



# STANDARD OPERATING PROCEDURES

&

# COMPLIANCE DOCUMENTS

## OFFICE OF RESEARCH AND SPONSORED PROGRAMS

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## POLICIES AND PROCEDURES FOR THE DIVISION OF RESEARCH

### Organization of the Manual:

- **RM 100:** SCHOLARLY AND SCIENTIFIC MISCONDUCT
- **CI 200:** CONFLICTS OF INTEREST
- **CI 300:** EXTRAMURAL ROUTING
- **RG 500:** REDIRECTION OF SALARY FROM GRANTS
- **IG 600:** INTRAMURAL GRANT PROPOSALS
- **PR 700:** INTRAMURAL GRANT REPORTING
- **TF 800:** SUPPLEMENTAL TRAVEL FUNDS
- **RF 900:** SUMMER STUDENT RESEARCH FELLOWSHIP
- **IR 1000:** SUMMER STUDENT FELLOWSHIP INCIDENT REPORTING
- **FA 1300:** RETURN OF FACILITIES AND ADMINISTRATIVE REIMBURSEMENT (F&A)

## LIST OF ABBREVIATIONS

CFO	Chief Financial Officer
DHHS	Department of Health and Human Services
DO	Deciding Official
DO	Division of Research
DSP	Director of Sponsored Programs
EVPR	Executive Vice President for Research
HHS	Department of Health and Human Services
IACUC	Institutional Animal Care and Use Committee
IRB	Institutional Review Board
KCU	Kansas City University
NIH	National Institutes of Health
ORI	Office of Research Integrity
ORSP	Office of Research and Sponsored Programs
RFP	Request for Proposal
RIO	Research Integrity Officer
RSO	Radiation Safety Officer
PHS	Public Health Service

**RM - 100**

**SCHOLARLY AND  
SCIENTIFIC MISCONDUCT**

**(ADAPTED FROM THE OFFICE OF RESEARCH INTEGRITY'S EXAMPLE POLICY)**

**100 RM Scholarly and Scientific Misconduct**

**1.1 Introduction**

**1.1.1 General Policy**

To ensure integrity in the performance of research and other scholarly activities as well as to conform to Federal regulations, Kansas City University (**KCU or “University”**) enacts the following guidelines involving scientific and scholarly misconduct into its Policies and Procedures.

**1.1.2 Scope**

This policy and the associated procedures apply to all individuals at the University engaged in research that is supported by the University, any private foundation, or which is supported by any State or Federal funding agency. The PHS regulation at 42 C.F.R. Part 50, Subpart A applies to any research, research-training or research-related grant, or cooperative agreement with PHS. This policy applies to any person paid by, under the control of, or affiliated with the University, such as scientists, trainees, technicians and other staff members, students, fellows, guest researchers, or collaborators at the University.

The policy and associated procedures will normally be followed when an institutional official receives an allegation of possible misconduct in science. Particular circumstances in an individual case may dictate variation from the normal procedure deemed in the best interests of the University and PHS. Any change from normal procedures also must ensure fair treatment to the subject of the inquiry or investigation. The Executive Vice President for Research of the University should approve any significant variation in advance.

Although this policy is directed at PHS-funded research, it will be applied to all University research regardless of the source of funding.

**1.1.3 Definitions**

- A. **Allegation:** Disclosure of possible research misconduct through any means of communication.
- B. **Conflict of Interest:** Real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.

- C. DO: Deciding Official, the institutional official who makes final determinations on allegations of research misconduct and any institutional administrative actions. The DO will not be the same individual as the Research Integrity Officer and should have no prior involvement in the institution's inquiry, investigation, or allegation assessment. A DO's appointment of an individual to assess allegations of research misconduct is not considered to be direct prior involvement. At the University, this individual will be the dean of the college to which the faculty member belongs.
- D. Good Faith Allegation: An allegation made by a complainant who has an honest belief in the truth of his or her allegation that a reasonable person in the complainant's position could have based on the information known to the complainant. An allegation is not in good faith if it is made with reckless disregard for, or willful ignorance of, facts that would disprove the allegation.
- E. Inquiry: Initial review of evidence to determine whether the criteria for conducting an investigation have been met.
- F. Investigation: Formal examination and evaluation of all relevant facts to determine if misconduct has occurred and, if so, to determine the responsible person and the seriousness of the misconduct.
- G. ORI: Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the scientific misconduct and research integrity activities of the U.S. Public Health Service.
- H. PHS: U.S. Public Health Service, an operating component of the DHHS.
- I. PHS Regulation: Public Health Service regulation establishing standards for institutional inquiries and investigations into allegations of scientific misconduct, which is set forth at 42 C.F.R. Part 50, Subpart A, entitled "Responsibility of PHS Awardee and Applicant Institutions for Dealing With and Reporting Possible Misconduct in Science."
- J. PHS Support: PHS grants, contracts, or cooperative agreements or applications thereof.
- K. RIO: Research Integrity Officer, the institutional official responsible for: (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, are covered by 42 CFR 93, and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified; (2) overseeing inquiries and investigations; and (3) the other responsibilities described in this policy. At the University, this individual will be the Director

of Sponsored Programs (DSP).

- L. Research Record: Any data, document, computer file, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of scientific misconduct. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.
- M. Respondent: Person against whom an allegation of scientific misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.
- N. Retaliation: Any action that adversely affects the employment or other institutional status of an individual that is taken by an institution or an employee because the individual has in good faith, made an allegation of scientific misconduct or of inadequate institutional response thereto, and has fully cooperated in good faith with an investigation of such allegation. It is the responsibility of the EVPR to maintain anonymity of the complainant to ensure no retaliation occurs to the complainant.
- O. Scientific Misconduct or Misconduct in Science: Fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, reporting research, or describing research in any media. It does not include honest error or differences in interpretations or judgments of data.
- P. Whistleblower: Person who makes an allegation of scientific misconduct.

## 1.2 General Policies and Principles

### 1.2.1 Responsibility to Report Misconduct

All employees or individuals associated with the University (“**University members**”) will report observed, suspected, or apparent misconduct in science to the RIO. If an individual is unsure whether a suspected incident falls within the definition of scientific misconduct, he or she may call the RIO at 816-654-7602 to discuss the suspected misconduct informally, which may include discussing it anonymously/hypothetically. If the circumstances described by the individual do

not meet the definition of scientific misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

At any time, a University member may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations.

#### 1.2.2 Cooperation with Research Misconduct Proceedings

University members will cooperate with the RIO and other University officials in the review of allegations and the conduct of inquiries and investigations. University members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other University officials.

#### 1.2.3 Confidentiality

To the extent allowed by law, the University shall maintain the identity of respondents and whistleblowers securely and confidentially and shall not disclose any identifying information, except to: (1) those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) ORI as it conducts its review of the research misconduct proceeding and any subsequent proceedings. In distributing draft reports, or portions thereof, to the respondent(s) and, if applicable, complainants, the RIO will inform the recipient(s) of the confidentiality under which draft reports are made available and may establish reasonable conditions to ensure such confidentiality, such as requiring the signing of a confidentiality agreement.

#### 1.2.4 Protecting Whistleblowers and Witnesses

University members may not retaliate in any way against whistleblowers or witnesses. University members should immediately report any alleged or apparent retaliation against whistleblowers or witnesses to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

#### 1.2.5. Protecting the Respondent(s)

As requested and as appropriate, the RIO and other University members shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made. During the research misconduct proceeding, the RIO is responsible for ensuring that respondents receive all the notices and opportunities provided for in 42 CFR 93 and the policies and procedures of the University.

Institutional employees accused of scientific misconduct may consult with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal adviser to interviews or meetings on the case.

#### 1.2.6 Ensuring a Fair Research Misconduct Proceeding

The University shall take all reasonable steps to ensure an impartial and unbiased research misconduct proceeding to the maximum extent practicable. The University shall select those conducting the inquiry or investigation on the basis of scientific expertise that is pertinent to the matter and, prior to selection, we shall screen them for any unresolved personal, professional, or financial conflicts of interest with the respondent, complainant, potential witnesses, or others involved in the matter. Any such conflict which a reasonable person would consider to demonstrate potential bias shall disqualify the individual from selection.

#### 1.2.7 Interim Protective Actions

At any time during a research misconduct proceeding, the University shall take appropriate interim actions to protect public health, federal funds and equipment, and the integrity of the PHS supported research process. The necessary actions will vary according to the circumstances of each case, but examples of actions that may be necessary include delaying the publication of research results, providing for closer supervision of one or more researchers, requiring approvals for actions relating to the research that did not previously require approval, auditing pertinent records, or taking steps to contact other institutions that may be affected by an allegation of research misconduct.

