Research Administration Forum XVIII

Marta I. Torruella, Associate Director (Acting Director) Kate Ross, Manager Outreach & Training (Acting Associate Director)

Cindy Fuqua, Sr. Manager- Administrative Post-Award Maura Gilmartin, Sr. Grants Management Specialist Mukul Mathur, Sr. Grants Management Specialist Jim F. Keller, Grants Management Specialist Joyce Ng, Grants Management Specialist Betty (Mei-Ki) Chan, Grants Management Specialist

April 22, 2015



Items for Discussion NIH Notices & Policy Updates SR-PD Updates Uniform Guidance Large Scale Genomic Data Sharing

RPPR – Common Pitfalls

5 page Biosketch

Subgrant Documentation Updates



NIH Notices & Policy Updates SR-PD Updates

Marta I. Torruella Associate Director (Acting Director)



Updates

NIH Updates

- New NIH Grants Policy Statement issued March 31, 2015
 - Uniform Guidance
 - Large Scale Genomic Data Sharing
- Recent NIH Notices & Upcoming Policy Changes
 - <u>NOT-OD-15-095</u> Reminder of Application Compliance
 - <u>NOT-OD-15-090</u> Reporting Publications in RPPRs
 - <u>NOT-OD-15-085</u> Reminder of New 5-page Biosketch
 - NOT-OD-15-073 Subawards Not Active in All Budgets Correction to SF-424 Application Guide



Updates

SR-PD Updates

- INFOED Upgrade on March 19, 2015
 - Special characters
 - New Look
- New DHHS Agreement issued March 12, 2015
 - New Fringe Rates see <u>Administrative Data</u> web page
- Individual Development Plans (IDP) personalization
- Upcoming <u>TCN Event</u>



Uniform Guidance - Information and Updates

Mukul Mathur Sr. Grants Management Specialist



What is Uniform Guidance?

On December 26, 2013, the Office of Management and Budget (OMB) issued the Uniform Administrative Requirements for Federal Awards. Uniform Guidance became effective as of December 26th, 2014. It governs the management of federally funded sponsored projects across the entire project lifecycle.

The <u>Uniform Guidance</u> supersedes requirements from OMB Circulars A-21, A-110 and A-133 and streamlines the federal government's guidance on Administrative Requirements, Cost Principles, and Audit Requirements for federal awards.

More detailed information is available on Rockefeller University's ("RU") Uniform Guidance website at http://www.rockefeller.edu/sr-pd/index.php?page=UniformGuidance.



What PIs Need to Know About the Uniform Guidance?

- NIH's revised terms and conditions will apply retro to awards or supplement awards that were issued on/after 12/26/2014.
- The new funds awarded and old carryforward funds are managed under the guidance.
- To summarize: if a new increment of funding is awarded on/after December 26, 2014, the new guidance applies to the new money AND to any carryforward funds. If a no cost extension is issued then the old guidance applies.



When preparing the budget for Grants-

- Direct Costs- The Uniform Guidance includes revised direct cost principles for federal awards made on or after December 26, 2014.
- Administrative and clerical salaries- Should normally be treated as indirect (F&A) costs. Direct charging of these costs <u>may be appropriate only if</u> all of the following conditions are met:
- These services are <u>essential</u> to the project's goals and objectives
- The individuals can be <u>specifically identified</u> with the project
- These services are <u>clearly justified or have prior written approval</u> from sponsor
- The costs are not also recovered as indirect (F&A) costs



Contd.

- The staff must be named and specifically identified (NOT TBD) with that specific project
- So, be sure in your budget justification you list them BY NAME, efforts, and role.
- If you are currently managing a grant and would like to know if it would be allowable to charge clerical salaries, then get approval
- Without prior approval on currently funding projects, you cannot charge it to your budgets.
 - As time goes by, you will remember to proactively ask for the clerical staff salaries in your budget at the proposal stage. For now, get approval in writing <u>BEFORE you</u> <u>charge to the federal NIH grant.</u>



Computing devices- May be included as a direct cost for devices that are essential and allocable, <u>even if the device is not solely</u> <u>dedicated to the work</u> proposed in the Federal grant application.

