

## Kuali Build UMB NIH LRP Form Process

The applicant is expected to initiate the UMB NIH LRP form in Kuali Build (KB); however, there is the option for the department administrator to initiate the form. If the applicant initiates, the form will then route to the department administrator. If initiated by the department administrator, the form will then route to the applicant.

After the form is completed by both the applicant and department administrator, it must be submitted for routing to the department chair. The department chair will receive an email notification when the form is routed to that approval stop. After the department chair reviews and approves, the IBO (SPA official) will receive an email alerting them that the form is ready for review in KB.



The IBO will review the form and then proceed with certifying in eRA Commons. The applicant will receive an email notification from NIH after the certification is submitted in eRA Commons. The IBO will approve the KB form after the certification is completed in eRA Commons. The applicant and department administrator will receive an email notification from KB after the form is approved.

*The process for initiating and submitting the KB form is as follows:*

1. Select UMB NIH LRP from the KB Menu at <https://usmd.kualibuild.com/build/space/all-apps>.



2. Add your Department Administrator and Department Chair. Select whether the application is New or a Renewal Application.

3. Complete *all* fields required in the form, including department administrator uploading supporting documentation to verify institutional salary. The KB form can be saved and returned to later to finish completing it.

4. Once the form is complete, click the blue Submit button in the upper right corner.



### *Form data requirements:*

At the top of the form, include Applicant's Name, Department Name, Applicant's Address, Department Administrator/Business Officer's Name, Department Chair Name, ASSIST Application Identifier, and Request Type (New or Renewal). If New is selected as the Request Type, the Citizenship field must be completed too.

The Certification Information fields require that the Fiscal Period and Institutional Salary information are entered, along with uploading an Earning Statement (e.g. HR screenshot). The department administrator must upload documentation that verifies the applicant's Institutional Base Salary. The Institutional Base Salary is the annual amount the applicant is paid for their appointment, whether the time is spent on research, teaching, patient care, or other activities; and excludes any income that the applicant may earn outside of their UMB duties.

The applicant must answer the form questions.

1. The applicant's salary and any applicable research funding are solely supported by at least one of the following: a) A domestic non-profit foundation, non-profit professional society, or other non-profit institution (such as your institution); or b) A Local, City, or State government agency; or c) A grant from a federal agency.

- ☐ Yes  
☐ No

2. To the best of my knowledge, the applicant does not receive any salary from a for-profit institution, contractor, or any non-U.S. entity.

- ☐ Yes  
☐ No

3. The applicant is not a federal employee or fellow (including the U.S. Department of Veterans Affairs) with a 5/8ths time or more appointment.

- ☐ Yes  
☐ No

4. The applicant is, or will be, employed by your Institution to conduct research for a minimum of 20 hours a week.

- ☐ Yes  
☐ No

5. Outside of unforeseen circumstances (such as loss of funding), your Institution anticipates that the applicant will engage in research for two years from the date that LRP contract is executed, specified at the top of this certification.

- ☐ Yes  
☐ No

6. The research conducted by the applicant is compliant with Federal, State, or Local law.

- ☐ Yes  
☐ No

7. The applicant's annual income or compensation is accurate to the best of my knowledge.

- ☐ Yes  
☐ No

**The applicant must then click the checkbox to certify: *I certify the accuracy/truthfulness of all of the above statements. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.***