### 1.3 Research Misconduct Proceedings

#### 1.3.1 Assessment of an Allegation

Immediately after receiving an allegation of research misconduct, the RIO shall assess the allegation to determine whether: (1) it meets the definition of research misconduct in 42 CFR Section 93.103 and (2) the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. If an allegation meets these criteria, the RIO will begin the inquiry phase. The assessment of whether to enter the inquiry phase should be completed within a week from its onset.

#### 1.3.2 Inquiry Phase

##### A. Inquiry Proceedings

If it is determined that an inquiry is warranted using the criteria in 2.3.1, the

RIO shall provide at the time of or before the beginning of the inquiry the respondent(s) with written notification of the inquiry and contemporaneously take all reasonable and practical steps to sequester all research records and other evidence needed to conduct the research misconduct proceedings. If the inquiry subsequently identifies additional respondents, they shall be notified in writing within 10 days. The RIO shall provide the respondent(s) with 14 days to comment on the draft inquiry report so that any comments can be attached to the report. If appropriate, the whistleblower may be given 14 days to comment on the draft inquiry report contingent on completing a confidentiality agreement. The RIO shall complete the inquiry, including preparation of the inquiry report and giving the respondent and if necessary whistleblower 14 days to comment on it, within 60 calendar days of its initiation, unless the circumstances warrant a longer period. If the inquiry takes longer than 60 days to complete, the RIO shall include documentation of the reasons for the delay in the inquiry record.

#### B. Records and Evidence

Either before or when the RIO notifies the respondent of the allegation, the RIO shall promptly take all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory those materials, and sequester them in a secure manner, except in those cases where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

#### C. Inquiry Report Contents

The inquiry report shall contain the following information: (1) The name and position of the respondent(s); (2) A description of the allegations of research misconduct; (3) The PHS support involved, including, for example, grant numbers, grant applications, contracts, and publications listing PHS support; (4) The basis for recommending that the alleged actions warrant an investigation; and (5) Any comments on the report by the respondent or the complainant.

#### D. Determination of Whether to Enter Investigation Phase

The RIO will transmit the final inquiry report and any comments to the DO. The DO will determine in writing whether an investigation is warranted before or on the expiration of the time allowed for the completion of the inquiry outlined in 2.3.2.A. The investigation must begin within 30 calendar days of the DO's decision that an investigation is warranted. If the DO decides an investigation is not warranted, the RIO

shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. These records must be provided to ORI or other authorized HHS personnel upon request. The ORI shall notify the respondent(s) of the results of the inquiry and attach to the notification copies of the inquiry report and the University Scholarly Misconduct policies and procedures.

### 1.3.3 Investigation Phase

#### A. Notification

##### 1. Respondent(s)

Within 30 days of the RIO determining that an investigation is warranted, the RIO shall notify the respondent(s) in writing of the allegations to be investigated. The RIO shall give the respondent written notice of any new allegations of research misconduct within 10 days of time of deciding to pursue allegations not addressed during the inquiry or initial notice of the investigation. The RIO shall notify a respondent(s) sufficiently in advance of the scheduling of his/her interview so that the respondent may prepare for the interview and arrange for the attendance of legal counsel if the respondent wishes. The RIO shall give the respondent(s) a copy of the draft investigation report, and concurrently, a copy of, or supervised access to, the evidence on which the report is based and notify the respondent(s) that any comments must be submitted within 30 days of the date on which he/she received the draft report. The RIO shall ensure that these comments are included and considered in the final investigation report.

##### 2. Complainant

On a case-by-case basis, the RIO may provide the complainant a copy of the draft investigation report, or relevant portions of it, for comment. The complainant's comments must be submitted within 30 days of the date on which he/she received the draft report and the comments must be included and considered in the final report. See 42 CFR sections 93.312(b) and 93.313(g).

##### 3. ORI

Within 30 calendar days of the DO's decision that an investigation is warranted, the RIO shall provide ORI with the DO's written decision and a copy of the inquiry report. The RIO must provide the

following information to ORI upon request: (1) the University policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

#### B. Record Sequestration

The RIO will, prior to notifying respondent of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

#### C. Investigation Proceedings

During the investigation the RIO shall:

1. Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation;
2. Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
3. Interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and
4. Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continue the investigation to completion.

#### D. Investigation Report

The RIO shall prepare the draft and final institutional investigation reports in writing and provide the draft report for comment as provided elsewhere in these policies and procedures and 42 CFR Section 93.312. The final investigation report shall:

1. Describe the nature of the allegations of research misconduct;
2. Describe and document the PHS support, including, for example any grant numbers, grant applications, contracts, and publications listing PHS support;
3. Describe the specific allegations of research misconduct considered in the investigation;
4. Include the institutional policies and procedures under which the investigation was conducted, if not already provided to ORI;
5. Identify and summarize the research records and evidence reviewed, and identify any evidence taken into custody, but not reviewed. The report should also describe any relevant records and evidence not taken into custody and explain why.
6. Provide a finding as to whether research misconduct did or did not occur for each separate allegation of research misconduct identified during the investigation, and if misconduct was found, (i) identify it as falsification, fabrication, or plagiarism and whether it was intentional, knowing, or in reckless disregard, (ii) summarize the facts and the analysis supporting the conclusion and consider the merits of any reasonable explanation by the respondent and any evidence that rebuts the respondent's explanations, (iii) identify the specific PHS support; (iv) identify any publications that need correction or retraction; (v) identify the person(s) responsible for the misconduct, and (vi) list any current support or known applications or proposals for support that the respondent(s) has pending with non-PHS Federal agencies; and
7. Include and consider any comments made by the respondent and complainant on the draft investigation report.

E. Institutional Counsel

The draft investigation report will be transmitted to the institutional counsel for a review of its legal sufficiency. Comments should be incorporated into the report as appropriate.

## F. Time for Investigation Completion

The investigation is to be completed within 120 days from the date it was commenced, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to ORI. However, if the RIO determines that the investigation will not be completed within this 120-day period, he/she will submit to ORI a written request for an extension, setting forth the reasons for the delay. The RIO will ensure that periodic progress reports are filed with ORI, if ORI grants the request for an extension and directs the filing of such reports.

## G. Institutional Review and Decision

Based on a preponderance of the evidence, the DO shall make the final determination whether to accept the investigation report, its findings, and the recommended institutional actions. The DO's determination, together with the RIO's final report, constitutes the final investigation report for purposes of ORI review.

### 1.3.4 Notification of Investigation Findings

#### A. Respondent(s) and Whistleblower

When a final decision on the case has been reached, the RIO shall notify both the respondent(s) and whistleblower in writing.

#### B. ORI

After the DO's decision, the RIO shall promptly and before the expiration of the 120 days allowed for completion of the investigation (or if ORI has granted an extension, within whatever time limit has been granted) provide ORI with (1) a copy of the investigation report and all attachments, (2) a statement of whether the University found research misconduct and, if so, who committed it; (3) A statement of whether the University accepts the findings in the investigation report; and (4) A description of any pending or completed administrative actions against the respondent. Any significant variations from the provisions of the institutional policies and procedures should be explained in any reports submitted to ORI.

#### C. Other Parties

The ORI will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published,

collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

#### **1.4 Custody and Maintenance Proceeding Records**

- 1.4.1 The RIO shall undertake all reasonable and practical efforts to take custody of additional research records and evidence discovered during the course of the research misconduct proceeding, including at the inquiry and investigation stages, or if new allegations arise, subject to the exception for scientific instruments in 2.3(A)(3).
- 1.4.2 The University shall maintain all records of the research misconduct proceeding, as defined in 42 CFR Section 93.317(a), for 7 years after completion of the proceeding, or any ORI or HHS proceeding under 42 CFR 93 (D-E), whichever is later, unless the University has transferred custody for the records and evidence to HHS, or ORI has advised the University that it no longer needs to retain the records.

#### **1.5 Institutional Administrative Actions**

The University will take appropriate administrative actions against individuals when an allegation of misconduct has been substantiated. If the DO determines that the alleged misconduct is substantiated by the findings, he/she will decide on the appropriate actions to be taken, after consultation with the RIO. The actions may include:

- A. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where scientific misconduct was found;
- B. Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction; or initiation of steps leading to possible rank reduction or termination of employment;
- C. Restitution of funds as appropriate.

