5 Network Funding Procedures

The Microbicide Trials Network (MTN) was previously funded (06/29/2006 through 11/30/2021) by the U.S. National Institutes of Health (NIH) through a mechanism called a UM1 Cooperative Agreement. Three UM1 awards from the Division of AIDS (DAIDS) of the National Institute of Allergy and Infectious Diseases (NIAID) supported the MTN Leadership Group infrastructure. The MTN also received co-funding from the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) and the National Institute of Mental Health (NIMH). The first award cycle was from June 29, 2006 through December 31, 2013. The second award cycle covered January 1, 2014 through November 30, 2021.

For the period beginning December 1, 2021, MTN activities are funded by a grant agreement under the the umbrella of the HIV Prevention Trials Network (HPTN) Cooperative Agreement. For fiscal oversight in the current funding award cycle, the MTN operates on a fiscal year from December 1 to November 30.

The MTN consists of three main components: Leadership and Operations Center (LOC), Statistical and Data Management Center (SDMC) and Laboratory Center (LC). Prior to Dec. 01,

2021, each component was funded through separate DAIDS awards. The awardee institutions for each component were:

- Magee-Womens Research Institute and Foundation (MWRIF) for the LOC
- Fred Hutchinson Cancer Research Center (FHCRC) Statistical Center for HIV/AIDS Research & Prevention (SCHARP) for the SDMC
- Magee-Womens Research Institute and Institute (MWRIF) for the LC

All three components of the MTN are currently funded by a direct HPTN subgrant agreement to MWRIF through FHI 360. The MTN LOC (Pitt), the SDMC and LC will receive their funding through MWRIF.

5.1 Funding Procedures

While funding for the MTN LOC (Pitt), LC and SDMC are awarded to MWRIF via a subgrant from HPTN, funds are awarded directly by DAIDS to the Clinical Trials Units (CTUs) and their associated Clinical Research Sites (CRSs) through separate UM1 cooperative agreements. All areas of the MTN must follow the *NIH Grants Policy Statement* on the use of funds: https://grants.nih.gov/grants/policy/nihgps/nihgps.pdf.

In a UM1 Cooperative Agreement, the NIH has substantial scientific and programmatic involvement. Under an UM1, the NIH supports and facilitates the recipients' activities by working jointly with the awardees in a partner role. However, it is not NIH's role to assume direction, prime responsibility or dominance of the recipients' activities or the Network's scientific direction. See the *NIH Grants Policy Statement* https://grants.nih.gov/grants/policy/nihgps/nihgps.pdf for more information about the cooperative agreement funding mechanism, and Section 2.1 of this Manual for a description of the U.S. Health Service agencies and offices involved in MTN research.

MTN Leadership determines the CTU/CRS funds on an annual basis, based on the number of participants currently on study and anticipated to be enrolled in the next budget year. The CTUs/CRSs are required to submit individual protocol budgets for the following fiscal year (December 1 – November 30) to the MTN LOC (Pitt) Director of Operations and Fiscal. These budgets are developed in close coordination with the MTN Leadership to estimate individual site needs accurately. As of December 1, 2021, site funds will be provided directly from DAIDS to the CTUs/CRSs.

5.1.1 Network Leadership Funds

Budgets are initially developed collaboratively by the CTUs/CRSs and the MTN LOC (Pitt) Director of Operations and Fiscal and reviewed by MTN Leadership annually to ensure proper allocation of funds. The Director of Operations and Fiscal works closely with the NIAID Prevention Sciences Program (PSP) Clinical Microbicide Research Branch, Branch Chief, Office of Clinical Site Oversight (OSCO) representatives and Grants Management Specialist (GMS). Guidance, on when required information is needed, is provided in the timeline below (Table 5.1).

Budget request timelines will be determined by DAIDS and FHI360 based on to be determined budget deadlines. The process will usually begin in January/February for approval by DAIDS in April. MTN will provide requested budgetary information to FHI360 for the RPPR submission in October. The funding year begins December 1.

MTN must submit its Federal Financial Report (FFR) for the LOC, SDMC and LC to NIH within 120 days of the calendar quarter in which the current budget period ends, which is March. This is managed by the LOC (Pitt) Fiscal Operations Team and the the final FFR for the MTN LOC, SDMC and LC (under the previous NIH/DAIDS funding process) will be submitted in March 2022.

