

# THE RSA CONNECTION



Issue No. 19 October 2008

## **DOM IS HIGHEST FUNDED BY NIH FOR FY 2007**

by Suzanne Sutton, Director

Congratulations to faculty and research administration staff for making us #1 for 2007 as the highest funded NIH Internal Medicine Department in the nation! The other institutions in the top five (in sequential order) were Johns Hopkins, Duke University, University of Washington, and University of Pennsylvania (Table I). We received both a higher number of awards and total dollars than any other institution. We were credited with \$167.1 million in awards for FY 2007. The Department has received the most dollars in awards amongst all internal medicine departments for the years of 2003 to 2005 and 2007. This is a remarkable accomplishment given the NIH's decreasing paylines and average success rate for competitive proposals.

The number of awards to our Department has continued to show growth over the past 5 years despite the NIH's increasing competitiveness and budget cuts. There was a

slight dip in the dollars in FY 2006 but the total dollars increased in FY 2007. The total amount of dollars awarded in FY 2007 increased by \$4.8 million (3%) compared with FY 2006. The Department's average rate of increase has been 3% over the past five years (Table II).

The Department's goal is to maintain the growth we've experienced despite the national trends. To achieve this, the Department is evaluating the resources our faculty require to competitively answer the NIH's Roadmap for Medical Research. The NIH's priorities have shifted from the traditional independent investigator research studies to those that are interdisciplinary, that foster public and private relationships, and therefore, require formal collaborations outside of the institution. A separate but related strategy includes the multiple-PI initiative, which began its implementation in February 2007. The multiple-PI initiative fosters projects or activities that clearly require a "team science" approach. So far, there have only been a few proposals submitted from Medicine with multiple-PIs.

**Table I**  
**NIH Extramural Awards Current Rankings**  
**By Medical Schools Departments**  
**FY 2007**

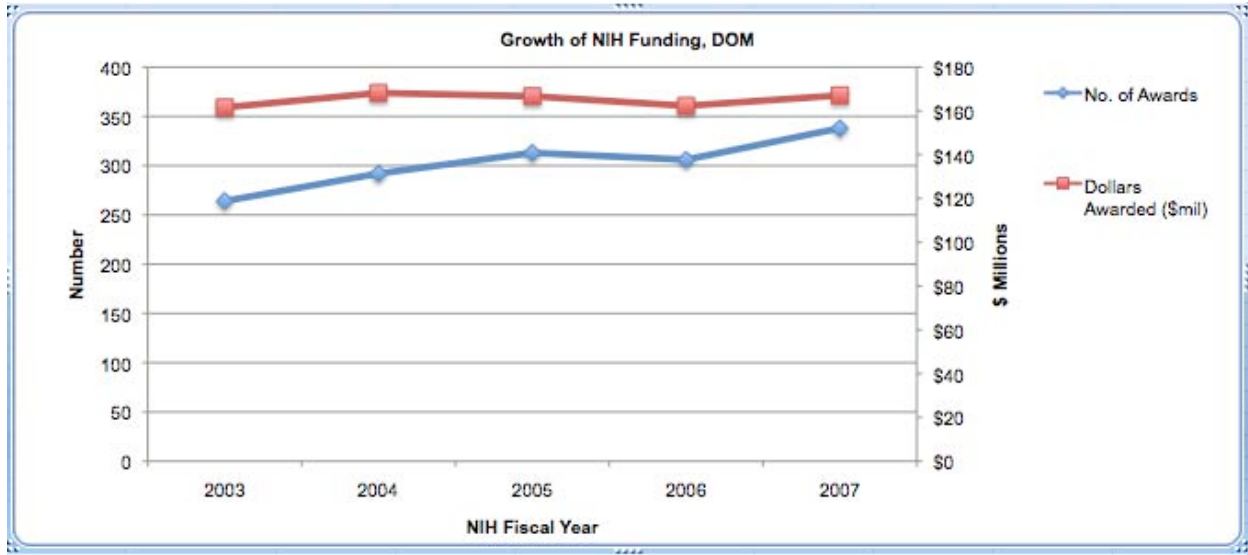
Rank	Institution	City	State	Number	Amount (\$mil)
1	UCSF	San Francisco	California	338	\$167.1
2	Johns Hopkins	Baltimore	Maryland	318	\$155.0
3	Duke University	Durham	North Carolina	181	\$146.0
4	Univ of Washington	Seattle	Washington	221	\$114.7
5	Univ of Pennsylvania	Philadelphia	Pennsylvania	235	\$112.6
6	Vanderbilt Univ	Nashville	Tennessee	215	\$112.5
7	Univ of Michigan	Ann Arbor	Michigan	179	\$94.5
8	Washington Univ	Saint Louis	Missouri	189	\$93.0
9	University of Pittsburgh	Pittsburgh	Pennsylvania	194	\$89.4
10	Yale	New Haven	Connecticut	160	\$81.7