Travel- Under the new Uniform Guidance, IT IS ALLOWABLE to have temporary dependent/child care costs charged to the grant budget if the travel is to a conference and the following conditions have been met:

- The travel is the direct result for the individual's travel for the federal grant, and
- The travel is short-term or temporary, and
- Costs are consistently applied at your institution with non-federal awards



Conference Costs-

Costs related to a meeting, retreat, seminar, symposium, workshop or event are allowable if the primary purpose is

- Dissemination of technical information, and
- Are located beyond the confines of Rockefeller University

Costs related to internal meetings are not allowable on Federal grants and contracts.

Note- if an outside speaker attends an internal meeting then the costs related to that meeting are allowable.

Office Supplies- Office supplies are allowable costs to the NIH grant



Indirect Costs

If an entity doesn't have a negotiated IDC rate (yet), then you must use 10% MODIFIED TOTAL DIRECT COSTS base.

> NIH will continue to use 8% on the training grants

Foreign and international awardees still only get 8% indirect cost on MTDC, less equipment



Federal Closeouts – New policy applies to all awards that ended on or after 10/1/2014.

- For NIH awards now you have 120 days FROM THE END OF THE PERFORMANCE PERIOD DATE to closeout and submit your final technical report, invention statement, and financial report.
- Any awards prior to the 10/1/2014 end date, follow the old 90 day deadline.

Publication and Printing Costs, chargeable after award end date-

Charging of the costs of publication or sharing of research results are now allowable <u>after the end date</u> <u>through closeout of the sponsored project</u>



Methods of Procurement – Micro vs Small vs Over Threshold

•Will be effective 7/1/2016

The UG identifies that institutions must perform certain bidding and documentation procedures. These regulations are of importance to the research community since it could affect the ultimate choice of vendor.

The RU Procurement Department will bear the responsibility for carrying out these duties. RU to decide how this will be implemented.



NIH Genomic Data Sharing (GDS) Policy

Kate Ross Manager, Outreach & Training (Acting Associate Director)



NIH GDS Policy

As of 1/25/15, NIH applicants seeking funding for research that generates largescale human or non-human genomic data are expected to provide a plan for sharing of these data or an appropriate explanation why data sharing is not possible.



NIH GDS Policy Applies To:

- Research project grants (Rs)
- Program Projects (Ps) and SCORs (Ss)
- Cooperative agreements for research (Us)
- Individual career development awards (Ks) that include a research component
- S activities that include a research component



NIH GDS Policy Does Not Apply To:

- Institutional Training Grants
- KL2 career development awards
- Individual Fellowships (Fs)
- Resource grants and contracts (Ss)



At Submission Time

- Contact Program Official early to discuss data sharing expectations
- State in <u>cover letter</u> that the studies proposed will generate large scale genomic data
- Include a <u>genomic data sharing plan</u> in the application
- Include any resources needed to support the plan in the project's budget



GDS Resources

- Examples of genomic research projects that are subject to the policy are available in the <u>Supplemental Information to the Genomic Data</u> <u>Sharing Policy</u>
- NOT-OD-14-124 NIH Genomic Data Sharing Policy
- <u>NOT-OD-14-111</u> Implementation of the NIH GDS for NIH Grant Applications and Awards
- RU's <u>GDS Policy</u> page



Research Performance Progress Report (RPPR)

Kate Ross, CRA



Research Performance Progress Report (RPPR)

Specific Sections of RPPR:

-B.4. Training and Professional Development

- -C.1. Publications
- -D.1. Participant Data

Subcontracts for RPPRs



SPONSORED RESEARCH AND PROGRAM DEVELOPMENT

23

RPPR: B.4. Training and Professional Development

B.4 What opportunities for training and professional development has the project provided?

If the research is not intended to provide training and professional development opportunities or there is nothing significant to report during the reporting period, select **Nothing to Report**.

Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. *Training* activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. *Professional development* activities result in increased knowledge or skill in one's area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.