#### **1.6 Premature Case Closures**

The RIO shall notify ORI in advance if there are plans to close a case at the inquiry or investigation phase on the basis that respondent has admitted guilt, a settlement with the respondent has been reached, or for any other reason, except: (1) closing of a case at the inquiry stage on the basis that an investigation is not warranted; or (2) a finding of no misconduct at the investigation stage, which must be reported to ORI as described in this policy. If the closure does not meet the above two exceptions, the RIO will submit a report of the planned case closure to ORI, including a description of the reasons for the proposed termination. When the case involves PHS funds, the University cannot accept an admission

of scientific misconduct as a basis for closing a case or not undertaking an investigation without prior approval from ORI.

## **1.7 Restoring Reputations**

### **1.7.1 Respondent(s)**

The University shall undertake all reasonable, practical, and appropriate efforts to protect and restore the reputation of any person alleged to have engaged in research misconduct, but against whom no finding of research misconduct was made, if that person or his/her legal counsel or other authorized representative requests that the University do so.

### **1.7.2 Whistleblowers and Witnesses**

The University shall undertake all reasonable and practical efforts to protect and restore the position and reputation of any complainant, witness, or committee member and to counter potential or actual retaliation against those complainants, witnesses and committee members.

## **1.8 Cooperation with ORI**

The University shall cooperate fully on a continuing basis with ORI during its oversight reviews of the University and its research misconduct proceedings and during the process under which the respondent may contest ORI findings of research misconduct and proposed HHS administrative actions. This includes providing, as necessary to develop a complete record of relevant evidence, all witnesses, research records, and other evidence under the University's control or custody, or in the possession of, or accessible to, all persons that are subject to its authority. The University will report to ORI any proposed settlements, admissions of research misconduct, or institutional findings of misconduct that arise at any stage of a misconduct proceeding, including the allegation and inquiry stages.

## **1.9 Other Considerations**

### **1.9.1 Termination of Institutional Employment or Resignation Prior to Completing Inquiry or Investigation**

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible scientific misconduct has been reported, will not preclude or terminate the misconduct procedures.

If the respondent, without admitting to the misconduct, elects to resign his or her position prior to the initiation of an inquiry, but after an allegation has been reported, or during an inquiry or investigation, the inquiry or investigation will proceed. If the respondent refuses to participate in the process after resignation, the committee will use its best efforts to reach a conclusion concerning the

allegations, noting in its report the respondent's failure to cooperate and its effect on the committee's review of all the evidence.

#### 1.9.2 Allegations Not Made in Good Faith

If relevant, the DO will determine whether the whistleblower's allegations of scientific misconduct were made in good faith. If an allegation was not made in good faith, the DO will determine whether any administrative action should be taken against the whistleblower.

# **CI - 200**

## **CONFLICT OF INTEREST**

## 200 CI Conflicts of Interest

### 2.1 Introduction

#### 2.1.1 General Policy

To ensure objectivity in the design, conduct and reporting of research as well as conform to Federal regulations, Kansas City University (the “University”) enacts the following guidelines involving conflicts of interest into its Policies and Procedures.

#### 2.1.2 Definitions

- A. Associated Entity: Any organization, enterprise or trust over which an investigator or family member of the investigator exercises a controlling interest, either individually or collectively.
- B. Conflict of Interest: Generally, the existence of, or appearance of, a divergence between an investigator’s, investigator’s family member, or an associated entity’s private, personal relationships or interests and his or her professional obligations to the University such that a reasonable independent observer might question whether the individual’s professional actions or decisions are determined by considerations of personal benefit, gain or advantage. For the purposes of this policy, a Conflict of Interest also encompasses a financial conflict of interest as defined in subpart D of this section.
- C. Family Member: Spouse or dependent child.
- D. Financial Conflict of Interest: A significant financial interest (defined in subpart J of this section) of an investigator, family member of an investigator, or associated entity that could reasonably appear to directly and significantly affect the design, conduct, or reporting of externally funded research.
- E. Financial Interest: Anything of monetary value or potential monetary value including, but not limited to, salary or other payments for services (e.g., consulting fees, honoraria, “gifts,” or other “in kind” compensation for consulting, membership on an advisory board or board of directors, or any other purpose, including partial, interim, or milestone payments); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights); non-royalty payments or entitlements to payments in connection with the research that are not directly related to the reasonable costs of the research (as specified in the research agreement between the

sponsor and the institution), including bonus or milestone payments to the investigators in excess of reasonable costs incurred, whether such payments are received from a financially interested company or from the institution; service as an officer, director, or in any other fiduciary role for a financially interested company, whether or not remuneration is received for such service **that could reasonably appear to be affected by the research that is the subject of the disclosure.**

1. For human subjects research, “financial interest” additionally includes employee or executive relationships with entities that have a financial interest in the research even when no remuneration is involved or financial interest in the sponsor, product, or service being tested.
2. Payments for services does not include salary, royalties, or other remuneration paid by the University to the investigator if the investigator is currently employed or otherwise appointed by the University; any ownership interest in the University held by the University, if the University is a commercial or for-profit organization; income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency; or an institution of higher education as defined at 20 U.S.C. 1001(a); or income from service on advisory committees or review panels for a federal, state, or local government agency; or an institution of higher education as defined at 20 U.S.C. 1001(a).

F. Investigator: Principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct or reporting of externally funded research, or research proposed for such funding, including persons who are sub-grantees, contractors, collaborators, or consultants.

G. Manage: Take action to address a conflict of interest, which includes reducing or eliminating the financial conflict of interest, to ensure that the design, conduct, or reporting of research is free from bias or the appearance of bias.

H. PHS: Public Health Service, an operating division of the U.S. Department of Health and Human Services, and any components of the PHS to which the authority involved maybe delegated, including the National Institutes of Health.

I. Research: A systematic investigation designed to develop or contribute to generalizable knowledge relating broadly to public health, including behavioral and social sciences research. This term encompasses basic and applied research and product development and any such activity for which

research funding is available from an external sponsor through a grant, cooperative agreement, or contract such as a research grant, career development award, center grant, individual fellowship award, infrastructure award, institutional training grant, program project, or research resources award.

J. Significant Financial Interest: A financial interest (defined in subpart E of this section) consisting of one or more of the following interests of the investigator and those of the investigator's family member(s) that reasonably appears to be related to the investigator's institutional responsibilities:

1. Regarding any publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the conflict of interest disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds \$5,000. For the purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship, travel reimbursement); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value;
2. With regard to any non-publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds \$5,000, or the investigator (or the investigator's spouse or dependent children) holds any equity interest (e.g., stock, stock option, or other ownership interest); or
3. Intellectual property rights (e.g., patents, copyrights), royalties and other income from such rights, and agreements to share in royalties related to such rights.

## 2.2 Conflict of Interest Circumstances

- 2.2.1 The term "Conflict of interest" encompasses actual, potential or appearance of conflict of interest and all are to receive the same treatment as actual conflict of interest for the purposes of this policy.
- 2.2.2 A conflict of interest, or the appearance of it, depends on the situation, and not necessarily on the character or actions of the individual.
- 2.2.3 Potential conflicts of interest are not unusual in a modern university and must be addressed. For example, conflicts of interest can arise out of the fact that institutions have as part of their mission the promotion of the public good by fostering the transfer of knowledge gained through university research and

scholarship to the private sector. Two important means of accomplishing the institutional mission include consulting and the commercialization of technologies derived from research. It is appropriate that university personnel be rewarded for their participation in these activities through consulting fees and sharing in royalties resulting from the commercialization of their work. It is wrong, however, for an individual's actions or decisions made in the course of his or her university activities be determined by considerations of personal financial gain. Such behavior calls into question the professional objectivity and ethics of the individual and it also reflects negatively on the employing university. The University is an institution of integrity; faculty and unclassified staff must respect that status and conduct their affairs in ways that will not compromise the integrity of the University.

- 2.2.4 Except in a purely incidental way, University resources including, but not limited to, facilities, materials, personnel, or equipment may not be used in external activities unless written approval has been received in advance from the Institution's Chief Executive Officer or his designee. Such permission shall be granted only when the use of University resources is determined to further the mission of the institution. When such permission is granted, the faculty member or unclassified staff member will make arrangements for reimbursement of the University for Customarily Priceable Institutional Materials, facilities or services used in the external activity. Such use may never be authorized if it violates University policies and procedures.
- 2.2.5 Proprietary or other information confidential to the University may never be used in external activities unless written approval has been received from the Executive Vice President for Research (EVPR) in advance.
- 2.2.6 Faculty or unclassified staff shall not involve the University's students, classified staff, unclassified staff or faculty in their external activities if such involvement is in any way coerced or in any way conflicts with the involved participants' required commitment of time to the University. For example, a student's grades or progress towards a degree shall not be conditioned on participation.
- 2.2.7 An investigator shall not engage in research activities in which a potential or actual conflict of interest exists, unless authorized in writing by the EVPR and conducted in full accord with the restrictions and conditions imposed.