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Table II



## A-133 RECAP AND UPDATE

by Wendy Hom, Compliance Manager, EMF, Controller's Office

### A-133 Internal Control Audit – no findings

The Price Waterhouse-Coopers (PwC) auditors reviewed our verification of expenditures and the timeliness of those verifications. The auditors did not find any issues and verified that our internal controls are in place.

### A-133 Audit – repeated finding on late cost transfers

This year's audit was much more intense than previous years. The federal government wants the auditors to ensure that their audits of awardees are adequate. This year, the auditors increased their sample size and made things more inclusive to ensure that UCSF has been following policies and procedures. Of the 30 samples of cost transfers, 4 were deemed late (13%). At our last full audit in

2005, 6 out of 10 (60%) cost transfers were late.

As for direct charge testing, the auditors randomly selected 20 individuals' effort reports from the Effort Report System (ERS). They then sent a letter to the employees whose effort reports were certified by the PIs of those awards requesting that the employees verify information on the effort reports from ERS. They asked employees to verify their role in the projects, their allocation of effort for various projects, and to indicate whether the reported percentage of effort as certified by the PI was a reasonable approximation of their time. Of the 20 effort reports sampled, 18 responded to the auditors. The auditors are following up on the two remaining individuals who have since left UCSF.

### A-133 Financial Audit – 1 issue, no finding

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This part of the audit focused on the Controller's Office balance sheets with regard to the quality of our profit and loss and income statements. There was an issue with a subcontract where the agency made an advance payment to cover more than 12 months (May 08 –June 09). The issue was whether UCSF should have accrued the payment at June 08 year-end. Other than that, there were no other findings.

The A-133 final report will be released by April 2009 and will be accessible online at: <http://harvester.census.gov/sac/>. The final report including the repeated finding on late cost transfers will be reported to federal agencies and federal flow-through sponsors.

## **Summary**

The Controller's Office is collaborating with Dean's Offices' leadership and SAS112 committee members to coordinate a follow-up plan on the late cost transfer problem.

In the last two years, the campus has increased its efforts to improve the timeliness of cost transfers. UCSF:

- launched a sample-based review program on cost transfers;
- developed and delivered training campus-wide on the importance of correctly allocating expenses to the benefitting sponsored project, the importance of regular verification of expenditures by financial analysts and PIs, and the compliance issues surrounding timely cost transfers;
- developed and distributed a template for documenting review and evidence and a

new procedural companion document and guide on cost transfers; and

- developed new managerial reports to assist schools and departments in monitoring and analysis.

We will continue to develop and enhance our monitoring and training, but a repeated finding requires that our campus make significant progress and improvements. We need to follow SAS112 key control 13 – timely verification of expenditures. The frequency of reconciliation should not be less than bi-monthly, especially for federal funds, to prevent unnecessary cost transfers and to allow sufficient time to correct errors or make necessary adjustments within 120 days after the original charges hit the ledgers. The schools/departments need to ensure that adequate resources are being devoted to implement the general ledger reconciliation process, and to document and communicate the frequency of review within their organization. In addition, the campus needs to investigate opportunities for increasing management review of federal cost transfers that take place more than 120 days after the date the expense has incurred.

