

CRU Charges FAQs

Revised October 21, 2019

Frequently Asked Questions

Question: Is this new pricing structure only going to be implemented at the Johns Hopkins CTSA Site?

Answer: No, NCATS, the center at NIH which funds the CTSA program, will no longer fund clinical services at any CTSA. All competing awards made under the new RFA will need to cover the costs of any clinical services provided by their CRUs.

Question: I don't have enough funding in my existing grant to re-budget in order to cover CRU costs when you begin charging in May 2018. What should I do?

Answer: For existing grants, you may request an administrative supplement to the grant to pay for critical services that will no longer be able to be provided free of charge by the CRU. Some Institutes/Centers (ICs) at NIH may have funds available but some may not. We recommend you discuss this with your project officer prior to submitting the request for an administrative supplement.

Question: When I incorporate the CRU costs into my budget, I exceed the standard R01 direct cost limit of \$499,999. What should I do?

Answer: You may send a request to your program officer for permission to exceed the cap due to the cost of clinical services. You should make this request at least 8 weeks prior to the grant being submitted.

Question: Is there support available to cover the cost of clinical services for investigator initiated studies that don't have a source of funding?

Answer: Both the University and the ICTR provide opportunities for pilot funding. Pilot grants offered from the ICTR (ATIP and Nexus) are 1 year awards with \$100,000 direct cost cap. Additionally, the CRU will offer a voucher program, which will award small amounts of funding to junior investigators to cover the cost of clinical services. Alternatively investigators may want to seek additional support from within their departments e.g. Blaustein Foundation in ACCM.

Please note the voucher program will start in May 2018, as this time grows nearer more details will be provided to investigators.

For more information regarding ATIP please visit

http://ictr.johnshopkins.edu/funding_opps/funding-opportunities/accelerated-translational-incubator-pilot-program-atip/

For more information regarding Nexus Awards please visit

http://ictr.johnshopkins.edu/funding_opps/funding-opportunities/nexus-awards-translational-research-communities/

Question: Shouldn't indirect costs (IDCs) cover the cost of clinical research space analogous to lab space being covered by grant IDC's for basic research? Why are you charging for space usage?

Answer: The \$38.50/hour charge for an outpatient room in the CRU covers administrative costs related to making the room available, such as the registration staff, patient care techs, basic supplies available in the room, etc. Our goal is to keep the CRU's safe and cost effective for all users.

Question: Would consultation services like Biostatistics and Data Management be affected by this new structure?

Answer: No, we expect their funding structure to remain consistent with current practice.

Question: What is going to be the contribution from the School of Medicine or health system?

Answer: Discussions are ongoing and we will keep this group informed of the final outcome

Question: When the ICTR applies for its renewal under the new RFA will it be at the same total level of funding or different?

Answer: NCATS is diversifying its grant portfolio. While the direct cost limit for CTSA's has been lowered, there are more opportunities to seek additional funding under separate RFAs. We have been applying for these additional awards and are awaiting funding decisions for them. So while our CTSA award will lower, the total funding for the ICTR may increase overall if our additional grant applications are successful.