## 2.3 Disclosure Requirements

- 2.3.1 A Conflict of Interest Disclosure Statement must be submitted by each investigator to the Office of Sponsored Programs (ORSP) at the time of any application for funding from an external agency, before Intellectual Property submissions for registration or filing (e.g., patents, copyrights, and trademarks), or

at the time an application is submitted for review to the Institutional Review Board (IRB), Institutional Animal Care and Use (IACUC), Institutional Biosafety Committee.<sup>1</sup>

- 2.3.2 When submitting an application for funding from an external agency, disclosure statements must be completed regardless of whether a financial interest is known to exist.
- 2.3.3 An investigator shall disclose on a disclosure statement the known conflict of interests and financial interests of the investigator and the investigator's family members. The investigator shall also disclose known financial interests in associated entity's whose financial interests would reasonably appear to be affected by the research for which external funding is sought.<sup>2</sup>
- 2.3.4 Regarding ongoing research, disclosures must be updated annually and any time a financial interest not originally disclosed develops or is acquired. If applicable, at the time a new financial interest develops or is acquired the relevant external funding agency shall be notified. Regarding intellectual property, disclosures shall be updated prior to the execution of any contract, licenses, or other transaction involving the intellectual property. The EVPR has the authority to require an investigator to update a disclosure at any time.<sup>3</sup>

## **2.4 Investigator Certification**

- 2.4.1 Before any application for external funding is submitted, each investigator shall certify that he or she has appropriately disclosed any financial interests related to the application in accordance with section 2.3 of this policy, including financial interests in any entity whose financial interests would reasonably appear to be affected by the proposal activities.<sup>4</sup>
- 2.4.2 In making applications for external funding of research activities, all investigators shall be required to certify that they have read and understand 42 CFR 50 subpart F at [https://grants.nih.gov/grants/compliance/42\\_cfr\\_50\\_subpart\\_f.htm](https://grants.nih.gov/grants/compliance/42_cfr_50_subpart_f.htm).<sup>5</sup>
- 2.4.3 These certifications must be submitted by all investigators to the ORSP.

## **2.5 Post-Disclosure Action**

- 2.5.1 All disclosure statements shall be promptly reviewed by the EVPR to determine whether a conflict of interest exists as defined in section 2.1(B) of this policy.<sup>6</sup>

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<sup>1</sup> §50.604(c)(1)

<sup>2</sup> §50.604(c)(1)

<sup>3</sup> §§50.604(c)(2),(g)(2)

<sup>4</sup> §50.604(c)(1)(i)-(ii)

<sup>5</sup> §50.604(a)

<sup>6</sup> §§50.605(a),(d)

The EVPR shall additionally determine whether the research is funded by PHS and if so, whether a significant financial interest and/or a financial conflict of interest exists.

- 2.5.2 If the EVPR determines there is a conflict of interest as defined in section 2.1(B) of this policy, then the University will proceed to take action in accordance with section 2.6 of this policy. If the EVPR determines that PHS funding is involved there is a significant financial interest.<sup>7</sup>
- 2.5.3 If, upon the above review, no potential or actual conflict of interest exists, then disclosure statements shall be immediately filed with the ORSP and maintained in accordance with section 2.9 of this policy.

## **2.6 Management of Disclosed Conflict**

- 2.6.1 Prior to the University's expenditure of any funds under an externally funded research project, the EVPR shall review all investigator disclosures of conflicts of interests, determine whether any significant financial interests relate to PHS-funded research; determine whether a conflict of interest exists; and, if so, develop and implement a management plan that shall specify the actions that have been and shall be taken to manage such financial conflict of interest.
- 2.6.2 When an actual or potential conflict of interest is determined to exist as defined in section 2.4(A), management of that conflict is required if a person could reasonably conclude that the interest could directly and significantly affect the design, conduct, or reporting to the external funding source of the research under consideration, the protection of any or all of the research participants, or the development of intellectual property.<sup>8</sup>
- 2.6.3 The EVPR has wide discretion to determine and impose conditions or restrictions on investigators when formulating a plan to manage, reduce, or eliminate a potential or actual conflict of interest. Such measures may include: the financial interest be disclosed publicly, modification of the research plan, disqualification from all or a portion of research participation, divestiture of the financial interest, or severance of the relationships creating the potential or actual conflict of interest.<sup>9</sup>
- 2.6.4 If the EVPR determines that a conflict of interest exists, the following actions must be completed before any funds under the external award are expended, the research protocol is approved by the IRB, IACUC or Institutional Biosafety Committee, or intellectual property is submitted for registration or filing<sup>10</sup>:

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<sup>7</sup> §§50.605(a),(d)

<sup>8</sup> §50.605(d)

<sup>9</sup> §50.605(a)(1)-(6)

<sup>10</sup> §50.605(a)

- A. The investigator shall submit to the EVPR a proposed course of action to manage or reduce the conflict. If the research involves human subjects, the plan shall be designed to ensure the financial interest does not affect the risk to or welfare of those participants.<sup>11</sup>
- B. The EVPR may accept the management plan of the investigator or develop additional or differing conditions or restrictions for the plan. Alternatively, the EVPR may conclude the potential or actual conflict is sufficiently remote that no action other than the disclosure and annual reporting requirements are required. Whichever is the case, the proposed plan must be in writing and a copy provided to the investigator. The investigator may submit written objections or exceptions to the plan to the EVPR, but the investigator must do so within five business days following delivery of the proposal. However, if any agency or sponsor requires a shorter time frame for the investigator's response to the proposed plan, the investigator must respond in the time frame required by that agency or sponsor.
- C. The EVPR shall render the final decision on the specific terms and conditions of the management plan that shall be implemented and shall notify the investigators of the final terms and conditions.
- D. If the proposed research involves human subjects, the IRB must be provided a copy of the final accepted report that includes the EVPR's recommendations.

2.6.5 The accepted management plan may require the submission of a conflict management report, typically on an annually basis and at the conclusion of a research project. Such required reports shall be submitted to the ORSP and must document the actions taken to follow the terms of the plan.

## 2.7 Reporting and Certification to the Public Health Service (PHS)

- 2.7.1 Prior to expenditure of any funds for research awarded by PHS, or an organizational unit of the PHS, the University shall report to PHS, or the PHS organizational unit, the existence of a financial conflict of interest (but not the nature of the interest or other details) found and assure that the interest has been managed, reduced or eliminated.
- 2.7.2 Each investigator who is participating in PHS-funded research shall submit an updated disclosure statement to the University of significant financial interests at least annually during the period of the award. Such disclosure shall include any information that was not disclosed initially to the University pursuant to section 2.3 of this policy, any subsequent significant financial interest disclosures, and shall include updated information regarding any previously-disclosed

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<sup>11</sup> §50.604(d)

significant financial interest (e.g., the updated value of a previously-disclosed equity interest).

- 2.7.3 Each investigator participating in PHS-funded research shall submit an updated disclosure statement to the University of significant financial interests within thirty days of acquiring a new significant financial interest (e.g., through purchase, marriage, or inheritance).
- 2.7.4 Any financial conflict of interest the University identifies subsequent to the initial reporting under the PHS award shall be immediately disclosed in a new report to PHS or the PHS organizational unit. The newly identified conflicting interest shall be managed, reduced or eliminated, at least on an interim basis, within sixty days of its identification (or as otherwise required by law).<sup>12</sup>
- 2.7.5 The University shall certify in each application for funding to which 42 CFR Part 50 subpart F applies that it has in effect up-to-date, written and enforced administrative process to identify and manage financial conflicts of interest with respect to all research for which PHS funding is sought or received; shall promote and enforce investigator compliance with PHS requirements including those pertaining to disclosure of significant financial interests; shall manage financial conflicts of interest and provide initial and ongoing reports of financial conflicts of interests to PHS consistent with applicable regulations; agrees to make information available, promptly upon request, to the HHS relating to any investigator disclosure of financial interests and the institution's review of, or response to, such disclosure, whether or not the disclosure resulted in the University's determination of a financial conflict of interest; and shall fully comply with the requirements of 42 CFR Part 50 subpart F.