## ***A RECAP OF FY 2008***

by Suzanne Sutton, Director

The Department experienced a number of changes over the past fiscal year: Dr. King was formally appointed as our new Chair; the OIG completed its A-21 audit of NIH awards; CMS instituted a new policy requiring all clinical trials to be registered at CT.gov; Medicine implemented a new training for new CRCs; and Bill Walzer, one of our most beloved RSAs passed away

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unexpectedly in June 2008. The year was full of challenges and successes, only some of

which are captured here as a summary of the past fiscal year.

New RSAs recruited	7	
RSAs promoted	3	
NIH proposals submitted	441	\$ 172,184,584
Non-NIH proposals submitted	658	\$ 88,337,647
NIH proposals awarded	381	\$ 176,945,889
Non-NIH proposals awarded	678	\$ 126,233,707
Competitive NIH K awarded	19	\$ 2,674,109
Competitive NIH T32 awarded	3	Geriatrics, Infectious Diseases, Nephrology

## Distribution of all awards to DOM faculty

Sum of Total Sponsor Budget	Purpose						
Award Type	Basic	Instruction	Other	Clinical	Public Service	Other Clinical	Grand Total
Contract	42,191,940	107,520	504,988	48,929,627	3,630,394	210,302	95,574,771
Cooperative Agreement	11,519,395	936,766	23,248,936	1,101,208		1,028,280	37,834,585
Fellowship		2,917,534					2,917,534
Grant	102,158,975	21,084,042	897,293	347,423	2,039,422		126,527,155
IPA	502,915		413,986				916,901
Other			570,100				570,100
SubContract	15,716,056	669,812	136,468	393,949	4,242,099	445,494	21,603,878
Grand Total	172,089,281	25,715,674	25,771,771	50,772,207	9,911,915	1,684,076	285,944,924

## **POLICY/PROGRAM UPDATES**

by Joseph Wilson, Assistant Director

### **Outgoing Subawards – Procedures for Advance of Funds**

UCSF allows the advance of funds to subrecipients in foreign countries with constrained financial resources on warranted occasions. In order to clarify procedures and subrecipient monitoring requirements when an advance of funds is requested, new Procedures for Requesting Advance of Funds for Outgoing Subawards have been posted on the C&G webpage for campus use. Questions related to these procedures can be addressed to Andrew Boulter, C&G Associate Director at [andrew.boulter@ucsf.edu](mailto:andrew.boulter@ucsf.edu).

### **Revised Cost Accounting Standards (CAS) Guidelines**

A revised set of Cost Accounting Standards (CAS) Guidelines documents is now available

on the Controller's Office website at: [http://www.acctg.ucsf.edu/extramural\\_funds/policies/index.htm](http://www.acctg.ucsf.edu/extramural_funds/policies/index.htm), then follow the links under the "Cost Accounting Standards" heading

These documents provide guidance for charging costs, with particularly emphasis on charging costs to federal grants and contracts. They replace documents that were last updated in February 2000.

The revised Guidelines reflect a change in format and emphasis from the previously published Guidelines, rather than any significant change in policy. The charging practices document now emphasizes the relevant policies, while Appendix A emphasizes unallowable costs. Appendix B is still a Frequently Asked Questions, which will evolve as new questions arise. Also, links were added to related policy

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documents such as Cost Sharing, Program Income, and Effort Reporting.

Any questions or suggestions related to the CAS Guidelines or Appendices should be directed to Charles Taylor (phone: 502-1065; e-mail: [ctaylor@finance.ucsf.edu](mailto:ctaylor@finance.ucsf.edu) ) or Matt Suelzle (phone: 476-5534; e-mail: [msuelzle@finance.ucsf.edu](mailto:msuelzle@finance.ucsf.edu) ) in Budget & Resource Management.

