those publications are in compliance. The route and submit functionality are identical to that in the

RPPR, so there are certification text either as the PD/PI or the individual submitting. You have to read and attest to that certification detective. And then it must be submitted by the SO. Or it can also be submitted by the PD/PI if that individual has been delegated to submit authority.

>> So use of the PRAM is not mandatory at this time. If you get one of those automated E notifications saying that publications -- a public that is not in compliance with the public access, you can respond by e-mailing the grants management specialist. The PRAM right now is an option in order to provide you with an easy way to provide your response, it puts it automatically in the system for you to see and for NIH to see. We'll probably be mandating the use of that some time in the future, but we don't have a target date in mind for that yet.

>> So actually before I get into the meat of this next slide, we're going to give you one last poll question.

So hold on. We're getting to the poll question. Just bear with us. This poll question is: The RPPR

will be mandatory starting October 19th, 2012.
True or false? We'll just give you a second to vote.
And you guys have done so well on these poll questions, all the way through, we know you're going to get it right. That is correct. The answer is false. Almost 100% of you have gotten that one right. It is not mandatory on Friday, it is optional. We do intend, however, to make that mandatory in the spring of 2013, that is a couple of minutes away, we hope you're in there and using the system and getting used to it before we've mandated the use of it. With this slide, what I'm going to do is go through and recap some of the new information that is requested or information that's requested a little bit differently in the RPPR. We are providing a specific location for you to record the specific aims and accomplishments. This is under item B 3. We've always asked you this information but what we're doing here is providing a specific place for you to provide -- to provide that information. The foreign collaborations, as I noted, there were three new information

collections on foreign collaboration, one for an individual's affiliation with an organization -- foreign organization in section D 1, also the dollar amount of the award that's being spent this a foreign country or countries, the information about foreign components.

Participants, the role on the project you'll notice a new project role, high school student, and some slight rewording of the other roles and this is to be consistent with with the other -- the other federal agencies implementing the RPPR, and this is coming to us again from the data dictionary. The legal of effort, we have specifically identified with that SNAP question now that answering yes to that question constitutes a prior approval request that is very specifically written in the text that you as grantees will see on the screen and answer and be conveyed throughout and it is documented also through the instruction guide. And lastly, if you are indicating that you have an unobligated balance in X of 25% the current year's budget, you will now need to provide that estimated amount. Many times

you will probably already have been providing that amount in a back and forth exchange. We're providing you with a place to eliminate some of that back and forth. Now I'm going to highlight some points to remember. We certainly encourage you to use the RPPR, and become familiar with it, as it is still optional. If you have initiated progress report in one format, for example, the RPPR, it must be completed in that format, or you would have to contact the eRA help desk to change back to another format. The system will check for errors prior to submission, if you have any errors, all of those must be addressed before the system will allow you to send that, there is one warning and it will let you submit with that warning. That single warning is for the public noncompliance with the public access policy. A few more points to remember, Carol pointed out earlier that special characters are not permitted in the text boxes. This is because they will not display appropriately in the pdf, so you might see it in the text box and it looks like what you want, but when you go to generate that pdf, we will not

see it in the text box, please be mindful of this when -- as you're completing an RPPR, you may disregard any items that are marked nonapplicable and you can move on to the next question. Person months under that all personnel section will be rounded person months, so that the nearest whole person month, anything from zero to 12. Please be sure that you're following the instructions. Carol and I did take a lot of time and got a lot of feedback on the instruction guide, so hopefully the instruction guide is clear to you and please do be sure that you're following those instructions. For example, you should only be reporting publications, using my NCBI, section C 1. We have found through the pilot and the expansion to the FDP organizations that fellows are often unfamiliar with eRA commons modules and with my NCBI, so they may need a little bit of special assistance as you get them used to completing the RPPR and using my NCBI. We have a resources and information page here. Carol has already provided this for you and I'm going to come back to this slide in a minute, but this is where

the archive of this webinar can be found. If you have system issues when completing the RPPR, you will contact the eRA help desk, I'm sure you guys all know that number, but here it is for you reference. If you have questions or other comments or there's questions that we don't get to address by the end of this presentation, you can contact Carol Wigglesworth and myself. So with that, we're going to start taking questions.

>> Okay. So we have during the process of this webinar, received a number of questions and we'll just start off with them, Emily and I will probably take turns reading and answering them. The first question we have is is HRSA included with this mandatory reporting. No. HRSA is not one of the agencies we've worked with to prepare our RPPR, and they will not be adopting the NIH version of the RPPR. So you will have to talk to HRSA about what they plan to do.

>> What is the recipient ID again. So I'm going to actually try to get back there in the live demo so you can see where that information is collected

and what it is. So this is the recipient ID. That ID is actually an ID that would be internal to your organization. So I've heard many times that you guys have a different grant number or a different sort of number that you use to identify awards in your systems. That is what you would put here. We don't need to see it. We don't -- you know, we won't do anything with it, but if it assists you in identifying things in the future, that is for your reference.

>> So we have a question about someone who is dealing with F 31s, and wants to know how they can find out who the proper administrative official is because right now they only need a signing official, so I'm going to refer that to Scarlett Gibb with eRA.