For all projects reporting graduate students and/or postdoctoral participants in Section D., describe whether your institution has established Individual Development Plans

(IDPs) for those participants. Do not include the actual IDP, instead include information to describe how IDPs are used, if they are used, to help manage the training for those individuals. **This information is not required for AHRQ grantees.**

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RPPR: B.4. Training and Professional Development

See **boilerplate** on SR-PD site.

- Advisable to tailor to lab's practices.

RPPR: C.1. Publications

Nan and Script o	ubmission System Sta	tus: Available
4 C.1 Publicatio	ins	
	ntions or manuscripts from this award? ③	accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period Yes. 🔿 No
ff yes, select from	n the table below to af	filiate publications with this progress report.
lf you need to log	in to My NCBI account p	lease use this link: <u>My NCBL</u> ?
No items found.		All publications associated with this project in My NCBI
and the second se	his RPPR NIH Public A	Iccess Compliance Citation
Nothing found to		
Hide publicat	ions from My NCBL	
		Publications not associated with this project in My NCBI
9 items found, di Associate with this RPPR	splaying all items. NIH Public Access Compliance	Citation
	Non-Compliant	Winkler CW, Hermes SM, Chavkin CI, Drake CT, Morrison SF, Alcher SA. Kappa opioid receptor (KOR) and GAD67 immunoreactivity are found in OFF and NEUTRAL cells in the rostral ventromedial medulla. J Neurophysiol. 2006 Dec; 96 (6):3465-73. PubMed PMID:17005613.
	Complete	Macey TA, Ingram SL, Bobeck EN, Hegarty DM, Aicher SA, Arttamangkul S, Morgan MM. Opioid receptor internalization contributes to dermorphin-mediated antinociception. Neuroscience. 2010 Jun 30; 168 (2):543-50. PubMed PMID:20394608; PubMed Central PMCID: PMC3312465.
	Complete	Hegarty DM, Tonsfeldt K, Hermes SM, Helfand H, Aicher SA. Differential localization of vesicular glutamate transporters and peptides in comeal afferents to trigeminal nucleus caudalis. J Comp Neurol. 2010 Sep 1; 518 (17): 3557-69. PubMed PMID:20593358; PubMed Central PMCID: PMC2933108.
	Complete	Barsukova AG, Bourdette D, Forte M. Mitochondrial calcium and its regulation in neurodegeneration induced by oxidative stress. Eur J Neurosci. 2011 Aug; (3):437-47. PubMed PMID:21722208; PubMed Central PMCID: PMC3221651.
	Complete	Aicher SA, Hermes SM, Whittier KL, Hegarty DM. Descending projections from the rostral ventromedial medulla (RVM) to trigeminal and spinal dorsal hom: are morphologically and neurochemically distinct. J Chem Neuroanat. 2011 Nov 20; PubMed PMID:22119519; PubMed Central PMCID: PMC3319838.
Sort Table Above	By Date Of Publica	ation 🕑 Then By Author 👽
O Ascending (Descending	O Ascending 💿 Descending
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List the URL for a	r other Internet site(s) my Internet site(s) that	disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already
specified above.		
3	ot designed to create o his reporting period.	r maintain one or more websites select "Nothing to Report". A description is only required for awards designed to create or maintain one or more websites. L
	ins reporting period.	
ine response to t		

Total remaining allowed limit is 8000 characters.

RPPR: C.1. Publications

- If RPPR is submitted with a non-compliant publication
 - Automated email generated
 - Compliance is required by least two weeks prior to next budget period
 - Can respond via PRAM (Progress Report Additional Materials) or in an email to the GMS.
 - NIH will delay processing of an award if publications are not in compliance (for start dates July 1, 2013 or beyond)



RPPR: C.1. Publications

The system will allow the RPPR to be submitted with noncompliant publications. However, the system will provide a Warning message, and following submission to the agency the PD/PI will receive an automated email requiring verification that all publications are in compliance with the Public Access Policy no later than two weeks prior to the start date of the next budget period. ... The SO may respond either by using the new PRAM link on the eRA Commons Status page (see PRAM below), or in an email to the Grants Management Specialist."