## **"Research Administration: Kick Start" Course**

The Office of Sponsored Research announces "Research Administration: Kick Start". This online mini-certificate program equips new and continuing Research Staff Administrators (RSAs) to assist Principal Investigators effectively administer pre-award sponsored research activities to acquire funding from governmental and non-profit sponsors. Pre-award activities entail developing complete and compliant funding proposals that are submitted to sponsors by deadline.

Participants complete the program at their own pace and successfully conclude it with a passing score on the final quiz and access to a certificate of completion.

For more information please review the attached announcement. Questions may be directed to Joseph dos Ramos, OSR Training Manager at [joseph.dosramos@ucsf.edu](mailto:joseph.dosramos@ucsf.edu)

## **UCSF Policy on Tobacco Industry Funding of Research**

The Regents adopted a new policy last fall stipulating that proposals requesting research support from the tobacco industry undergo

review by the campus and are approved by the Chancellor.

The Regental Resolution (RE-89) requires each UC campus to establish a process for ensuring that any proposal submitted to a company whose primary business is the manufacture and sale of tobacco products, or any agency that is substantially controlled or acting on behalf of a tobacco company, must first undergo scientific peer review. RE-89 establishes guidelines for establishment of the review committees, outlines the way in which the review is to be conducted, and requires that the Committee outline its recommendations in a written report to the Chancellor. Further, RE-89 also requires that the Chancellor provide the researcher, the UC President, and The Regents with a written determination approving or disapproving the request to submit the proposal. No proposal may be submitted to a tobacco company absent this review and written approval.

Accordingly, at UCSF, no request for research support can be submitted to a tobacco company unless the Principal Investigator has received a project-specific written determination of approval from the Chancellor. Given the time it will take to conduct the required internal review and make appropriate determinations, it is important that anyone who is contemplating submission of a research proposal to a tobacco company review the campus policy and procedure carefully (see enclosed) in order to facilitate timely completion of the review process.

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The text of the Regental Resolution as adopted is available at:

[http://www.ucop.edu/research/policies/documents/review\\_approval\\_re89.pdf](http://www.ucop.edu/research/policies/documents/review_approval_re89.pdf).

Please contact me at 514-0266 or [wanda.ellisoncrockett@ucsf.edu](mailto:wanda.ellisoncrockett@ucsf.edu) or Joan Kaiser, Contracts & Grants Director at 476-8156 or [joan.kaiser@ucsf.edu](mailto:joan.kaiser@ucsf.edu) if you have any immediate questions about the campus policy, or need assistance in determining whether a specific company is, or is not, considered to be part of the “tobacco industry” for the purpose of the Regental policy.

To view UCSF policy and cover letter online, see:

[http://www.research.ucsf.edu/cg/polproc/Policy%20on%20Tobacco%20Industry%20Funding%20of%20Research%20062708\\_Final.pdf](http://www.research.ucsf.edu/cg/polproc/Policy%20on%20Tobacco%20Industry%20Funding%20of%20Research%20062708_Final.pdf)  
[http://www.research.ucsf.edu/cg/polproc/RE%2089%20EVCP%20Coverletter\\_Final.pdf](http://www.research.ucsf.edu/cg/polproc/RE%2089%20EVCP%20Coverletter_Final.pdf)

## **Change in the UCSF Private Clinical Trial and Service Center F&A Rates**

Effective July 1, 2008 the Facilities and Administration (F&A) rate for (i) Industry Clinical Trial Contracts, (ii) Clinical Management and Related Services and (iii) service centers will be *26 percent* of total direct costs. This rate will apply to all agreements signed after June 30, 2008. The service center rate applies to external sales and service agreements. The rate will be assessed based on revenue received. Invoices should be adjusted to include the correct F&A rate. Agreements signed before July 1, 2008 may continue at the rate of 22 percent of total direct costs.

For example, \$100 of invoiced direct costs under a new industry clinical trial contract, the F&A consideration will be \$26 for a total invoice of \$126. The revenue to UCSF will be \$126, with \$26 applied to F&A and the balance of \$100 will be applied to the industry clinical trial contract. The F&A rate applied to revenue will be 20.6% ( $26/126 = 20.6\%$ ).