## 2.8 Sub-recipients

- 2.8.1 In situations where the University conducts externally funded research through other entities such as sub-grantees, contractors, or collaborators, the ORSP shall execute a legally enforceable agreement specifying whether the conflicts of interest policy of the University or the sub-recipient will apply to the sub- recipient investigators.
- 2.8.2 If the sub-recipient's conflicts of interest policy applies to sub-recipient investigators, and the research is funded by PHS, the sub-recipient shall certify as part of the agreement that its policy complies with 42 CFR 50 subpart F. If the research is being funded by PHS and the sub-recipient cannot provide such certification, the agreement shall state that sub-recipient investigators are subject to the financial conflicts of interest policy of the University.
- 2.8.3 If the sub-recipient's financial conflicts of interest policy applies to sub- recipient investigators, and the research is funded by PHS, the agreement shall specify time

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§50.604(g)(2)

period(s) for the sub-recipient to report all identified conflicts of interest, including significant financial interests, to the University. Such time period(s) shall be sufficient to enable the University to provide timely conflicts of interests' reports as necessary to the external funding sponsor/agency.

2.8.4 If sub-recipient investigators are subject to the University's financial conflicts of interest policy, and the research is funded by PHS, the agreement shall specify time period(s) for the sub-recipient to submit all investigator disclosures of significant financial interests to the University. Such time period(s) shall be sufficient to enable the awardee institution to comply timely with its review, management, and reporting obligations as required by the external funding sponsor/agency.

## **2.9 Recordkeeping**

Disclosure statements and documentation used for the purpose of reviewing such statements, as well as records of University action taken pursuant to this policy, shall be maintained for three years in the ORSP following completion of the research that was the source of the disclosure statements, documentation, or University action, for the period of time needed for resolution of government action involving such records, or for a time period fixed by the EVPR, whichever is longer. Such records shall be maintained confidentially to the extent permitted by law. All such documents relating to investigator disclosures of conflicts of interests and the institution's review of or response to such disclosures shall be maintained for this three-year time period regardless of the University's determination of whether a conflict of interest actually exists.

## **2.10 Additional University Responsibilities Surrounding PHS Funded Research**

2.10.1 The University shall maintain an up-to-date, written, enforced policy on financial conflicts of interest that complies with 42 CFR 50 subpart F and make such policy available via a publicly accessible website. Provisions of this University policy that are more stringent than that subpart will apply instead and the University shall provide financial conflict of interest reports to PHS in accordance with the University's own standards.

2.10.2 The University shall inform each investigator of the University's policy on financial conflicts of interest, the investigator's responsibilities regarding disclosure of significant financial interests, and of 42 CFR 50 subpart F and require each investigator to complete training regarding same prior to engaging in PHS-funded research and thereafter, at least once every two years.

## **2.11 Enforcement**

2.11.1 The following acts and omissions constitute violations of this policy:

A. Intentionally or recklessly providing incomplete, erroneous, or misleading information on a disclosure statement;

- B. Failure to make a required disclosure for any reason;
- C. Failure to provide information that has been requested for an appropriate review of potential or actual conflicts of interest.

2.11.2 Sanctions that may be imposed for a violation of this policy include, but are not limited to:<sup>13</sup>

- A. Termination of employment;
- B. Non-renewal of appointment;
- C. Suspension;
- D. Letter of admonition;
- E. Public disaffirmation of the research;
- F. Notification to regulatory bodies;
- G. Notification to actual or potential research funding agencies; and
- H. Protest to editorial boards.
- I. The University may decline the sponsored research agreement or decline to submit or process intellectual property.

2.11.3 Disciplinary proceedings resulting from violation of this policy shall be conducted pursuant to the Faculty Handbook, Employee Manual, Department of Human Resources Policies and Procedures, Student Handbook and Conduct Policies, and University Catalog.

## **2.12 Conflict of Commitment Policy**

### **2.12.1 Definition**

A conflict of commitment arises when external activities, e.g., consulting, outside employment and presentations interfere with the full, proper and effective performance of all regular University duties and responsibilities.

### **2.12.2 Consulting Outside the University:**

As consistent with University policy, investigators who are members of the faculty are permitted, and indeed encouraged, to engage in a limited amount of personal and professional activity outside the faculty member's reasonably construed total professional responsibilities of employment by and for the

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§50.604(g)(1)

institution, provided such activity: (a) further develops the faculty member in a professional sense or serves the community, state, or nation in a professional capacity; (b) does not interfere with the faculty member's teaching, research and service to the institution; and (c) is consistent with the objectives of the University.

#### 2.12.3 Other Employment

The University expects faculty and unclassified staff employed by the University to give full professional effort to their assignments. It is, therefore, considered inappropriate to engage in gainful employment outside the University that is incompatible with institutional commitments. It is inappropriate to transact business for personal gain unrelated to the University from one's University office, or at times when it might interfere with commitments to the University. Participation in academic conferences, workshops and seminars does not usually constitute consulting or outside employment. However, organizing and operating such meetings for profit may be construed as consulting or outside employment as defined in this policy.

#### 2.12.4 Reporting Requirements

##### A. Annual Reporting

As part of the annual appointment process, all faculty and unclassified staff with 100% time appointments must disclose to the University whether they or family members or associate entities have consulting arrangements, financial interests, or employment in an outside entity that would reasonably appear to be directly affected by their research or other University activities. Faculty and unclassified staff members who hold fractional appointments and who are investigators with potential or actual conflicts of time commitments or conflicts of interest, as defined in this policy, are also required to make the disclosures. Failure to submit the required disclosure statement, as approved by the EVPR, will result in denial of the opportunity to submit research proposals to external funding agencies until the statement is submitted and may result in discipline in accordance with University procedures. When the University judges that the information submitted indicates that a conflict of time, commitment or interest does exist, the University may require that the faculty or unclassified staff member submit additional information and explanation regarding that conflict.

##### B. Reporting Significant Ad Hoc Current or Prospective Conflicts As They Occur

Faculty and unclassified staff must disclose to the Department Head or immediate supervisor on an ad hoc basis current or prospective situations that may raise questions of conflict of commitment or interest, as soon as

such situations become known to the faculty or unclassified staff member. Investigators must report such conflicts to the EVPR as well.

C. Reporting of Consulting

An investigator who is a faculty member must inform the EVPR and his or her Department Head or immediate supervisor of all external personal and professional business activities. For all such activities, except those single-occasion activities specified below, the faculty member must report in writing the proposed arrangements, and secure approval prior to engaging in the activities. Those personal, professional activities which occur within a single 24-hour period must be reported annually in writing as prescribed. For all activities concerned, the report should indicate the extent and nature of the activities, the amount of time to be spent in the activities, and the total amount of time spent or expected to be spent on all such outside activities during the current academic year.

D. Disposition of Reports

All required reports shall be submitted in accordance with institutional requirements and shall be included in individual personnel files to be used for the determination of whether an individual is in compliance with this policy.

E. Use of University Name

The name of Kansas City University may never be used as an endorsement of a faculty member or unclassified staff member's external activities without expressed and advance written approval of the University's Chief Executive Officer. Faculty members or unclassified staff members may list their institutional affiliation in professional books, articles and monographs they author or edit and in connection with professional workshops they conduct or presentations they make without securing approval.

F. Distribution and Dissemination

Upon approval, this policy statement will be distributed to all faculty and unclassified staff by the ORSP.

**EG - 300**

**EXTRAMURAL ROUTING**

## **300 EG      Extramural Routing**

### **3.1      Introduction**

#### **3.1.1      General Policy**

Kansas City University (the “University”) is a community of professionals committed to excellence in the education of highly qualified students in osteopathic medicine, the biosciences, bioethics and the health professions. Through lifelong learning, research and service, KCU challenges faculty, staff, students and alumni to improve the well-being of a diverse global community. The development and submission of extramural grants at the University is an intended outcome of this mission. A detailed process document to support the following policy is maintained by the Research department and can be obtained from the Grants Administrator.

#### **3.1.2      Application of Policy**

This policy applies to faculty, students, fellows, graduate students, and research staff who participate in the submission of extramural grant applications for programmatic, infrastructure, curriculum development, personal student loan repayment, sponsored research projects and other research activities.

#### **3.1.3      Definitions**

- A. Grants Committee:** The Grants Committee meets monthly to review requests for grant proposals to ensure alignment, feasibility and resources prior to submission of grant applications.
- B. Principal Investigator (PI):** The Principal Investigator (PI) is the University employee who is responsible for the preparation, conduct, and administration of the grant.

### **3.2 Pre-Award Process and Approval**

All ideas and proposals, prior to kicking off the proposal process, must obtain initial pre-award approval from the Grants Committee. This ensure feasibility and alignment prior to committing the institution to significant work to prepare the proposal/application. A Grant Routing and Approval Summary Form is available from the Grants Administrator to assist potential researchers in the pre-award approval process.