Per RPPR FAQs:

http://grants.nih.gov/grants/RPPR/faqs.htm

D.1 What individuals have worked on the project?

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Provide or update the information for: (1) program director(s)/principal investigator(s) (PDs/PIs); and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours or 8.3% of annualized effort).

Provide the name and identify the role the person played in the project. Indicate the nearest whole person month (Calendar, Academic, Summer) that the individual worked on the project. Show the most senior role in which the person has worked on the project for any significant length of time. For example, if an undergraduate student graduates, enters graduate school, and continues to work on the project, show that person as a graduate student.



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D. Participants 🔮

Tips & Notes:

THE FOLLOWING DOES NOT APPLY TO FELLOWSHIPS:

For NIH awards, Commons IDs are now required for individuals with the Undergraduate, Graduate Student, and Postdoctoral roles.

Additionally, individuals with these roles on a project are required to complete the following fields in the Commons Personal Profile; Date of Birth, Gender, Ethnicity and Race, Disability, and Citizenship Status. For the Gender, Race and Ethnicity, and Disability fields, one of the acceptable responses is 'Do not wish to provide'. Individuals with a Graduate Student role must enter at least one degree, and those with a Postdoctoral role must enter a doctoral degree. The profile must also include the name of institution issuing the degree.

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What if a trainee has since left our organization and does not have a Commons ID? In this situation, report the post doc in Section D. - Participants, but select "Other" as the role and enter "postdoc who left institution without Commons ID."

Per RPPR FAQs: http://grants.nih.gov/grants/RPPR/faqs.htm

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RPPR: D. Participants

"...all students and postdocs completing an NIH Commons profile will be required to answer certain questions such as date of birth, gender, race and ethnicity, disabilities, US citizenship status and country of citizenship. Note that questions on gender, disabilities, race and ethnicity must be completed, but one of the acceptable responses is: 'Do Not Wish to Provide'. This information will help us better understand the diversity of the biomedical workforce receiving NIH-support. The Commons profile also will include, where applicable, information on the individual's highest educational degree, and where and when it was earned." Per Sally Rocky blog: http://nexus.od.nih.gov/all/2013/08/02/using-era-commonsto-improve-data-on-the-biomedical-research-workforce/

RPPR: D. Participants: New Key

D.2.b New senior/key personnel.

- Are there, or will there be, new senior/key personnel?
- If yes, upload biosketches and other support for all new senior/key personnel.

What biosketch format should be used in RPPR noncompeting progress reports? The new biosketch format announced in NOT-OD-15-032 applies to both competing applications and non-competing progress reports. Per RPPR FAQs: http://grants.nih.gov/grants/RPPR/faqs.htm

RPPR: D. Participants: Changes in Other Support

D.2.c Changes in other support.

Has there been a change in the active other support of senior/key personnel since the last reporting period?

If yes, upload active other support for senior/key personnel whose support has changed and indicate what the change has been. List the award for which the progress report is being submitted and include the effort that will be devoted in the next reporting period.

Select Yes only if active support has changed for the PD/PI(s) or senior/key personnel.

If a previously active grant has terminated and/or if a previously pending grant is now active, submit complete Other Support information using the suggested format and instructions found at http://grants.nih.gov/grants/funding/2590/Non-competing_othersupport.docx. Annotate this information so it is clear what has changed from the previous submission.

Submission of other support information is not necessary if support is pending or for changes in the level of effort for active support reported previously.

NEW SENIOR/KEY PERSONNEL (D.2.b)

BENNETT, P.		
ACTIVE		
Investigator Award (Bennett)	9/1/2009 - 8/31/2014	6.0 calendar
Howard Hughes Medical Institute	\$581,317	
Gene Cloning and Targeting for Neurological D	Disease Genes	
This award supports the PI's program to map a	and clone the gene(s) implicated in	the development of
Alzheimer's disease and to target expression of	of the cloned gene(s) to relevant ce	lls.
5 P01 HC 000000 07 (Doumier)	3/1/2006 - 2/28/2015	3.6 calendar
5 R01 HG 000000-07 (Daumier)		
NIH/NHGRI	\$196,639	
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r's disease.

