



The highest standards of ethical conduct and careful stewardship of funds and resources are required of University employees in performance of their University responsibilities. Employees will not engage in conduct or activity that may raise questions as to the University's honesty, impartiality, or reputation or otherwise cause embarrassment to the University. Any external activities related to University business must follow University policy.

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### **Applicability**

The GRASP Compliance Program applies to all research and sponsored program activities conducted at the University by faculty, staff, students and other affiliated agents.

The GRASP Compliance Program applies to the following:

- Sponsored program activities, regardless of funding source (federal, state, private, nonprofit, etc.) or type of legal agreement (grant, contract, cooperative agreement, teaming agreement, memorandum of understanding, subcontract, etc.), in support of the University's threefold mission of instruction, research and public service.
- Protection of human subjects in research
- Welfare of animals in research
- Integrity in research
- Publication of research findings
- Laboratory safety
- Export controls of information and technology
- Data acquisition and management
- Student financial aid eligibility, payments and reporting
- Allowability and consistency of cost accounting practices
- Management of cash and accounts receivable
- Safeguarding of University property
- Applicable government regulations and grant/contract provisions
- Management and development of intellectual property
- External and internal reporting
- Retention and availability of records

The Program will be responsive to changes in laws, grant/contract provisions, and University policies.

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### **Components**

The following components of the GRASP Compliance Program are addressed in the GRASP Compliance Plan:

- Roles and Responsibilities
- Standards and Procedures
- Assessment and Monitoring
- Education and Training
- Reporting and Correcting Noncompliance

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## **Administration**

Compliance involves laws, court decisions, regulations, policies and procedures that may change and affect even the most carefully designed compliance assurance program. A University Compliance Officer has been assigned to serve as the coordination point for keeping the University apprised of such changes, communicating them to faculty, staff and students, and ensuring that the GRASP Compliance Program is updated as necessary.

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# **The University of Scranton GRANTS, RESEARCH, AND SPONSORED PROGRAMS (GRASP) COMPLIANCE PLAN**

## **INTRODUCTION**

The Compliance Plan of the GRASP Compliance Program brings together the documents, standards, policies, procedures, and guidelines applicable to all grants, research, and sponsored programs activities conducted at the University and affiliated locations by its faculty, staff, and students. All documents, standards, policies, procedures, and guidelines are considered part of the Plan and will be made available on a comprehensive website.

The GRASP Compliance Plan is revised as required when program areas are updated and will be fully reviewed at least every three years by a task force convened by the Compliance Officer. Membership in the task force will include the General Counsel.

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## **ROLES AND RESPONSIBILITIES**

The responsibility and accountability for compliance and ethical conduct of activities vest in each administrator, faculty member, staff member, and student of the University. All persons involved in grants, research, sponsored programs and associated compliance areas of the University will conduct their business in accordance with all applicable laws, regulations, policies and procedures, and the highest professional and ethical standards.

Each compliance area committee, board, or office is responsible to develop, implement, distribute, and update its policies and procedures related to research, grants, and other sponsored programs.

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### **Compliance Officer will**

- Work with University oversight committees, boards, and offices responsible for specific elements of compliance to ensure compliance with all regulatory requirements.
- Identify and assist in the development and implementation of such additional policies and procedures as are needed to address specific management and administrative processes required for compliance.
- Ensure that appropriate training programs are developed and delivered.
- Implement a process necessary to monitor compliance program elements.

- Ensure that policies and procedures related to research compliance are established, implemented, distributed, reviewed, and dated.
- Review and ensure disposition of matters of alleged noncompliance in consultation with the Director of Research, the Faculty Research Committee and the General Counsel.

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### **Office of Research and Sponsored Programs (ORSP) will**

- Implement and interpret sponsor and University policies and procedures for compliance with applicable regulations.
- Train research personnel in preparation of grant/contract application and managing sponsored research.
- Propose policies and procedures to senior administration in compliance with grants and contracts management regulations.
- Coordinate with other University research and sponsored programs oversight committees, boards, and offices to ensure that specific proposals and projects have been reviewed and approved for compliance.
- Advise Institutional Review Board for the Protection of Human Subjects (IRB), Institutional Animal Care and Use Committee (IACUC), Institutional Biosafety Committee (IBC), and Faculty Research Committee on compliance issues.
- Provide administrative support to IRB, IACUC, IBC, and Faculty Research Committee.
- Conduct pre-submission compliance review of proposals for external funding, except those submitted by the Director of Corporate and Foundation Relations.