If you have questions about either Industry Clinical Trial or Clinical Management and Related Services agreements, please contact the Industry Contracts Division at [industrycontracts@ucsf.edu](mailto:industrycontracts@ucsf.edu) or 415-353-4446.

## **Revision of Outgoing Subcontract Request Form**

Two changes have been made to update this form:

- 1) **Carryforward Requests:** The form has been modified by addition of a checkoff box so that departments can more clearly indicate whether funds to be made to a subawardee are new funds, carryforward funds, or a combination of both. It is extremely important that departments indicate the type of funding being made so that total amounts obligated to subawardees are correct.

Note that subawards under NIH Federal Demonstration Project (FDP) terms normally allow carryforward of funds, and under these types of awards subawardees have automatic approval of carryforward. In these cases there is no need for a department to indicate carryforward amounts. The completed form should only indicate the

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addition of any new funding to be allocated for the continuation or supplement subcontract awards.

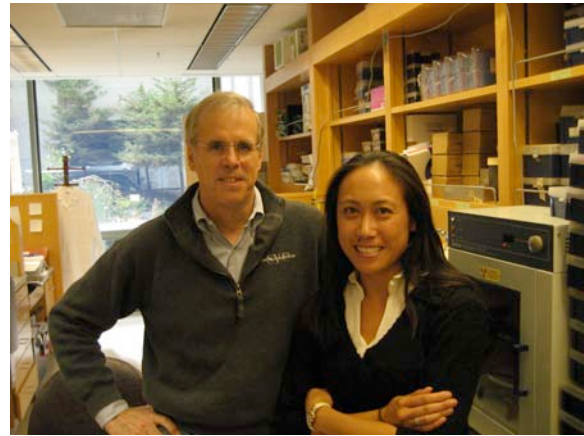
However, if the subaward prohibits carryforward of funds without prior approval under the terms of prime award, then the total amount of carryforward allowed to the subawardee needs to be indicated on the Subaward Request Form document. It is incumbent upon the department to obtain prior approval from the prime awarding agency for the carryforward of subrecipient funds before submitting the Subaward Request Form to the Office of Sponsored Research.

**2) Advance Fund Request for Foreign Subcontractors:** The form has been modified to include a box where departments may indicate if they are requesting fund advances for a subcontractor. In most cases providing an advance of funds to a subawardee is prohibited. However, in rare cases where the subawardee is in a developing country with financial hardship concerns, advance of funds may be allowed if appropriate criteria are met. Campus guidance on procedures to request fund advances for foreign subcontractors will be issued shortly.

If you have any questions concerning this material, please contact Andrew Boulter, Associate Director, Contracts & Grants at [andrew.boulter@ucsf.edu](mailto:andrew.boulter@ucsf.edu).

## ***MEET HAL CHAPMAN, MD Professor of Medicine, Division of Pulmonary and Critical Care Medicine***

by Linda Lew, Research Services Analyst,  
Division of Pulmonary & Critical Care  
Medicine, Division of Allergy &  
Immunology



**LL: How did you choose Pulmonary as an area of interest during your training?**

**HC:** I spent several years after a standard internal medicine residency working in a basic science lab, with no patient contact at all. When I decided to pursue clinical subspecialty training, Pulmonary was very attractive to me because it encompasses a broad spectrum of internal medicine, the lung being affected both by diseases arising in the lung and by many diseases originating completely outside the lung. Learning Pulmonary was in some ways like retraining in internal medicine. In addition, my research had been in the basic biology of macrophages. At the time, little was known about the involvement of macrophages in lung disease and this seemed like an appealing way to extend my basic research

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training experience into the clinical arena. My early research in the lung centered on the biology of human lung macrophages.