>> Yes. So we actually don't treat F's any differently than we do the Rs or any of the other activity codes. It does actually have a section for an administrative official and a signing official, and it asks for both of them, just like the Rs in any of our other activity codes you can choose the signing official to be the same as your

administrative official, if you don't fill out the administrative official section, it automatically populates with the signing official's name and information. But there is a drop-down, if you click on the drop-down in the administrative official, that will give you all the administrative officials and signing official names in your organization and you can pick the appropriate one, if it is different than that of the signing official. Thank you, Carol.

>> Is this the same RPPR package used for final reports?

>> So I will answer that. The final report is different for NIH than the RPPR or the PHS 2590, but I'm glad someone brought that up, because this the process of creating the RPPR instructions and realizing that the 2590 is going to go away, we have moved the final progress report instructions to be in their own document. So they used to be sort of buried in the 2590 instructions. If you go to the NIH forms and applications page, then there is now a link to those final progress report instructions.

The instructions didn't change, but they have been taken out of the 2590 instructions.

>> For specific aims, I assume it should be the same as in the application, and I'm going to go back to the demo just really quickly to show you, yes, we do expect that those would be the same as what are in the -- what's in your application or what was in your preceding year. However, if there was a change, you would indicate that by using B 1 (a). Yes. In this first year that we're implementing the RPPR, you don't have to type, you will have already covered that, in future years we will be able to populate what you have told us in the past are your specific aims and then you would identify, yes, there is a change, and then explain what that change is.

>> So the next question is related to that. So you might want to leave that screen up. Can you submit the goals A. pdf attachment only, or is it mandatory to enter text in the text fields, so for that particular question, goals which is B 1, it is a text field entry only, you cannot do a pdf

attachment so I think we had a couple of questions that we have sent over to Cynthia. Did you get those? No? Okay. We'll move on then. So the next question is for what awards are grantees required to disseminate information in the accomplishments section? So if you're -- your award is intended to disseminate information, you would know that. It would be part of your aims or goals, and it would have been awarded for that purpose. There are very few NIH awards that are made that way, but because it's part of the final format, we had to ask that question. So you'll know if you're -- the purpose of your award is to disseminate information.

>> Can you -- can you specifically state which sections of the previous progress report summary go to what sections of the accomplishments on the RPPR accomplishments page?

>> So we have not prepared a crosswalk because the RPPR progress report is so different from the existing 2590 instructions, we haven't done that. I think you just have to look at the -- the RPPR as

a new document with some new reporting requirements and go from there.

>> What is the process for a PI to submit their publications to pub med so that they are compliant on time in the RPPR when that is submitted? And for that I would suggest that it's quite an extensive answer, and since we don't have that much time here, I would suggest that you go to the My NCBI page. They have quite a thorough amount of training materials and I'm sure that you will find your answer there.

>> Cynthia has found her questions so I'm going to give her the floor for a moment.

>> Thanks, Carol. All right. Here's our first question, for me. It was will I be able to get the speaker notes that were typed in below the -- the eRA comments pictures that you're seeing on the screen and the Powerpoint slides and those are done by our captioner, and, yes, you will get a transcript of that in the next few days. We will have that available to you on the RPPR site that you have been given, as well as the webinar site that we mentioned

off of the grants. NIH.gov website. If you go to the chat box that's in your tool bar, you'll find the -- you'll find the links to those. It was at the very beginning of this webinar, go to the chat box and you'll find the URLs for both of those. The second question that we received that I can answer for you was will there be additional trainings like this one? And that's a very good question. The office of extramural research at NIH puts out podcasts. We have webinars. We have workshops. We have a variety of opportunities for you to stay connected with the NIH. So a -- a great place to start is the grants.NIH.gov site, if you go to the right hand column there, there's a box called get connected and there you'll find workshops and seminars and other links. We have a blog. It's a great opportunity for you to find what's happening at NIH and extramural research so... that's it for me. Aisle pass it back over to Carol.

>> Okay. We have another question, will PI delegates still be able to complete RPPR? And I -- let's see, I meant to give that to Scarlett,

but I didn't, so I'll answer it. S0s may still delegate authority to PIs to submit a progress report for a SNAP award. But Scarlett, do you want to comment?

>> So there's a big difference between the delegation of submission and the delegation of being able to complete the SNAP by the -- and the PI can of course delegate the progress report delegation and that will carry over from if the person -- the assistant or whoever was assigned to assist the PI, had already previously been delegated, then that will continue to -- the delegation will continue to be allowed. Also, as Carol was alluding to, the submission, the PI submission, there is a delegation that signing officials can grant to principle investigators to submit to NIH, and that also carries forward with the RPPR currently.

>> So we've had a number of questions about different types of activity codes, and when they will transition. For example, when will P 50s, which are now submitted in paper, transition? Those do require budgets, so we are focused on

developing those budgets right now. We are trying to leverage some work going on here on a different project, so we can't provide you with the specific timeline, but right now we are looking at late 2013, or early 2014 to do that. It certainly in progress for something that we would like to do. We also had a question about R 15th and 415s are actually multiyear funded -- multiyear funded. At this point in time, the RPPR will not be used electronically for the multiyear funded awards; however, they do still require progress reports, and for the time being, we will have to follow the plan that we follow now where you submit a separate pdf of the progress report for those multiyear funded.