5.2 CTU and CRS Funds

The MTN-affiliated CTUs/CRSs will receive their funds directly from DAIDS through their own UM1 grant awards. The information below outlines the renewal process and carryover requests.

5.2.1 Noncompeting Continuation Progress Reports (Annual Progress Reports)

Each CTU must submit a noncompetitive grant renewal application to DAIDS annually. The CTU PI will receive a letter in August from the OCSO PO that contains specific instructions for completing the annual progress report and the amount of funds available to be awarded should the request be approved. Each CTU has an annual award date or budget period of December 1.

Annual awards, which support the administrative components of the CTU and its affiliated CRSs, are contingent on DAIDS approval of the CTU/CRS annual progress report. Progress reports for multi-year funded awards must be submitted using the Research Performance Progress Report (RPPR). Instructions may be found at: https://grants.nih.gov/grants/rppr/index.htm.

5.2.2 Carryover Funds

The carryover of unobligated core funds by a CTU/CRS is restricted — these funds cannot be used without prior approval by the CTU's DAIDS OCSO PO and GMS. A CTU wishing to use such funds must submit a carryover request with justification to its GMS and OCSO PO.

All documents must be submitted through the site's business official. All requests should be in keeping with MTN's goals and priorities.

The Federal Financial Report (FFR) must be submitted to NIH through the electronic Research Administration (eRA) Commons within 120 days of the calendar quarter in which the budget period ended.

5.2.3 MTN Contacts

Questions regarding funding should be directed to:

- Cheryl Richards, MTN LOC (Pitt) Director of Operations and Fiscal, at 412-641-8983 or crichards@mwri.magee.edu.
- Kim Comer, MTN Fiscal Operations Team Coordinator, at 412-641-6159 or comekj@mwri.magee.edu.

5.2.4 CTU and CRS Contacts

CTUs and CRSs should inform the MTN Fiscal Operations Team of the names and contact information for the following:

- Who needs to be copied on all CTU and CRS communications
- From whom to request budgets

5.2.5 Communication with CTU and CRS

Communication between the CRS and MTN LOC (Pitt) Director of Operations and Fiscal must copy the associated CTU and include the following information:

- Budget submissions
- Other communication as needed

5.2.6 Site Budget Development

Budgetary guidance will be provided to the CTU/CRS as follows:

- The budget will be organized into two sections: the first section will be used to budget visit costs (screening, enrollment and follow-up) and the second will be used to budget fixed costs.
- Fixed costs include any expenses that cannot be allocated solely to a visit, such as salaries of PIs, administrative staff, drivers or security; expenses related to community outreach and recruiting; equipment; or travel.
- The CTU and CRS may each have a budget for funds depending on the fiscal relationship of the two.
- For CTUs and associated CRSs that do not rely on the U.S. dollar, the budget should include the local currency amount, the U.S. exchange rate used, and the resulting U.S. dollar value based on that exchange rate.
- Site questions will be directed to the MTN LOC (Pitt) Director of Operations and Fiscal.
- Submitted budgets will be reviewed by MTN LOC (Pitt) and LC to ensure appropriate expenditure.
- Revisions will be requested when necessary.
- Procedures for submitting revisions will be determined by DAIDS and FHI360.

5.2.7 Restricted Funds and Cost Items Requiring Prior Approval

Sites should request approval to use restricted funds or cost items that require additional approval by working directly with GMS and their OCSO POs.

5.2.7.1 Clinical Trials Insurance

Clinical Trials Insurance (CTI) will be purchased, in compliance with DAIDS policies and procedures. Sites will work directly with GMS and their OCSO POs.

5.2.8 Resource Sharing

When CTUs and CRSs are developing budgets, they should take into consideration any resources that could be shared between the CTU and CRS, or between CRSs if the CTU has more than one CRS participating in an MTN protocol. This can include any cost item, such as equipment, staffing, community activities or recruiting costs.

5.2.9 Close-Out Costs

Guidance for budgeting close-out costs will be provided when budgets are requested. See Section 5.3.6 of this Manual regarding cash advance payments. During the year in which a

protocol will close out, the CTU/CRS will receive budgetary guidance at the time of budget development to consider the decreased level of funding and resources that are required during this time.