### **3.3 Grant Proposal**

Upon receiving initial pre-award approval, the Principal Investigator will work with the Grants Administrator to prepare the full grant proposal, utilizing the Grant Routing and Approval form. The full proposal must include a grant budget, utilizing the University's template for grant budgets, budget justification narrative, a summary of the primary purpose of the grant and any other supporting information for the proposal.

The final Grant Routing and Approval Form, as well as all required supporting documentation is submitted to the Grants Committee for review at their monthly Committee meeting.

The Grant Committee may approve, deny or send the draft proposal back for edits or clarifications.

### **3.4 Grant Submission**

All Research grant submissions are completed by the Grants Administrator. The Grants Administrator ensures that the actual submission is consistent with the drafts approved by the Grants Committee and all final proposals must be approved by the Provost prior to final submission.

### **3.5 Grant Reviews**

Peer reviews provided for all proposals by the funding agency are to be copied to the Grants Administrator no later than **10 working days** after receipt from the funding agency.

### **3.6 Additional PI Responsibilities**

It is the responsibility of the PI to comply with all University policies regarding the protection of human subjects, assuring the safe and humane treatment of animals used in research, attention to safety policies, etc. and adhere to any and all agreements between KCU and other institutions, when such agreements apply. The PI must submit to the Provost a Research Disclosure form and a brief description of scientific research he or she intends to conduct, including assurances that the research does not involve human subjects, the use of animals for experiments, or involve any type of research that would require administrative oversight by any committee at KCU prior to beginning the research.

If the research does require oversight by any university committee or safety board, the research project description must be sent to the DSP with a copy of the approval to conduct the research by the appropriate committee or safety board.

### **3.7 Unauthorized Proposal Submissions**

- 3.7.1 The Office of Research and Sponsored Programs shall not submit a proposal unless it has undergone the full routing process including signature by the Provost. Unauthorized proposals shall not be submitted.
- 3.7.2 If a PI submits an unauthorized proposal in violation of this Policy, the University may take disciplinary action in accordance with its disciplinary policies and procedures.
- 3.7.3 Any award granted as a result of an unauthorized proposal submission may be rejected at the University's discretion.

**RG - 500**

**REDIRECTION OF SALARY FROM  
GRANTS**

## **500 RG REDIRECTION OF SALARY FROM GRANTS**

The redirection of Salary for all Kansas City University personnel with extramurally funded research grants is as follows:

### **5.1 Grants and contracts that include recaptured investigator salary will be handled as follows:**

- 5.1.1 The portion of salary costs charged to externally funded grants and contracts through the time and effort reporting process are charged to the grant and a corresponding credit to salary expense is recorded in the home department of the grant funded personnel.

# **IG - 600**

## **INTRAMURAL GRANT GUIDELINES**

## 600 IG INTRAMURAL GRANT GUIDELINES

### 6.1 Guidelines For Intramural Grant Proposals

#### 6.1.1 Purpose

The primary objective of the Kansas City University Intramural funding program is to assist faculty in conducting preliminary scientific research. These funds are exclusively provided for research activities that focus on procurement of preliminary data that will significantly enhance future extramural grant requests.

#### 6.1.2 Overview

These funds referred to in this section are intended for conducting research. They are not intended for use to defray or compensate faculty salary at KCU or other institutions. In addition, these funds cannot be used for travel costs associated with dissemination of research results, such as presentations at scientific meetings. Funds requested for support of student research assistants are not usually granted but will be considered under special circumstances and must be thoroughly justified.

The review process is intended to serve as a formal, instructive process that will enhance the faculty member's grant writing ability and his/her ability to obtain future extramural funding. Faculty members are responsible for the composition and content of proposals and must ensure that proposals are well developed and are in the appropriate format. Each faculty member is encouraged to fully discuss the proposed research with his/her department chairperson prior to submission.

#### 6.1.3 Submission Guidelines

- A. Applications will be considered once annually. The deadlines for submission are in the Spring prior to the start of the academic year (July 1<sup>st</sup>).
- B. Eligibility: Only full-time KCU faculty members are eligible to apply for funding. The research program must be supported by the department chair, or if the applicant is the department chair, by the faculty member's immediate supervisor.

#### 6.1.4 Procedural Steps

- A. The faculty member will complete an intramural grant application and secure signatures from his/her department chair or immediate supervisor as appropriate.
- B. A hard copy of the completed request form with signed routing form must be completed and delivered to the Provost .
- C. A proposal narrative and budget must be provided in the application.
- D. All appropriate committee approvals (Institutional Animal Care and Use, Institutional Review Board, Institutional Biosafety Committee) must be secured after the grant request has been awarded.

#### 6.1.5 The Review Process

- A. Proposals will be reviewed by the Grants Administrator, Provost as well as any additional faculty as designated by the Provost. When necessary, outside reviewers may be requested if scientific or other expertise is deemed necessary.
- B. Upon receipt of a proposal, the Grants Administrator will ensure that all requirements are met prior to forwarding the proposal to reviewers. Where necessary, the Provost may ask the faculty member to provide additional documents.
- C. Proposals will be ranked as follows:
  - a) Outstanding 90-100
  - b) Excellent 80-89
  - c) Satisfactory 70-79
  - d) Fair 60-69
  - e) Marginal 0-59
- D. Each application will be discussed by reviewers and given a single score that reflects their final appraisal of the project. The score from all reviewers will be averaged to yield a single overall score (e.g. 92). Projects that receive a score in the “outstanding” or “excellent” scoring band will be forwarded to the Provost to be considered for funding. Projects that receive other ratings may be referred back for revision. The number of projects that receive funding each cycle will depend on the quality of the application and the availability of funds.

- E. The Grants Administrator will notify the faculty member of the results of the above process no later than June of the prior fiscal year.
- F. Recommendations for revisions will be forwarded to the applicant by the Grants Administrator.
- G. If the proposal is returned with a request for revisions, all revisions must be re-submitted to the Grants Administrator within 15 days from receipt.
- H. All revisions will be reviewed within 10 working days of resubmission.
- I. Final approval of funding of any proposal will be made by the Provost and will be forwarded by the Grants Administrator to the Director of Post Award Reporting for creation of a restricted account and grant work-tag for the funded project.

#### 6.1.6 Funding

- A. Funding is limited; these policies aim to ensure that research projects have scientific merit, that the principal investigator has the ability to successfully complete the project, and that the goals of the research project are consistent with institutional research goals and priorities.
- B. All funding periods will be for 12 months. A research project may be proposed for up to three years. However, consecutive annual funding cannot be guaranteed. The faculty member must reapply each subsequent year for project funding with the application being peer reviewed and ranked with all proposals submitted for that award cycle. Faculty members may request up to the annual predetermined amount per project. The faculty member may obtain a maximum of three years of support.
- C. Exceptions will be made by the Provost based on:
  - a) publications resulting from the research,
  - b) extramural grant applications submitted,
  - c) timelines presented indicating submission of manuscripts for publication and grant,
  - d) proposals to extramural funding sources,
  - e) other criteria as deemed appropriate.

- D. Funding is primarily intended for initiation of new research projects, projects that have no other source of funding, as well as those that bridge existing research with new research directions/funding.
- E. Funds not used during the time for which they are allocated in will be returned to the Office of Finance.

#### 6.1.7 Carry Forward and Extensions

- A. No-cost-extensions to the 12-month funding period may be requested under some circumstances. Faculty members are urged to carefully scrutinize the amount of time needed to complete the proposed research. If the project is expected to take more than 12 months, a multi-year project should be proposed.

### 6.2 Tracking Intramural Grants

- A. The Department of Finance will provide monthly ledgers of expenditure activities to the DSP and the faculty member.
- B. Applications are tracked to determine use of funds and outcomes (publications, presentations etc.) on a semi-annual basis. Faculty members are expected to inform the DSP of any peer reviewed publications or of any oral presentations given as a result of funded research.
- C. Activity reports must be submitted to the DSP on a semiannual basis.
- D. A final report must be sent to the DSP within 60 days following the end of the grant period as requested in the original proposal.
- E. Failure to submit reports on a timely basis may prohibit consideration for further intramural funding.

# **PR - 700**

# **INTRAMURAL GRANT REPORTING**

## **700 PR INTRAMURAL GRANT REPORTING**

### **7.1 Policy**

All recipients of a KCU intramural research grant are required to submit an interim progress report and final activity report.

All reports must be submitted electronically to the Grants Administrator by the close of business (5:00pm CST) on the required due date listed in the annual announcement. The Interim Progress Report and Final Activity Report Forms will be provided by the Grants Administrator. In the event the due date falls on a non-business day, the reports will be due by the close of business on the next work day.