(THIS AWARD) 1.2 calendar 2 R01 HL 000000-14 (Anderson) 3/1/2000 - 2/28/2015 NIH/NHLBI \$186.529 Chloride and Sodium Transport in Airway Epithelial Cells

OVERLAP No Overlap

RICHARDS, L. No Other Support

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NIH/NHGRI	\$196.639	5.6 calendar
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Identification of the Risk Factor Genes for	Alzneimer's Disease	
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disease.		

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 1.2 calendar

 NIH/NHLBI
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(THIS AWARD) 2 R01 HL 000000-14 (Anderson) NIH/NHLBI Chloride and Sodium Transport in Airway Epithelial Cells

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RICHARDS, L. No Other Support 1.2 calendar

CHANGES IN OTHER SUPPORT (D.2.c)

ANDERSON, R.R.

ACTIVE

(THIS AWARD) 2 R01 HL 000000-14 (Anderson) NIH/NHLBI \$186.529 Chloride and Sodium Transport in Airway Epithelial Cells

3/1/2000 - 2/28/2015

3.6 calendar

The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in transport.

5 R01 HL 00000-04 (Baker) NIH/NHLBI Ion Transport in Lungs

4/1/2010 - 3/31/2014\$122,717

1.2 calendar

The major goal of this project is to study chloride and sodium transport in normal and diseased lungs.

R01 DK00000-01 (Zimmerman)	9/1/2012 - 8/31/2016	1.2 calendar
NIH/NIDDK	\$187,265	
Cystic Fibrosis Related Diabetes and Lung Function		

The major goals of this project are to determine how CFRD contributes to lung function decline.

OVERLAP No Overlap

INACTIVE

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DCB 950000 (Anderson) National Science Foundation Liposome Membrane Composition and Function

12/01/2008 - 11/30/2011 2.4 calendar \$82.163

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NIH/NIDDK	\$187,265	
Cystic Fibrosis Related Diabetes and Lung Function		

The major goals of this project are to determine how CFRD contributes to lung function decline.

OVERLAP No Overlap

INACTIVE

DCB 950000 (Anderson)12/01/20National Science Foundation\$82,163Liposome Membrane Composition and Function

12/01/2008 – 11/30/2011 2.4 calendar \$82 163

CHANGES IN OTHER SUPPORT (D.2.c)

ANDERSON, R.R.

<u>ACTIVE</u>

 (THIS AWARD)
 3/1/2000 – 2/28/2015

 2 R01 HL 000000-14 (Anderson)
 3/1/2000 – 2/28/2015

 NIH/NHLBI
 \$186,529

 Chloride and Sodium Transport in Airway Epithelial Cells

3.6 calendar

The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in transport.

5 R01 HL 00000-04 (Baker) NIH/NHLBI Ion Transport in Lungs 4/1/2010 – 3/31/2014 \$122,717

1.2 calendar

The major goal of this project is to study chloride and sodium transport in normal and diseased lungs.

R01 DK00000-01 (Zimmerman)	9/1/2012 - 8/31/2016	1.2 calendar
NIH/NIDDK	\$187,265	
Cystic Fibrosis Related Diabetes and Lung Function		

The major goals of this project are to determine how CFRD contributes to lung function decline.

OVERLAP No Overlap

INACTIVE

DCB 950000 (Anderson) National Science Foundation Liposome Membrane Composition and Function 12/01/2008 – 11/30/2011 2.4 calendar \$82,163

RPPR: Subcontract Documentation

See SR-PD website for requirements:

- <u>Subaward documents for progress reports</u>
 <u>– RU is the prime</u>
- Subaward documents for progress reports – RU is the sub

Research Performance Progress Report (RPPR)