5.2.10 Monitoring Site Performance

MTN Network Evaluation Committee (NEC) and DAIDS OCSO monitors CRS performance. The MTN Regulatory Department provides routine updates regarding the regulatory approval status of protocols to the Director of Operations & Fiscal and FHI CRMs..

If any CTU/CRS is unable to meet the requirements of the MTN LOC and DAIDS by its negotiated deadline, funding may be withdrawn and a plan to phase-out the CRS will be established.

5.3 Regulatory Financial Disclosure Requirements

Pursuant to the U.S. Public Health Service (PHS), *Code of Federal Regulations* (CFR), *Title 42, Part 50*, *Promoting Objectivity in Research* (https://www.ecfr.gov) and the DAIDS Networks' financial disclosure guidelines/standard operating procedure (https://www.mtnstopshiv.org/sites/default/files/cross-network_fdcoi_sop_v10_may_4_2021_final.pdf), network members in key leadership or decision-making positions must report any significant financial relationships that they or their family members have with relevant entities that might be construed as engendering a conflict of interest when conducting clinical research.

Methods for disclosure must adhere to the procedures outlined in the cross-network guidance, *NIH HIV/AIDS CLINICAL TRIALS NETWORKS: Financial Disclosure and Conflict of Interest Guidelines Standard Operating Procedure* (https://www.mtnstopshiv.org/sites/default/files/cross-network_fdcoi_sop_v10_may_4_2021_final.pdf). These disclosures must be submitted when first joining the Network and at least annually, thereafter.

Additionally, for studies conducted in support of an Investigational New Drug (IND) Application or an Investigational Device Exemption (IDE), a separate disclosure must be obtained from all investigators listed on *FDA Form 1572*, pursuant to *Title 21 CFR 54, Financial Disclosure by Clinical Investigators* and DAIDS requirements (https://www.ecfr.gov). As per DAIDS Guidance (https://rsc.niaid.nih.gov/sites/default/files/FinancialDisclosureINDTrials.pdf), financial disclosure for these studies must be obtained from the investigator prior to or on the day he or she is first added to the *FDA Form 1572* (i.e., prior to beginning study-associated responsibilities), within 30 days of discovering or acquiring a new significant financial interest, at the completion of all their study-specific activities and for one year following study completion.

MTN also applies this requirement to all investigators listed on the *DAIDS IoR Form* for non-IND/IDE studies whose primary objective(s) are other than behavioral. The disclosure will be study-specific and separate from the DAIDS disclosure document relating to *Title 42 CFR 50,* described above.

In the absence of electronic systems approved for use by DAIDS and/or the Network (see Section 9.2.2 of this Manual), these paper disclosure forms must be signed and dated by hand and in ink. No electronic signatures or dates will be accepted unless approved according to MTN Good Documentation Practices Policy (see Section 9.2.2 of this Manual).

5.4 MTN Financial Disclosure and Conflict of Interest Policy

To minimize the potential for bias in the design, conduct, reporting and analysis of research funded by any of the Awarding Components of the Public Health Service, U.S. Federal regulation, *Title 42 CFR 50,* states that each institution receiving or applying for such funding must obtain sufficient, accurate financial information that will allow the institution to identify and manage Financial Conflicts of Interest (FCOI) and report them to NIH through the eRA Commons FCOI Module. The requirements of *Title 42 CFR 50* (https://www.ecfr.gov/) apply to clinical and non-clinical research and focus broadly on senior/key personnel who are responsible for the design, conduct, analysis and reporting of the funded research. Failure to comply with these regulations, depending on the severity and duration of noncompliance, could result in suspension or termination of funding by the NIH.

Similarly, the FDA requires clinical investigators who are conducting research under an IND or IDE to disclose certain financial information to study sponsors. U.S. Federal regulations, *Titles 21 CFR 312.53* and *21 CFR 812.43*, state that before permitting an investigator to participate in a clinical study, the IND/IDE sponsor must obtain sufficient, accurate financial information, as required by *Title 21 CFR 54*, that will allow a marketing applicant to submit complete and accurate certification or financial disclosure statements to the FDA as part of the application (*Titles 21 CFR 314.50* and *21 CFR 814.20*). The requirements of *Title 21 CFR 54* (http://www.ecfr.gov/) apply only to clinical research conducted under an IND/IDE and focus on the financial interests of the clinical investigators participating in the investigation at the various CTUs/CRSs. When the FDA reviews the data from a clinical study that supports an application for marketing approval, it may consider a study inadequate if appropriate steps have not been taken to minimize the potential for bias and ensure the objectivity of the research. MTN also applies this requirement to all investigators listed on the *DAIDS IoR Form* for non-IND/IDE studies whose primary objective(s) are other than behavioral.

