How to Set-up an Ancillary Review on an Award- Specialist

Overview: This guidance document is to assist the Specialist in setting up and reviewing an ancillary review in MyFunding.

Examples: An ancillary review is needed to determine if there is a conflict of interest on a PHS-funded project before an award is activated.

Where to Start

1. Log-in to MyFunding and search for the award in the award tab:

My Inbox	MyFunding
Reports	
	My Inbox Reports

2. Search for the award in the search box and click on the name of the award:

All Awards Active Awards	Draft Awards Awards in Review	Subawards				
Filter 10 V	AWD00000005 Go	+ Add Filter × Clear All				
ID Name	SmartForm State PI First Name	PI Last Department	Sponsor	Reviewer Award Approver		Direct Sponsor Award
AWD00000005 Smoke Test NN 3/8/19	I 3 Patch [Edit] Active Eric	Larson Office of Research	National Institutes of Health	Merz	5/23/2019 12:15 PM	7894456212
1 items		i page 1	of 1 >			25 / page

3. Once in the award workspace click on 'Manage Ancillary Reviews' in the workspace:

Active	Smol	ke Test NM	3 Patch	3/8/19						AWD	00000005	Funding A	ward	
ext Steps	PD/PI:				Eń	c Larson	irson Award Date:				3/8/201			
Edit Award	Designated	Reviewer:				Start Date:				6/1/2019				
	Award Appr	lover:			Na	Natale Morz End Dete: Ottice of Research Award Type: 10050				5/31/2022 Awated				
Penter Version	Approving I	Dept./Center/Institute:			08									
Create Award Modification	School:				57	C Research	Sponsor Award #					785	94455212	
Create Submand	Department	Administrator:			Na	talie Merz		A	Award Structure:				Standard	
Citalia Socialiano	Direct Spon	isor:			Na	tional Institutes of H	eath.	5	Specialist:			Christine	McClure	
Request Award Modification	Prime Spon	Prime Sponsor: Current Total Project Period Commitment:												
Request Subaccount	Current Tot					-\$206.150 SPA Account #			year 1 year 2 Year 1 subarrount Banad					
Award Documents	Current Tot	al Award Amount To Date:			-\$2	105,150			Year 1 - subacco heat	unt - Harperi				
Team Disclosure Status														
Terms And Conditions	Awarded Fu	nding Proposals:						1000000000				48700		
Complete	ID .		Name					Principa	al Investigator			Status		
Manage Ancillary Reviews	CONSTRACTS		Smoke Test	NM Patch 3/8/19				Natalie N	Merz			Awarded		
Submit Ancillary Review		•												
Set Award Relationships														
Upload Award Documents	· · · · · ·													
Manage Deliverables	History	Award Checklist Items	Attachmenta	Modifications	Child Awards	Subawarde	Related Projects	Deinverables	Personnel Compliance	Funding Allocations	Totals	- TC		
Manage Relationships		Activity				Author				- Activity Date				

4. Once the 'Manage Ancillary Review' activity opens, click '+ADD' to add the reviewer:

nage Ancillary Reviev	vs			
. Identify each or	anization or pers	on who sho	uld provide	additional review.
+ Add				
Review Type	Organization	Person	Required	
There are no items	to display			
. Comments:				
1				~
				~
. Supporting docu	iments:			
+ Add				
- Add				
Name	to diaplay			
i nere are no items	to display			

5. Enter the 'Organization' (i.e. Inst Review Board-IRB) into the search box:



6. Select the 'Review Type':

1. * Select either an organization or a pe	rson as reviewer:
Organization:	
Person: Christine McClure 💿	
 * Review type: Compliance Review Conflict of Interest (COI) Contract Negotiations Cost Share Approval CSSD DLAR EH&S Export Control hCRO Human Resources IACUC IBC/rDNA Indirect Cost Waiver Innovation Institute IRB OOAS (CORID) Other RBL SDA 	
Vice Chancellor for Research Operations	
5 Supporting documents:	

7. Indicate if a 'Response' is required (if you select 'Yes', the award cannot be activated until the ancillary review is completed), and click 'Ok':

1. * Select eith	er an organization or a per	son as reviewer:
Organization:		
Person:	Christine McClure	
2. * Review typ	be:	
Conflict of Inte	erest (COI)	
3. * Response • Yes • No	required? <u>Clear</u>	

8. Enter any necessary comments for the reviewer into the 'Comments' box and click 'Ok':

Identify	eac	h organization	or person who s	hould	provid	e ad	ditional review.
		Review Type	Organization	Persor	Require	ed	
🕼 Up	iate	Conflict of Interest (COI)	Conflict of Interest- ORP		yes		
Review	ents: requi	red for year two of p	project.				^
Review	ents: requi	red for year two of p	project				~
Review	requir	red for year two of p documents:	project				~
. Comme Review	ents: requi	red for year two of p documents:	project				~