>> We will be taking the RPPR questions and creating a word document of that for the multiyear funded awards, and those instructions will appear on the multiyear funded project web page, just like we have instructions now for how to submit a progress report for a multiyear funded award. There's also a question about T32s, when will the T awards move to the RPPR? That's in the same category as the P50

because it requires an annual budget as part of the progress report. So that also is on the "to be determined" timeline.

>> We've had a number of questions on section E4 where we're requesting the information on funds being spent in a foreign country, and so the questions are along the lines of would we report a -- would we report equipment purchased from a foreign country? Would we report travel to a foreign country? Or would we report a formal subcontract? So we really did provide that information to clarify that we're looking for that information that's first tier subawards, so if you have a first tier subaward to a foreign country, that is when you report it. If there is travel involved with that first tier subaward, that's when travel would be reported. Otherwise you would not be reporting under E4.

>> Just bear with us here. We have a lot of questions coming in. We're trying to answer them on the fly. So the question is: The other support document states to remove the grant you are working

on, but many grants management specialists want you to put the current grant on it. So when will the other support document be updated to reflect this change?

>> That is a great question. Actually, we have already started work on the other support document, and we will be providing two different examples for the other support document, so one will be examples for how you would complete it for competing when you're submitting just the time information, and the other will be a companion document to this RPPR guide. For this one we're specifically going to want you to include this award, and the reason for that is you can make reductions of level of effort, anything under 25%, and not have to report that to us. So we won't have an accurate assessment of what your effort on this award is, so if you include it when you're submitting the RPPR, then your grants management specialist will be able to tally all of the information up and make sure that the total effort does not exceed 12 person months, so that's why we're asking you to do that here. It does bring

up another point, and I would like to highlight that this does increase our reliance on your response to the question about whether or not there will be a reduction in the level of effort, so it will be up to you guys to identify that. We won't have the same granularity of information. So be sure that you are identifying those accurately and letting us know so that we can review those as prior approval requests.

>> So I think that Scarlett has a couple of more questions that she could answer for us.

>> Sure. So a couple of the questions I've gotten have had to do with authority, and the first one is can the commons delegate enter PRAM information for the PD/PI, and the answer is if the delegate has been assigned the progress report delegation, then, yes, they can enter the PRAM information from PD/PI but they cannot submit it to NIH, and then along the same lines with the authority, one of the questions was what kind of authority do you need to have to complete the RPPR? Can an A0 complete it? And that's kind of a tricky question. A PI actually is the person who owns it

and initiates it, and the PI can delegate authority to assistants, or they can delegate it to other people, and they can delegate to an A0 to complete. The PI can also route a form to a delegate, and then -- not to a delegate, to an A0, and then the A0 has authority to actually put information in at that time, and then route it on to the signing official. The submission would be either the signing official, or it would be the person that's been delegated as a PI, to become a signing official, submitted to NIH, but an A0 can complete it. And then the last question that I see here is are there format restrictions for files to be uploaded, then you answered your questions, must that be pdf files, yes, they must be pdf files for all the uploaded files. What NIH accepts through the grants.gov for the 424 all must be pdf files.

>> So we're nearing the end of our time here and there's a couple of questions came in that we just really want to get to. We would love to get to all of them but we can't, so let me just get to a few. Will the recipient's ID print on our NOA? No. So

this is only going to print on your pdf. It's for your reference. And it won't be incorporated into our database in any way, shape or form. The other question is about --

>> The definition of senior key personnel, which we have --

>> The definition --

>> -- which we have referred to many times.

>> Right. The definition of senior key personnel, that is individuals with measurable accurate, but we did define here specifically when senior key personnel as defined by your institution, and I can tell you that I know Carol and I worked about a year ago on a document that is a Frequently Asked Questions document on key personnel and I would refer you to that for more information, and it seems like we are out of time.

>> Okay. We thank you for your questions, and for listening. We have a few questions we didn't get to, and we will be possibly creating some FAQs that we'll be posting, so if you do have additional questions, feel free to e-mail either Emily or me.

>> All right. Thank you, Carol, Emily. Scarlett, our team of eRA experts, and to all of you for taking time out of your busy schedule. You did hear several times that we do have the Powerpoint slides now available, and that there will be a recording and a transcript of this. You can find it on the RPPR home page, and I'm going to go ahead and spell it out. It's grants.nih.gov/grants/rppr. You can also find it on the webinar home page, which as I mentioned earlier is in the get connected box on the grants.nih.gov under workshops and training and into the webinar file. So the last slide, once you do find it, the last couple of slides of the Powerpoint that you will be able to download, have the contact information for Carol and Emily, and -- and other resources that will help you as we move along with the RPPR. So we hope you have a great morning, afternoon, or evening, and again thank you for joining us, from around the globe, and at all hours of the day. This concludes today's webinar.