Resources available: http://grants.nih.gov/grants/rppr/index.htm#resources **RPPR FAQs:** http://grants.nih.gov/grants/RPPR/fags.htm Sally Rocky Blog: http://nexus.od.nih.gov/all/2013/08/02/using-era-commonsto-improve-data-on-the-biomedical-research-workforce/ **Other Support Format:** http://grants.nih.gov/grants/funding/2590/Noncompeting_othersupport.pdf



Subgrant Documentation Updates

Jim F. Keller Grants Management Specialist



Non-Competing Subaward Documents

Subaward Agreement updated to reflect receipt 90 days prior to project period end date

ResAdmins obtain subrecipient's required documents early



http://www.rockefeller.edu/sr-pd/index.php?page=Subcontract_ProgressReport_RU_Pr



New Subgrant Documents

Checklist to Determine Subrecipient or Contractor Classification

Subrecipient Commitment Form



Checklist to Determine Subrecipient or Contractor Classification

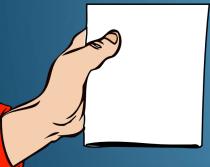
Assists in determining the relationship between Rockefeller PI and the collaborating institution's investigator

Provided by Rockefeller PI along with complete submission materials package



Subrecipient Commitment Form

Provided by Subrecipient to Rockefeller PI to include with other required subdocuments



http://www.rockefeller.edu/sr-pd/index.php?page=Subcontract_NewApp_RU_Prime



New 5 Page Biosketch

Betty (Mei-Ki) Chan Grants Management Specialist



New 5 Page Biosketch

 The National Institutes of Health (NIH) and the Agency for Health Research and Quality (AHRQ) require the new biosketch format (NOT-OD-15-032) for all competing and non-competing applications submitted for due dates on or after May 25, 2015



New Biosketch format

Highlight summary:

- 5 pages instead of 4 pages limit
- Revision of Section A (Personal statement) to provide more details about the applicant qualification.
- Revision of Section C—"Contribution to Science" instead of "Selected Peer-reviewed Publications"
- What is new in Section C: Describe <u>up to the</u> applicant's 5 most significant contribution to science and provide <u>up to 4</u> references for each contribution.
- Section B (Positions and Honors) and Section D (Research Support) remains the same



New Details: Section A

New added Instruction: The relevant factors may include aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C). Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project.



Complete Makeover: Section C

- Briefly describe up to 5 of your most significant contributions to science.
- For each contribution:
 - Indicate the historical background that frames the scientific problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work.
 - reference up to 4 peer-reviewed publications or other non-publication research products that are relevant to the described contribution.
 - Format: The description of each contribution should be no longer than one half page including figures and citations.
- Provide a URL to a full list of your published work as found in <u>a</u> <u>publicly available digital database</u> such as SciENcv or My Bibliography. (optional)
- See <u>FAQ</u>



New Biosketch Sample

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OMB No. 0925-0001/0002 (Rev. 08/12 Approved Through 8/31/2015) BIOGRAPHICAL SKETCH Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. DO NOT EXCEED FIVE PAGES. NAME: Hunt, Morgan Casey eRA COMMONS USER NAME (credential, e.g., agency login): huntmc POSITION TITLE: Associate Professor of Psychology EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.) DEGREE Completion FIELD OF STUDY (if Date INSTITUTION AND LOCATION applicable) MM/YYYY University of California, Berkeley B.S. 05/1990 Psychology University of Vermont Ph.D. 05/1996 Experimental Psychology University of California, Berkeley Postdoctoral 08/1998 Public Health and Epidemiology

A. Personal Statement

I have the expertise, leadership, training, expertise and motivation necessary to successfully carry out the proposed research project. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of drug addiction. My research includes neuropsychological changes associated with addiction. As PI or co-Investigator on several university- and NIH-funded grants. J laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to the aging substance abuser, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications.

- Merryle, R.J. & Hunt, M.C. (2004). Independent living, physical disability and substance abuse among the elderly. Psychology and Aging, 23(4), 10-22.
- Hunt, M. C., Jensen, J.L. & Crenshaw, W. (2007). Substance abuse and mental health among communitydwelling elderly. International Journal of Geriatric Psychiatry, 24(9), 1124-1135.