Intramural grant recipients who fail to submit progress report by the due date will not be allowed to submit future intramural applications until the interim progress report and/or final activity report is received.

### **7.2 Interim Progress Report for Intramural Grant Award**

The Interim Activity Report must be submitted to the Grants Administrator by the due date listed in the annual announcement (generally six months post-award of your grant). The Interim Progress Report must answer the following questions:

Principal Investigator(s):

Title of Intramural Grant:

Date of Intramural Grant Award:

Give a brief description of the research goals for the Intramural Grant:

Give a brief overview of the accomplishments of the research toward the goals of the Intramural Grant:

Give a brief description of any barrier(s) that have arisen that may hinder the research goals of the Intramural Grant:

Will you be able to accomplish the goals of the Intramural Grant in the allotted twelve-month time frame? If not, please explain:

Have you had any publications or presentations accepted in-press, or under-review that resulted from this Intramural Grant? If yes, please provide the reference for the publication or give a description of the presentation:

### **7.3 Final Activity Report for Intramural Grant Award**

The Final Activity Report must be submitted to the Grants Administrator by the close of business (5:00 pm) on the required due date listed in the annual announcement . The Final Activity Report must answer the following questions:

Principal Investigator(s):

Title of Intramural Grant:

Date of Intramural Grant Award:

Give a brief description of the research goals for the Intramural Grant:

Give a brief description of any barrier(s) that hindered the research goals of the Intramural Grant:

Have you had any publications or presentations accepted in-press, or under-review as a result of this Intramural Grant? If yes, please provide the reference for the publication and give a description of the presentation:

Have you or do you plan to submit a follow-up proposal to a private or governmental funding agency based on the preliminary results of this Intramural Grant? If yes, please describe the nature of the proposal and the name of the funding agency it was, or will be submitted to:

**KCU Intramural Grant**  
Score Sheet

**PI Name:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Scoring Criteria**

Please score each of the following areas based on the maximum score for each category. Detailed comments in each section are welcomed.

A. **POTENTIAL FOR EXTRAMURAL FUNDING:** Please assess the likelihood that this application will lead to the submission of a competitive proposal to an extramural agency.  
Score (0-25) \_\_\_\_\_ Comments:

B. **APPROACH AND SIGNIFICANCE:** Are the aims of this project carefully designed and laid out in a manner that will produce a significant, meaningful and achievable conclusion?  
Score (0- 30) \_\_\_\_\_ Comments:

C. **INNOVATION:** Does the proposed approach constitute a novel or new way of looking at the phenomena in question?      Score (0-20) \_\_\_\_\_ Comments:

D. **APPLICANT QUALIFICATION:** Is the applicant sufficiently qualified or is being mentored by a sufficiently qualified person to successfully carryout this study?  
Score (0-15) \_\_\_\_\_ Comments:

E. **RESEARCH ENVIRONMENT:** Does the applicant have access to the physical space and equipment necessary to accomplish the proposed aims of this project?  
Score (0- 10) \_\_\_\_\_ Comments:

**NARRATIVE SUMMARY:** Please provide a narrative summary of the major strengths and weaknesses of the proposal.

**OVERALL SCORE:** \_\_\_\_\_ **of 100**

Outstanding	90-100
Excellent	80-89
Satisfactory	70-79
Fair	60-69
Marginal	0-59

# **ST - 800**

## **SUPPLEMENTAL TRAVEL FUNDS**

## **800 ST SUPPLEMENTAL TRAVEL FUNDS**

### **8.1 Policy**

The purpose of this policy is to provide the opportunity for students to receive supplemental travel support for research- related activities when primary funds (examples: institutional travel allowances, grants, and invitational support) are insufficient or unavailable.

The policy recognizes the importance of dissemination of research results as an integral part of our students' medical education.

### **8.2 General Information**

Due to resource limitations, the Office of Research and Sponsored Programs is unable to guarantee that every applicant will receive funds. Funds will be distributed to the extent possible, beginning with the following priorities:

- A. Students in good standing whose research poster/paper for which they are 1st author has been accepted for presentation at a regional/national meeting and for which there are no other sources of funding available to underwrite the cost of the trip. No funds will be provided for committee meetings of professional organizations
- B. The Office of Research and Sponsored Programs will consider requests for travel support from students based on the extent to which the request is aligned with the University strategic goals. Final approval of these requests is made by the Executive Vice President for Research and Student Affairs, Provost.

### **8.3 Limitations**

Due to resource limitations, the Office of Research and Sponsored Programs is unable to guarantee that every applicant will receive funds. Funding will not be considered for the following purposes:

- A. No conferences will be funded that occur outside of the United States.
- B. Travel funds are limited to \$250 per conference with up to 4 conferences per fiscal year per student who is 1st author for an accepted poster/paper to be presented at a regional or national conference.
- C. KCU approved templates (PowerPoint or Research Poster) found here <https://mykcu.kansascity.edu/marketing/brand-assets> must be used according to University Relations instructions for templates. The addition of other institutions' logo to templates can only be used within the body of the template with no alteration of the KCU banner.

Funds made available to students will not duplicate those funds already provided

by primary funding sources (See Section 8.1 for example)

No more than one student will be funded to present a single research poster or paper.

Any exceptions to the above-listed limitations must be approved by the Provost.

D. Funds will not duplicate those funds already provided by primary funding sources (See Section 8.1 for examples).

No more than one Faculty member or one student will be funded to present a research paper-poster.

Any exceptions to the above-listed limitations must be approved by the EVPR.

## **8.4 Funding Request Application Process**

8.4.1 Applicants who are applying for research support travel funds must demonstrate that:

- A. Research presentations supported by externally funded grants or contracts must provide a copy of the budget page from that same grant or contract indicating the total travel allowance, if available. Applicants must provide (or in the case of a student applicant, a KCU faculty co-author must provide) a statement explaining why travel support funds are insufficient or unavailable.
- B. Research presentations not funded or partially funded by the inviting organization will require a copy of the correspondence that indicates travel support is provided or needed. The applicants must provide a written statement explaining why provided funds are insufficient or unavailable.

8.4.2 Funds Application Procedure:

- A. Requests for supplemental travel funds must be submitted to the Office of Research and Sponsored programs at least 10 days prior to the proposed travel.

8.4.3 The following documents must be submitted to the Office of Research and Sponsored Programs as part of the application for funding process:

- A. Copy of the acceptance notification from the conference for the abstract, paper, or other scholarly research work submitted and a copy of the submitted abstract with all authors and their affiliations.
- B. Documentation of Institutional Review Board approval if the research involves human subjects.
- C. Documentation of Institutional Animal Care and Use Committee approval if research methods involve vertebrate animals.

- D. Documentation of Institutional Biosafety Committee approval of research methods if research involves biohazardous or recombinant research activities as defined in KCU standard operating procedures.

## 8.5 Reimbursement Process and Documents

- A. Students wishing to receive reimbursement for travel will submit conference registration fee receipts, air fare receipts to the administrative assistant with the Office of Research for reimbursement as travel arrangements are made. Meal receipts (detailed), uber, etc. are submitted for reimbursement following travel. Per diem is not applicable to students.
- B. Reimbursement requests will then be routed electronically for approval within the system by the Research Department cost center manager and Finance Department with reimbursements by direct deposit to the financial institution of the student that is on file with KCU.

**RF 900**  
**SUMMER STUDENT RESEARCH**  
**FELLOWSHIP**

## **900 RF SUMMER STUDENT RESEARCH FELLOWSHIP**

### **9.1 Purpose**

The purpose of the Kansas City University (KCU) Summer Student Research Fellowship (SSRF) is to promote the importance of research and to give KCU students with an interest in research an opportunity to be involved with an experienced research mentor to learn the skills necessary for conducting valid research in the areas of basic sciences, clinical research, epidemiological, public health, preventive medicine, health services research and educational research. The SSRF is a student-led investigation where the selected fellow is responsible for the overwhelming majority of the project and is not merely a technician for the mentor.

As an important part of the graduate and health professional education process, it is vital for students to have the opportunity to learn about and participate in research. Participation in the research process enables students to develop an extended knowledge base and critical thinking skills that will contribute to improved patient care. Faculty members thrive when challenged to develop academically and to continue the life-long learning process. The KCU SSRF meets these requirements.

### **9.2 Policy**

KCU offers nineteen or more SSRFs each academic year to qualified/eligible students first year medical and dental students. Fellows and their faculty mentors are encouraged to submit competitive applications according to accepted procedures and annually published timelines.