9. The Specialist returns to the award workspace to upload attachments (if applicable). Documents should be attached in the award workspace using the 'Upload Award Documents' activity:

Active	Smoke Te	st NM	3 Patch	3/8/19					AWD000	00005	Funding Award		
Next Steps	PD/PI:				Christine McClur	e ;	Aw	ard Date:	3/86				
Edit Award	Designated Reviewer:				Christine McClur	e))	Sta	ert Date:	6/1/2				
	Award Approver:		Natalie Merz End Date:				d Date:	5/31/202					
Printer Version	Approving Dept./Center/I	Institute:			Office of Research 10050	:h	Aw	Awa					
Create Award Modification	School:				SVC Research		Sponsor Award #				7894456212		
Croate Sobeward	Department Administrato	x:			Christine McClur	e	Aw	Standar					
	Direct Sponsor:	Direct Sponsor:			National institute	s of Health	Spe	Christine McClur					
Request Award Modification	Prime Sponsor:												
Request Subaccount	Current Total Project Per	riod Commitmer	nt:		-\$206,150				year t year 2				
Award Documents	Current Total Award Amo	ount To Date:			-\$206,150	SPA Account #		A Account #	Year 1 - subaccount - Rameri		ti -		
Team Disclosure Status									test				
Terms And Conditions	Awarded Funding Propos	sals:											
Complete	ID	1	Name				Principal	Investigator			Status		
Manage Ancillary Reviews	FP00005622	4	Smoke Test NM Pa	tch 3/8/19			Natalie M	lerz			Awarded		
Submit Anoilary Review													
Set Award Relationships													
Upload Award Documents						1							
Z Manage Deliverables	History Award Che	ecklist Items	Attachments	Modifications	Child Awards	Subawards	Related Projects	Deliverables	Personnel Compliance				
transferra and the second second second	22.200	3											

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What's Next?

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- 1. All of the individuals associated with the 'Organization' will receive an email notification to let them know to begin the ancillary review in MyFunding.
- 2. The ancillary reviewer will accept or decline the ancillary review in MyFunding, and the Specialist will receive an email notification from the reviewer.
- 3. The Specialist will review the ancillary review in MyFunding by clicking on the 'Submit Ancillary Review' activity in the award workspace to view the ancillary review details:

History	Award Checklist Items	Attachments	Modifications	Child Awards	Subawards	Related Projects	Deliverables	Personnel Compliance	-	
	Activity			Author			- Acti	vity Date		
R	Submit Ancillary Review		McClure, Christine Lynn			7/9/2019 12:03 PM				
This ha	is a major conflict do not proceed.									
	Manage Ancillary Review			McClure, Ch	ristine Lynn		7/9/20	19 11:05 AM		

<< Return	n to Workspa	ice			< Prev	1 / 85	Next >	
Acti	vity De	etails (Submi	t Ancillary	(Review	Activity that allows an ancillary approver to ap	prove an ancillary review		
Author:				Christine McG	lure (Office of Research)			
Logged	For (Award)			Smoke Test N	M 3 Patch 3/8/19			
Activity				7/9/2019 12:03	3 PM			
Activ	rity Form	Property Changes	Documents	Notifications				
1. s	Select the	review you are subr	mitting:					
0	Organization	Norma da Mandara		Person	Review Type		Required	
2. * 3. *	* Do you a O Yes I * Is the an Yes O	accept this submiss No No No	ion? lete?					
1	This has a ma	ajor conflict do not procee	ed.					
5. 5	Supporting	g documents:						
	Name	items to display						
	mere ale no	noma to stopidy						

4. To return to the award workspace, click on 'Return to Workspace':

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< Return to Works	ace			< Prev	1/85	Next >	
Activity D	etails (Submi	it Ancillar	y Review) Activity	that allows an ancillary approver	to approve an ancillary review	,	
uthor:			Christine McClure (O	flice of Research)			
ogged For (Awar	i):		Smoke Test NM 3 Pa	tch 3/8/19			
ctivity Date:			7/9/2019 12:03 PM				
Activity Form	Property Changes	Documents	Notifications				
1. Select the	review you are sub	mitting:					
Organizatio	17		Person	Review Type		Required	
2. * Do you O Yes 3. * Is the a Yes 4. Comment	accept this submis No ncillary review comp No S:	sion? plete?					
This has a r	najor conflict do not proce	ed.					
5. Supportin	g documents:						
Building Street and							
Name							