DAIDS, which is the financial sponsor and, in some instances, the regulatory sponsor for the research facilitated and managed by the MTN, has delegated to MTN the responsibility for collecting the financial disclosure information required by Federal regulations, *Titles 42 CFR 50* and *21 CFR 54.* Two guidance documents are provided for the HIV/AIDS Networks to follow:

- Title 42 CFR 50 compliance: NIH HIV/AIDS CLINICAL TRIALS NETWORKS: Financial Disclosure and Conflict of Interest Guidelines Standard Operating Procedure (SOP) developed by the Office of HIV/AIDS Network Coordination (HANC), which may be found on the MTN website (http://www.mtnstopshiv.org/resources/financial-disclosure-policies-tables-and-forms)

- *Title 21 CFR 54* compliance: DAIDS provided guidance (dated July 1, 2014), which can be found on the DAIDS Regulatory Support Center web page: http://rsc.tech-res.com/clinical-research-sites/daids-financial-disclosure-forms.

Some investigators may be required to disclose significant financial interests according to both procedures, depending on their study and Network responsibilities.

Financial disclosures in compliance with *Title 42 CFR 50* will be completed by investigators and maintained by the Office of HIV/AIDS Network Coordination (HANC) in the online HANC Financial Disclosure System (https://fd.hanc.info). To guide all investigators needing to complete their disclosures relative to *Title 42 CFR 50,* a list of the products and manufacturers that MTN has previously or is currently working with is located on the MTN website

(https://www.mtnstopshiv.org/sites/default/files/2020_table_product_corporate_developers_08.25.20_final.pdf) and is updated, as needed.

Financial disclosures completed in compliance with *Title 21 CFR 54* will be documented on a study-specific paper form (available from the Network website under "Study Implementation Materials" for the study). In the absence of electronic systems approved for use by DAIDS and/or the Network (see Section 9.2.2 of this Manual), these paper disclosure forms must be signed and dated by hand and in ink. No electronic signatures or dates will be accepted. These completed forms must be uploaded to DPRS and kept on file with other Essential Documents for each study. (See Section 11.1 of this Manual for further information on Essential Documents.) The DAIDS Clinical Site Monitoring Group will routinely review site Essential Documents files to ensure that required documentation is maintained.

5.5 NIH Certificate of Confidentiality

MTN holds an NIH Certificate of Confidentiality (CoC), which was first issued on May 29, 2007. This certificate protects the privacy of all MTN study participants (U.S. and/or international) whose personal information has been or will be collected, either in the U.S. or abroad, and stored in the U.S.

Effective October 1, 2017, in compliance with *Section 2012 of the 21st Century Cures Act* (https://www.congress.gov/bill/114th-congress/house-bill/34/text) and updated NIH policy (https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-109.html), all NIH-funded studies are automatically added to the certificate and all participating U.S. investigators are required to protect the privacy of all study participants and shall not:

- Disclose or provide, in any U.S. federal, state or local civil, criminal, administrative, legislative or other proceeding, the name of such individual or any such information, document or biospecimen that contains identifiable, sensitive information about the individual and that was created or compiled for purposes of the research, unless such disclosure or use is made with the consent of the individual to whom the information, document or biospecimen pertains; or

- Disclose or provide to any other person not connected with the research the name of such an individual or any information, document or biospecimen that contains identifiable, sensitive information about such an individual and that was created or compiled for purposes of the research, unless the disclosure is intended for the purposes of other scientific research that is in compliance with applicable U.S. federal regulations governing the protection of human subjects in research.

The CoC does not cover voluntary disclosures made by the research participant (including voluntary disclosures by a research participant to his or her healthcare provider or insurer), the reporting of suspected harm to self or others, or requests by authorized U.S. Department of Health and Human Services personnel. MTN protocols incorporate a standard informed consent form (ICF) that contains language describing the CoC and its limitations to participants, and the staff at LOC (FHI 360) work with U.S. sites to ensure that a description of the CoC is included in the ICF, as needed. U.S. site staff are responsible for informing participants of the CoC's limitations of coverage, as required.