### **9.3 Overview**

The KCU SSRF are designed so that students and mentors work together to develop a proposal for the research activity that will be conducted over two months during the summer after their first academic year. The proposals are competitively evaluated by the Provost and at least one faculty member who is not applying for the funding. Each application for the fellowship will be ranked according to the elements of significance, approach, innovation, research experience of the student applicant and mentor as well as the environment for success.

KCU will budget an amount to fund fellowships each summer. The implementation of the fellowship will be from the first week in June to the last week in July each year. Each fellow selected will receive a stipend of \$3,000 to cover eight weeks of research activity under the direct supervision of the mentor(s). The stipend will be paid out in two equal payments of \$1,500 at the end of June and at the end of July. Exact dates of check dispersals will vary according to Finance Operations. The stipends are paid on a professional contract basis and no taxes are deducted from the payments. It is the sole responsibility of fellows to report this income on their annual income tax return from the IRS form 1099 sent by KCU in January of the following calendar year. Upon request and submission of purchase orders to the Office of Finance, mentors of student fellows

will receive up to \$1,000 in funds to support supplies necessary for the completion of the research fellowship endeavor.

#### **9.4 Faculty Mentor Eligibility and Responsibilities:**

##### **9.4.1 Eligibility**

- A. Faculty appointment at KCU on either campus.
- B. All required reports for any funded research have been completed and submitted by the dates required by KCU.
- C. Documentation of funds to support the activity of the student fellow and to supply adequate equipment and supplies to the fellow for the research proposed must be available. This documentation must be specific as to where these funds will be acquired (i.e. currently funded internal/external funded grant(s); department funds; etc.), and must be signed by the faculty mentor, the mentor's department chair, and the fellowship applicant.
- D. Attest that ample resources (computer programs, space, etc.) exist to support the research fellowship.
- E. Faculty will possess the **willingness**, knowledge, and skills necessary to mentor the student, conduct the proposed research study, and disseminate the results in scholarly, peer-reviewed research settings and publications.

##### **9.4.2 Responsibilities**

It is expected that the faculty member will work with the student in all phases of the preparation of the proposal, the implementation of the research, and the dissemination of the results of the research.

- A. Collaborate with the student to develop an outline of proposed research to be done by the student fellow(s).
- B. Post proposed opportunities for student fellowship research so that all students have access to viewing the subject, methods and type of research to be conducted. This information can either be posted on the intranet research site or be provided to the potential fellow personally.
- C. Spend adequate time with selected student(s) during preparation of the formal research proposal and application to assure mentoring in the process of writing research proposals and grant applications.
- D. Include the student in the process of developing a budget for the proposed research.

- E. Spend adequate face-to-face mentoring time with the fellow each week during the course of the fellowship and in later months to fulfill the required presentation during the Kansas City University Research Symposium the following Spring.
- F. Help the student write the formal summary report with an abstract of their research activities and the results at the end of the fellowship period.
- G. Work with the student fellow and being sure he/she submits the required abstracts and presentation format to the sub chair of the Research Symposium by the required dates for presentation at the annual KCU Research Symposium in the Spring after the fellowship has concluded.
- H. Help the student develop a formal presentation that may be given in either an oral or poster format so the outcomes of the fellowship may be tracked and reported.

#### 9.4.3 Student Fellow Eligibility and Responsibilities

- A. Eligibility:
  - 1. Must be a current, full-time student in either the College of Osteopathic Medicine (COM) on either campus, or the College of Dental Medicine (CDM) at KCU.
  - 2. Must be in good academic standing with a PASS (3.0 GPA) or better and must be without required remediation in course work during the first academic year of medical or dental school.
  - 3. Faculty mentor must sign the fellowship agreement letter accepting student.
- B. Responsibilities
  - 1. Contact faculty mentor to indicate an interest in the summer research fellowship.
    - a. Communicate with faculty mentors who have indicated an interest in working with student fellows.
    - b. Develop a formal proposal for the research under the direction of the mentor.
    - c. Develop a formal budget for the proposed research under the supervision and direction of the mentor.
    - d. Submit an electronic copy of the completed Fellowship Application and Proposal, along with all required forms and signatures, to the SSRF Director by the posted due date and time.

e. Once notified that Fellowship has been awarded:

- i. Spend adequate time from the first week in June through the last week in July of the fellowship summer being actively engaged in activities described in the fellowship application.
- ii. Document all activities on the Fellowship Activity Logs each week and submit them to the SSRF Director every other Friday during the fellowship.
- iii.
- iv. Attend the SSRF luncheon on the last week of the fellowship. Fellows will each give a brief (eight minute) presentation of their research results. Two minutes will be allowed for questions.
- v. Submit a written report with abstract on the activities and results of the fellowship to the SSRF Director by the date indicated on the timeline. Report should be reviewed and approved by the faculty mentor before it is submitted to the Division of Research.
- vi. Submit written abstract and all required forms by the application due date for the Annual KCU Research Symposium.
- vii. Attend the Annual KCU Research Symposium and present the fellowship research in the format approved by the ORSP in charge of the Research Symposium.

**9.5 The following documents for the SSRF are available from the SSRF Director:**

- A. Contract for Student Fellow and Mentor
- B. Instructions for completion of the Application
- C. Application
- D. Frequently Asked Questions about the Summer Student Research Fellowship
- E. Article on IRS taxing of student stipends (available from the Administrative Assistant).

**F. Other Forms to be used by the Fellows:**

1. Weekly Activity Log (submit to SSRF Director).
2. Fellow Information Sheet (required for payment of stipend and available from the Administrative Assistant).
3. Evaluation of the Summer Student Fellowship (submit to the SSRF Director).

**IR 1000**

**SUMMER STUDENT**

**FELLOWSHIP INCIDENT**

**REPORTING**

## **1000 IR FELLOWSHIP INCIDENT REPORTING**

### **10.1 Purpose**

Define the process of reporting and recording incidents of injury, a safety hazard or damage to property. The intent is to identify incidents as soon as possible. This method will not only bring awareness to the incident, but will also help with possible corrective measures (i.e. new policies, education, training, equipment, physical changes in a facility and/or modifications to operational functions).

### **10.2 Application**

10.2.1 All incidents should be reported in accordance with this process.

### **10.3 Definitions**

10.3.1 All students, faculty and staff are required to report incidents..

10.3.2 Reportable events may include, but are not limited to, the following general types of occurrences:

- A. Any injury occurring on Kansas City University's premises or in connection with University business.
- B. A condition presenting a safety hazard.
- C. Damage to University property.

### **10.4 Procedure**

10.4.1 A report must be completed for any incident (as previously defined)

10.4.2 The student, faculty and staff member who was actually involved in the incident or who was first made aware of the incident shall Contact Security and Emergency Management (ext. 7911 KC, 0800 Joplin).

10.4.3 Security and Emergency Management officer will go to the location of the incident and complete an accident/injury report.

10.4.4 Incident details should:

- A. Clearly document what was observed or what occurred, if any medical assessment/treatment was provided, and what was said or done. The description of the event should be brief, objective, and factual. Details SHOULD NOT include an opinion or analysis, assessment of blame, or documentation of corrective action.
- B. Be completed as soon after discovery of the incident as possible (within 24 hours).

10.4.5 Human Resources and Campus Safety Manager will be notified, if warranted. All students must see a physician within 24 hour period following the incident if the situation warrants. Additional investigation may be conducted.

10.4.6 Any recommendations for corrective action may be reported to the Safety and Loss Committee.

10.4.7 Data and statistics from all incident reports will be collected, analyzed and presented to the Safety and Loss Committee for review.

## **10.5 Exceptions**

10.5.1 The Executive Vice President for Finance and Operations must approve Any exceptions to this policy.

**FA 1300**  
**RETURN OF FACILITIES &**  
**ADMINISTRATIVE**  
**REIMBURSEMENT (F&A)**

## **1300 FA RETURN OF FACILITIES & ADMINISTRATIVE REIMBURSEMENT**

### **13.1 Introduction**

#### **13.1 General Policy**

The Facilities and Administrative Reimbursement (F&A) costs which are reimbursed to the University under externally funded grants are designed to compensate the University for the considerable costs of administering the facilities, grant support, compliance and risk mitigation costs inherent in such research activities. As such, indirect cost reimbursement is recorded as revenue to the Research department in the year in which it is earned.

The Research department works with the Finance department each year to identify needed funding in the upcoming budget cycle to ensure adequate resources are allocated each year to support the University's continuing resource needs in developing and maintaining both ongoing and prospective Research efforts.