Things to Know about the DE CTR ACCEL Program
ACCEL Program Overview

Work supported by an Institutional Development Award (IDeA) from the National Institute of General Medical Sciences of the National Institutes of Health under grant number U54-GM104941 (PI:Hicks) and the State of Delaware.
The Institutional Development Award (IDeA) is a congressionally mandated program that builds research capacity in states that historically have had low levels of NIH funding. It supports competitive basic, clinical, and translational research, faculty development, and infrastructure improvements. The program aims to strengthen an institution’s ability to support biomedical research, enhance the competitiveness of investigators in securing research funding, and enable clinical and translational research that addresses the needs of medically underserved communities.

IDeA-eligible states include: Alaska, Arkansas, Delaware, Hawaii, Idaho, Kansas, Kentucky, Louisiana, Maine, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oklahoma, Rhode Island, South Carolina, South Dakota, Vermont, West Virginia, Wyoming, and Puerto Rico.
This interactive dashboard provides data surrounding funding and other resources for IDeA mechanisms.

IDeA Interactive Portfolio Dashboard (nih.gov)
# IDeA Funding

Total Awards: 269
Total Awarded Dollars: $420,802,961
IDEA Total Awarded Dollars: $416,059,258

<table>
<thead>
<tr>
<th>SUB-PROGRAM</th>
<th>Award Count</th>
<th>Total Dollars</th>
<th>IDEA Total Dollars</th>
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<tr>
<td>IDeA - COBRE</td>
<td>149</td>
<td>$253,528,990</td>
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<td>2023</td>
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<td>5U54GM138062-03</td>
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<td>LSU PENNINGTON BIOMEDICAL RESEARCH CTR</td>
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<td>KIRWAN, JOHN P.</td>
<td>LSU PENNINGTON BIOMEDICAL RESEARCH CTR</td>
<td>2023</td>
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</table>
DE CTR ACCEL FUNDING Sources

: Contributes ~ $4M in funding each year (inclusive of F&A)

Additional Support from:
- State of Delaware ($1.5M/year)
- University of Delaware (F&A return)
- ChristianaCare Health Services, Inc. (F&A return)
- Delaware State University (F&A return)
- Nemours Children’s Health (F&A return)
- This is a cooperative agreement structure which requires NIH participation through quarterly Steering Committee* meetings in Year 11, and annually in Yrs 12-15.

- UD is prime/lead institution and ChristianaCare, Delaware State University and Nemours Children’s Health subcontract to UD

- UD is required to follow all NIH rules and regulations, as are all partner institutions

*Steering Committee members: 4 Site PIs, PI/PD, UD Research Official and NIH Official.
• Each award year ends on June 30th
  – Unused federal funds become restricted
  – Carryover of these unused funds is not automatic, prior approval is required
    • ACCEL may request to use these funds in subsequent years
    • If awarded, they have to be utilized within the awarded grant year period
    • Cannot be requested for initiatives already budgeted
ACCEL is required to complete an annual closeout within 120 days of June 30th and submit an FFR (Federal Financial Report).

- Subawards must submit a FINAL invoice (subrecipient closeout form) no later than 60 days past June 30th so UD can meet this deadline. Final technical reports (RPPR) are due in March each year.

- The FFR must be approved before a carryover request for funds from the current year is considered.

- Also, the annual RPPR must be approved by our NIGMS Program Officer prior to the NOA for the upcoming award year being issued.
ACCEL Project questions

• NIH rules state that Principal Investigators (PI/MPI) of CTR projects may not have concurrent research funding from another IDeA mechanism (COBRE, INBRE) as a PI, but PIs are eligible for IDeA funding as a co-I.

• There cannot be scientific overlap between a CTR project and another NIH-funded project.

• Federal funding rules are applied to state funds also. If an expense is not allowable on federal, we don’t allow it on state funds either.

• NIH salary cap for effort applies to both federal and state funds.
- All expenses allocated to our award must be specific to ACCEL CTR activities only and must be backed up with receipts. (i.e. computers)
- Food should never be on the federal award- always expense to iMatch/institutional funds.

- Subcontractors vs consultants on the DE CTR
  - located in IDeA states vs located in non-IDeA states

<table>
<thead>
<tr>
<th>Subcontract Characteristics</th>
<th>Contractor Characteristics</th>
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<tr>
<td>Performs substantive programmatic work related to the sponsored award.</td>
<td>Provides goods or services which are ancillary to the sponsored award operations.</td>
</tr>
<tr>
<td>Bears responsibility for programmatic decision making.</td>
<td>Normally operates in a competitive environment.</td>
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<tr>
<td>Is accountable for measurable performance requirements.</td>
<td>Provides similar goods or services to many different purchasers.</td>
</tr>
<tr>
<td>Must adhere to compliance requirements specified by sponsored award.</td>
<td>Is not subject to compliance requirements of the sponsored award.</td>
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</table>
NIH Grants Policy Statement

Subcontract: Can work with IDea states only.