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### **The Grant Accountant will**

- Make Project Directors/Investigators, and others involved in a project, aware of financial commitment and reporting requirements.
- Communicate the University's Policies and Procedures requirements of grant accounting.
- Complete OMB A-133 audit required schedules in a complete and timely manner.
- Notify the Office of Internal Audit regarding any unusual circumstances/events.

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### **Office of Internal Audit will**

- Assist the University's external auditing firm in conducting the University's annual OMB Circular A-133 audit.
- Perform periodic internal audits of selected University federal research grants as provided for in the internal audit plan. The scope of these audits will include procedures to test the University's compliance with OMB Circulars A-21 (cost principals) and A-110 (administrative practices).
- Monitor grant effort reporting by periodically reviewing a selection of federally funded labor, fringe and overhead costs.
- Issue a report of audit findings and any corrective actions needed.

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### **Institutional Review Board for the Protection of Human Subjects (IRB) will**

- Review for approval research protocols in which human subjects are involved.
- Monitor ongoing progress of approved protocols.
- Provide for education and training in human subjects research.

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### **Institutional Animal Care and Use Committee (IACUC) will**

- Review for approval research protocols in which animal subjects are involved.
- Monitor ongoing progress of approved protocols.
- Provide for education and training in animal subjects research.

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### **Institutional Biosafety Committee (IBC) will**

- Review and approve use of recombinant DNA in research activities.
- Review for approval all research protocols in which use of recombinant DNA is involved.
- Monitor ongoing progress of approved protocols.
- Provide for education and training in biosafety.

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### **Radiation Safety Committee will**

- Review and approve procurement and use of radioactive materials.
- Provide administrative support to faculty using radioactive materials for research and education.
- Review for approval all research protocols in which use of radioactive materials is involved.
- Provide for the education and training in the use of radioactive materials.
- Require semiannual reports documenting procurement, use, and safe disposal of radioactive materials.
- Represent the University in regulatory matters with the U.S. Nuclear Regulatory Commission and /or state governmental units involved in nuclear licensing and use.

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### **Chemical Hygiene Officer will**

- Implement and support the University Chemical Hygiene Plan.
- Provide educational training in the Chemical Hygiene Plan.
- Provide evaluation of compliance activities.

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### **Safety Board will**

- Prepare policies and procedures for a safe campus community for administration, faculty, staff, students and visitors.
- Address environmental health, safety and risk issues at the University.
- Review and recommend corrective action of work related accidents.

## **Director of Corporate and Foundation Relations will**

- Assure compliance of all proposals submitted by Corporate and Foundation Relations.
- Coordinate with University GRASP oversight committees, boards, and offices as appropriate.

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## **STANDARDS AND PROCEDURES**

All grants, research, and sponsored program activities at the University will be conducted in accordance with the highest professional and ethical standards.

Policies, procedures, and records assuring compliance with all laws, governmental regulations, and the University policies and procedures will be maintained on all compliance related areas, including but not limited to

Assure compliance with all laws, governmental regulations and University of Scranton policies and procedures governing research and sponsored programs.

- Research Activities
  - Human Subjects Protection
  - Animal Welfare
  - Hazardous Agents
  - Environmental Health and Safety
  - Radiation Safety
- Research Integrity – Responsible Conduct of Research
  - Authorship
  - Copyright
  - Plagiarism
  - Patent
  - Data Management
  - Research Misconduct
  - Peer Review
- Fiscal Stewardship
  - Research and Sponsored program funds management and accounting
  - Conflict of Interest
  - Tax Issues
- Human Resources and Public Safety
  - Equal Opportunity Employment
  - Diversity Statement
  - Non-smoking
  - Alcohol and Chemical Substance Abuse Policy
  - Sexual Harassment Policy
  - Policy on Violence in the Workplace
- Other
  - Records Retention
  - Academic Code of Honesty
  - Code of Responsible Computing

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## **ASSESSMENT AND MONITORING**

Proper functioning of the GRASP Compliance Program will be assured through procedures outlined in the GRASP Compliance Monitoring Plan. The Monitoring Plan provides the processes for auditing, monitoring, and improving all program area functions and activities on a regular basis. It also serves to identify and satisfy new regulatory requirements as they are enacted. The Monitoring Plan will include, but not be limited to, operational audits, financial audits, and annual reporting mechanisms.