B. Positions and Honors

Positions and Employment

- 2001- Consultant, Coastal Psychological Services, San Francisco, CA
- 2002-2005 Assistant Professor, Department of Psychology, Washington University, St. Louis, MO
- 2007- Associate Professor, Department of Psychology, Washington University, St. Louis, MO

Other Experience and Professional Memberships

- 2003- Board of Advisors, Senior Services of Eastern Missouri
- 2003-05 NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer
- 2007-11 NIH Risk, Adult Addictions Study Section, members

Honors

4

- 2003 Outstanding Young Faculty Award, Washington University, St. Louis, MO
- 2004 Excellence in Teaching, Washington University, St. Louis, MO
- 2009 Award for Best in Interdisciplinary Ethnography, International Ethnographic Society

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C. Contribution to Science

- 1. My early publications directly addressed the fact that substance abuse is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging addiction problems. These publications document this emerging problem but guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the problem and apply the necessary interventions.
 - Gryczynski, J., Shati, B.M., Merryle, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. American Journal of Alcohol and Drug Abuse, 15(3), 222-238.
 - Shaft, B.M., Hunt, M.C., Merryle, R., & Venturi, R. (2003). Policy implications of genetic transmission of alcohol and drug abuse in female nonusers. International Journal of Drug Policy, 30(5), 46-58.
- In addition to the contributions described above, with a team of collaborators, I directly documented the
 effectiveness of various intervention models for older substance abusers and demonstrated the importance
 of social support networks. These studies emphasized contextual factors in the etiology and maintenance
 of addictive disorders and the disruptive potential of networks in substance abuse treatment.
 - a. Hunt, M.C., Merryle, R. & Jensen, J.L. (2005). The effect of social support networks on morbidity among elderly substance abusers. Journal of the American Geriatrics Society, 57(4), 15-23.
 - b. Hunt, M.C., Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2005). Aging out of methadone treatment. American Journal of Alcohol and Drug Abuse, 15(6), 134-149.
- 3. Methadone maintenance has been used to treat narcotics addicts for many years but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Elderty narcotics users were shown in carefully constructed ethnographic studies to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doess and move into other forms of therapy.
 - Hunt, M.C. & Pour, B. (2004). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
 - Merryle, R. & Hunt, M.C. (2005). The use of various nicotine delivery systems by older nicotine addicts. Journal of Ageing, 54(1), 24-41. PMCID: PMC9112304
 - c. Hunt, M.C., Jensen, J.L. & Merryle, R. (2008). The aging addict: ethnographic profiles of the elderly drug user. NY, NY: W. W. Norton & Company.

Complete List of Published Work in MyBibliography:

http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7IEFIAJBtGMRDdWFmjWAO/?sort=d ate&direction=ascending

D. Research Support

Ongoing Research Support

R01 DA942367 Hunt (PI) 09/01/08-08/31/16 Health trajectories and behavioral interventions among older substance abusers The goal of this study is to compare the effects of two substance abuse interventions on health outcomes in an urban population of older opiate addicts. Role: PI

Completed Research Support

R21 AA98075 Hunt (PI) 01/01/11-12/31/13 Community-based intervention for alcohol abuse The goal of this project was to assess a community-based strategy for reducing alcohol abuse among older individuals. Role: PI

Rockefeller University

SPONSORED RESEARCH AND PROGRAM DEVELOPMENT

SciENcv

Science Experts Network Curriculum Vitae (SciENcv):

- It is an electronic system design to create biosketches needed for participation in federal research funds
- It is a free electronic tool access via My NCBI
 - It can create and store biosketches and automatically format your CV into new NIH requirement:
 - Connecting to <u>eRA Commons</u> allows profile information, education, and training experience into SciENcv
 - Directly link to user publications input into citation (with PMCID)
 - User has full control of the data (can be made public or private)
 - Delegation allow for assigned personnel to access on your behalf
 - Currently supports NSF and NIH biosketch
- Video Tutorial: <u>https://www.youtube.com/watch?v=PRWy-</u> <u>3GXhtU&feature=youtu.be</u>