A formalized agreement whereby a research project is carried out by the recipient and one or more other organizations that are separate legal entities. Under the agreement, the recipient must perform a substantive role in the conduct of the planned research and not merely serve as a conduit of funds to another party or parties. These agreements typically involve a specific level of effort from the consortium organization's PD/PI and a categorical breakdown of costs, such as personnel, supplies, and other allowable expenses, including F&A costs. The relationship between the recipient and the collaborating organizations is considered a subaward relationship.

Negotiated arrangements for meeting the scientific, administrative, financial, and reporting requirements of the grant, including those necessary to ensure compliance with all applicable Federal regulations and policies and facilitate an efficient collaborative venture.
Consultant: Can work with IDeA and non-IDeA states

An individual who provides professional advice or services for a fee, but normally not as an employee of the engaging party. In unusual situations, an individual may be both a consultant and an employee of the same party, receiving compensation for some services as a consultant and for other work as a salaried employee. To prevent apparent or actual conflicts of interest, recipients and consultants must establish written guidelines indicating the conditions of payment of consulting fees. Consultants also include firms that provide professional advice or services

Adequacy of the contractual agreement for the service (e.g., description of the service, estimate of time required, rate of compensation, and termination provisions).
ACCEL is required to submit data to NIGMS annually in an RPPR (Research Performance Progress Report)

- All CTR funded investigators are required to keep their FULL PROFILE current in the ACCEL dashboard and are required to confirm the profile has been updated.
- ACCEL profiles must be linked to ORCID, instructions found at: https://www.de-ctr.org/wp-content/uploads/2020/08/DE-CTR-ORCID-iD-1.pdf (Chrome browser recommended)
- RPPRs require all products, presentations, and publications (citation details to follow) to be reported along with:
  - Details on submitted proposals for prior 12 months (whether funded or not)
  - Details on new and continuing current funding
  - Details on study sections, including name of panel, location and dates
Here’s an example of where to access your profiles on the website dashboard and how to update your FULL PROFILE.
Complete all profiles but FULL is for RPPR data needs

- You will have access to any profile, but especially your FULL PROFILE on the left hand side of the page from the Profiles Menu
NIH requires that publications supported by federal funds are made available free to the public within 12 months of publication. PMC is the free access repository.

The Public Access policy applies to any manuscript that:
- Is peer-reviewed;
- And, is accepted for publication in a journal on or after April 7, 2008;
- And, arises from:
  Any direct funding from an NIH grant or cooperative agreement active in Fiscal Year 2008 or beyond, or;
  Any direct funding from an NIH contract signed on or after April 7, 2008, or;
  Any direct funding from the NIH Intramural Program, or;
  An NIH employee

1) Please make sure the publishers are citing the grant U54GM104941 and the manuscript (either journal version or final peer reviewed version) is submitted to PubMed Central and has a PMCID #.

****AND****

2) All ACCEL authors should add the ACCEL award number to their publications in MyNCBI (Bibliography) under
   > Manage citations
   > Click on the + award button (below the specific citation) to add an award (search for U54GM104941)
Delaware CTR ACCEL Contacts

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Dr. Rodney Scott, Nemours CTR Site PI (Rodney.Scott@nemours.org)
Ranita Chakrabarti, Nemours CTR Financial Administrator (Ranita.Chakrabarti@nemours.org)
We want to share your accomplishments, publications, awards, and funding announcements!

When you ...

• Publish your work
• Conduct a presentation about your research
• Interview with a media outlet about your research/findings
• Receive an award for your work
• Receive another grant/funding to further your research
• Have anything awesome to share with ACCEL and the community

But WHY should I share? WIN-WIN!

• Your name, research and accomplishments are shared with fellow researchers, the community and spread across social media channels/internet
• ACCEL gets more/better content on our website and social media channels that demonstrates the impact of ACCEL’s work, and the program’s success

Social Media Manager:
Send to our Communications Team at Connect@de-ctr.org
Internal Advisory Committee Members

Vicky Funanage, PhD  
CHAIR  
Professor Emerita, Nemours Children’s Health

Bethany Hall-Long, RN, PhD  
Lt. Governor  
State of Delaware

Gwen Angalet, PhD  
Chair  
ACCEL Community Advisory Council

Miguel Garcia-Diaz, PhD  
VP Research, Scholarship and Innovation  
University of Delaware

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Vice President for Research  
Delaware State University

Omar Khan, MD  
Enterprise Chief Scientific Officer,  
ChristianaCare Health Services, Inc.  
President and CEO, Delaware Health Sciences Alliance

Matthew M. Davis, MD MAPP  
Executive Vice-President,  
Enterprise Physician-in-Chief and Chief Scientific Officer  
Nemours Children’s Health