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## **EDUCATION AND TRAINING**

The goal of the Education and Training Program is to build compliance consciousness into the daily actions of employees, students, and other persons affiliated with the University and its activities, assuring that they are aware of their duties and responsibilities.

All current employees of the University will be given a copy of the GRASP Compliance Plan and offered opportunities for orientation sessions. The GRASP Compliance Plan will also be referenced in the Student Handbook. The Plan will be included in orientation for new employees.

Areas requiring implementation of specific education and training programs include, but are not limited to

- Allowable Costs
- Animal Subjects Research
- Biohazard Safety
- Chemical Safety
- Compliance with OMB Circulars and Grant Contract Provisions
- Educating for Conflict of Interest
- Educating for Responsible Conduct of Research
- Effort Reporting
- Grant and Sponsored Program Financial Accountability
- Human Subjects Research
- Occupational Health and Safety
- Radiation Safety

The Compliance Officer, with assistance from University committees, boards and offices, will identify areas requiring or needing education and training to ensure compliance and will make certain that appropriate education and training programs are available for University faculty, administrators, staff, and representatives.

University policy under the GRASP Program requires that principal investigators (PI's) and project directors (PD's) receive mandatory grant/contract administration training provided by the University at the time a PI or a PD is hired or at the time an existing University employee assumes the position of a PI or PD. Subsequent training is required for each new award.

A website will provide links to all compliance areas and their relevant regulations, policies, procedures, and guidelines.

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## **REPORTING AND CORRECTING NONCOMPLIANCE**

### **Reporting Noncompliance**

University personnel are expected to report any known or suspected noncompliant conduct related to grants, research, or sponsored programs. No person will be retaliated against by the University or any of its employees or agents for making a good faith report of suspected noncompliant conduct in research, grants, or other sponsored program activities.

A number of resources (Appendix I) are available to assist employees who have questions, concerns, or would like to report or concerns about compliance issues or possible non-compliant conduct. Employees may report any noncompliance, including suspected fraud, anonymously to the Internal Auditor through the University's Fraud and Waste Hotline at the following link [http://matrix.scranton.edu/resources/re\\_auditor.shtml](http://matrix.scranton.edu/resources/re_auditor.shtml). Employees may also report any noncompliance to the Compliance Officer.

Reports of research noncompliance as defined in the University Policy on Research Misconduct must be reported to the Director of Research. Research misconduct includes fabrication, falsification, plagiarism; misappropriation of others' ideas; failure to meet University and/or federal policies regarding use of human or animal subjects in research; failure to meet legal requirements governing research; or retaliation of any kind against a person who has reported or provided information about suspected or alleged misconduct and who has not acted in bad faith. Reports of research misconduct will be investigated and written notice of the final decision will be made to the Compliance Officer.

The Internal Auditor, in consultation with General Counsel, will ensure that every credible allegation, inquiry, complaint, or other evidence of noncompliant conduct is investigated in accordance with established policies and procedures and within the full extent of applicable law.

### **Correcting Noncompliance**

Anyone who fails or refuses to comply with the Plan shall be subject to appropriate corrective action. Corrective action will consist of the immediate (1) termination of the noncompliant activity and (2) notification of appropriate University officials. The University will (1) make or seek any restitution necessary because of the noncompliance and (2) take any remedial steps to ensure future compliance.

Action by the University related to noncompliant conduct may include:

- Providing additional education and training programs,
- Modifying policies and procedures,
- Increasing monitoring activity, and/or
- Taking any other action necessary to comply with appropriate laws.

In addition to corrective action under the Plan, individuals may be subject to corrective action under local, state, and/or federal laws.

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### Appendix I - Resource List