**LL: I noticed that in your training, you attended Tulane University in an accelerated undergraduate pre-med curriculum where you bypassed receiving a bachelor's degree. Did you not find that a risky path and what are your thoughts about these types of programs?**

**HC:** At the time, I found that path to mainly be a cheaper path. It wasn't risky because had I not been accepted to medical school, I would have just completed my undergraduate degree. The program existed because of the consensus view at the time (early 1970s) that there were too few physicians nationally and shortening the timeline to graduation was to provide a pulse of new physicians. I do not believe such a plan helped to solve any problems; or at least it exacerbated as many as it helped. Fortunately, most of the college students today take a much more measured view of rapidly going to graduate school. I have to add that aside from occasionally wishing that I had taken a year to travel, I really have no personal regrets about that early-entry decision.

**LL: What are some challenges you encounter in running a research lab and performing your clinical responsibilities?**

**HC:** That is a complicated question, but certainly one major challenge is to be well informed in both arenas at a time when the pace of change in information and the volume of information are so great. Of course, it is also a challenge to simply meet the time demands of both. Almost every physician scientist must decide to devote much more

time to either research or clinical service in order to survive.

**LL: In your career, what has been one of your most rewarding experiences?**

**HC:** A career is a long time and there are many rewarding experiences. But for a physician scientist engaged in research, discovery of something completely new with clear clinical relevance is a highlight. Along these lines, one such highlight was our discovery of a human disease (a bone disease) caused by deficiency of an enzyme we identified originally in human lung macrophages. A drug targeting this enzyme is in clinical trials for post-menopausal osteoporosis. Another rewarding aspect of this work was that the tool we created to identify novel genes in human macrophages was subsequently used by several other investigators to discover other genes that have proven to be clinically relevant.

**LL: I heard you are an avid swimmer. What is your fastest lap time and are you a Michael Phelps fan?**

**HC:** I can say unequivocally that my lap times should not be printed. Hard not to be a fan of the effort and determination it takes to be a competitive swimmer, even for someone with the natural gifts of Michael Phelps.

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## **MEET JIM WILDMAN**

### **Division Administrator, Hematology/ Oncology**

by Christina Delgado, Administrative  
Assistant, Central Administration



#### **CD: Tell me about the Division of Hematology and Medical Oncology:**

**JW:** Our division has 38 full-time faculty, 34 affiliated faculty, 20 fellows, and 100 research and administrative staff. We're split between the malignant and benign hematologists at Parnassus and the solid tumor oncologists at Mount Zion. We spend about \$27 million a year to support our clinical, research, and teaching missions. About \$3 million of that is from government grants, \$2 million from clinical trials, \$2 million in private grants, and \$2 million from gifts. Just over a year ago, almost our entire finance and RSA staff turned over, including yours truly. I joined the Division from Columbia University in New York.

**CD: I heard you were separating your RSAs into pre-award and post-award. Why do this and how will this help the Division?**

**JW:** The motivation for change really started with the RSAs. On the post-award side, four RSAs manage over 1,000 fund/dpa combinations, including all the BSRs, ledger reviews, and cleaning up old and new problems. We started last year with over \$2.4 million in accounts in overdraft and we were in the middle of an audit. On the pre-award side, we typically have over 100 projects in development, primarily clinical trials. The faculty was complaining that we weren't being responsive to their pre-award needs and I was frustrated about the need to get our arms around the compliance and financial management. The RSAs were in the middle, trying to satisfy two large and competing demands. Another development is the establishment of the Investigator Therapeutics Initiative (ITI) in the Helen Diller Family Comprehensive Cancer Center, of which the Division plays a significant role. The ITI will provide a one-stop-shop for Cancer Center faculty to expedite the protocol, proposal, and contract processes. So splitting pre- and post-award responsibilities serves several purposes. First, it helps the RSAs manage the competing nature of these two very different responsibilities. Second, it recognizes that the skill set and professional ambitions of someone interested in pre-award are not necessarily the same as someone interested in post-award. And third, we hope to accomplish more with less, providing better service to the faculty while preparing for the ITI to get up and running.