<b>Policy</b>	<b>Responsible Office/Committee</b>	<b>Contact Office(s)</b>
<b>Alcohol and Illicit Drugs</b>	Human Resources Vice President for Student Affairs	Human Resources Student Affairs
<b>Animal Welfare</b>	Institutional Animal Care and Use Committee (IACUC)	ORSP
<b>Chemical Hygiene</b>	Environmental Health	Public Safety
<b>Computing</b>	Associate Provost for Information Resources	Technology Support
<b>Conflict of Interest</b>	ORSP	ORSP
<b>Copyright</b>	General Counsel	ORSP
<b>Equal Opportunity</b>	Equity and Diversity Office	Human Resources
<b>Grants Administration</b>	Grant Accountant	ORSP Grant Accountant
<b>Honesty, Academic Code of</b>	Provost	General Counsel
<b>Human Subjects in Research</b>	Institutional Review Board for the Protection of Human Subjects (IRB)	ORSP
<b>Infectious Waste</b>	Environmental Health	Public Safety
<b>Patent</b>	General Counsel	ORSP
<b>Radiation Safety</b>	Radiation Safety Committee	Public Safety
<b>Recombinant DNA</b>	Institutional Biosafety Committee (IBC)	ORSP
<b>Research Misconduct</b>	Faculty Research Committee	Office of Research and Sponsored Programs (ORSP)
<b>Sexual Harassment</b>	Equity and Diversity Office	Equity and Diversity Human Resources
<b>Violence in the Workplace</b>	Human Resources and Public Safety	Human Resources Public Safety
<b>Workplace Safety</b>	Public Safety	Public Safety

**Appendix II - GRASP Compliance Chart**

<b>Coverage</b>	<b>Risk Assessment</b>	<b>Responsible Department</b>	<b>Subject Matter Expert (SME)</b>	<b>SME Backup</b>	<b>University Policy Statement and/or Operating Procedures</b>	<b>Fiscal Year 2004 Goals</b>
A-21, Cost Principles (including Cost Accounting Standards)	High	Treasurer's Office	Grant Accountant	Internal Auditor	OMB Circular A-21	
A-110, Administrative Requirements	Medium	Treasurer's Office	Grant Accountant	Internal Auditor	OMB Circular A-110	
A-133, Audit Requirements	Medium	Treasurer's Office	Internal Auditor	Grant Accountant	OMB Circular A-133	Complete annual A-133 audit
Awards and modifications (negotiating, executing, abstracting, etc.)	High	Office of Research and Sponsored Pgms (ORSP)	Director of ORSP Admin. Dir. CPI Grant Specialist	Grant Accountant		Update policy statement and operating procedures for the review and signing of awards, modifications and related agreements, including signing authority.
Effort reporting (confirmation and distribution of payroll)	High	PI OR CPI	Grant Accountant	Admin. Mgr IMBM Internal Auditor	University time and effort procedures	Complete internal audit review of effort reporting. Review University's conflict of commitment policy.
Conflicts of interest (individual and organizational)	High	General Counsel	General Counsel	ORSP Director	ORSP Website	Review University's conflict of interest policy
Reporting (external and internal, False Disclosures Act, GRASP Plan performance, management and operations, etc.)	High	See Appendix I, Resource List				
Indirect cost (rate calculation, negotiation, recovery and disposition)	High	Treasurer's Office	Comptroller	Grant Accountant	ORSP Website	Internal Auditor will test as part of A-133 audit.
Proposals (assistance, representations, assurances and routing)	Medium	ORSP Corp. & Foundation Rel.	ORSP Director Dir. Corp. & Foundation Rel.	Grant Accountant ORSP Director	ORSP Website	

Protection of human subjects in research (IRB)	High	ORSP	IRB	ORSP Director	IRB - ORSP Website	
Protection of animal subjects in research (IACUC)	High	ORSP	IACUC	ORSP Director	IACUC - ORSP Website	
Safety and health in research (biosafety, radiation safety, chemical hygiene)	High	IMBM Public Safety ORSP	IMBM Biosafety Officer Asst. Dir. Public Safety ORSP Director		Law Chemical Safety Manual	
Training and Education	High	Various	ORSP Director Grant Accountant			
Research integrity and misconduct	Medium	ORSP	ORSP Director Dir. Research Faculty Res. Committee	General Council	Misconduct in Research Policy - ORSP Website	Revise when ORI issues guidelines.
Intellectual property (identification, reporting, development)	Medium	General Counsel ORSP	General Counsel ORSP Director	Dir. of Research	Policies	
Records (retaining and accessing)	Low	PI Various	General Counsel ORSP Director Grant Accountant			Develop university-wide policy on records retention
Cash (False Claims Act, invoicing, depositing, investing, reporting)	High	Treasurer's Office IMBM	Grant Accountant Bursar IMBM Admin. Mgr. Dir. Financial Aid	Internal Auditor		
Policies and procedures (preparation, updating and disseminating)	Medium	Compliance Officer Various	ORSP Director General Counsel Various			
Internal control systems (brief definitions)	High	Office of Internal Audit	Internal Auditor			