**CD: How did you get to your position?**

**JW:** Most recently, I was the administrator of the Division of Hematology/Oncology at

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Columbia University in New York. Prior to that, I was the administrator of the Courant Institute at New York University. Before my work at NYU, I managed three large NIH-funded training programs in Epidemiology at Columbia while I completed my Master's in Public Administration. I was also the administrator of Community Impact at Columbia, a student-run community service organization. I've also had a few stints in foundations and in fundraising to test those waters. I earned my bachelor's degree in journalism from Indiana University, which is where I am from originally.

**CD: What qualities and/or characteristics do you feel a DA needs in order to be successful in their work?**

**JW:** There's probably a long list. It seems to me that all of us have to successfully balance the competing demands of our jobs. For an RSA, it may be the demands of meeting pre-award deadlines while also managing a large portfolio. For me, there is a great deal of financial analysis and writing that I do behind closed doors and I need to balance that frame of mind with the endless requests from faculty, getting to meetings, keeping up-to-date on policy and procedure, and keeping in touch with all the staff as best I can. I think you need to have an understanding of why we all got in this business in the first place and realize that there are going to be passionate responses to the need to get things done and done right, but also not take yourself or the layers of bureaucracy too seriously. It's important to have mentors and colleagues who can talk you off the ledge when the going gets tough and that means not burning too many bridges but also knowing when and how to defend your position to do the right

thing. Don't be afraid to make mistakes, but also be prepared to apologize when you overstep or make mistakes, because it's going to happen at some point and we can regroup and fix it together.

**CD: How do the RSAs fit into the function of the Division?**

**JW:** Well, in a Division this size, they're absolutely critical and I hope we're achieving the right balance between what they need to make their jobs enjoyable and professionally challenging while also meeting the needs of a very active and successful faculty. The RSAs understand the policies, procedures, and details to a much higher degree than me and certainly than that of the faculty. In some ways, it's their job to keep us out of trouble by explaining the rules and regulations, but they also provide an opportunity for faculty to be very successful by ensuring the real costs are included in a project or understand there is more than one way to approach an issue or problem that hasn't been considered. It seems to me that our faculty are starving for information about their projects and need to know what they can do towards expanding their programs on a fairly consistent basis. We're working on streamlining that in the Division, to provide each faculty member with consolidated financial statements that include all their clinical and research activity and outstanding commitments. RSAs play a pivotal role in that process. Each faculty member's successes are the building blocks of a successful division and department, so that information builds a greater understanding of what we are doing and where we are headed.

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**CD: Where do you see the RSA group heading and how do the individual RSAs fit into that vision?**

**JW:** We've built what I consider to be a great team of very smart and dedicated finance assistants, RSAs, and finance manager. We learn from each other's diverse perspectives and this provides a mechanism for professional growth. For example, the RSAs self-selected their new roles as pre-award clinical, pre-award federal, post-award clinical or post-award federal. They learn from each other, back each other up, and I give them a transparent understanding of the Division's finances so that when they are ready to move up, they have been exposed to the work. It is the type of cross-training that strengthens the impact of the team in managing the projects at hand as well as primes the RSAs for expanding their professional opportunities.

**CD: How do you think UCSF compares to working at Columbia?**

**JW:** Many of the problems are the same everywhere in academic medicine. For Hematology/Oncology, dealing with the financial constraints of the Medical Center owning infusion revenue, and how it does or does not support the academic enterprise are critical to managing a successful division. There is a much closer interaction between the two at UCSF compared with Columbia. The greatest contrast that I have noticed, however, is that it takes a lot more people to get things done at UCSF than it did at Columbia, but those people are almost always more approachable. As an administrator at Columbia, one almost felt alone, but here there is a greater interaction of peers so you're not left to figure it out yourself. That's

a big plus, but I wonder how we can streamline the routine so that we can really expand our horizons without creating just more work.

## ***BEST IN RESEARCH ADMIN. OF GRANTS (BRAG) AWARD***



The Research Administration Unit is proud to announce that **Jane Drake** is the October 2008 BRAG Awardee. Jane is a Research Services Analyst for the Positive Health Program (PHP) at San Francisco General Hospital. Jane has been with PHP for almost two years and during her short tenure with the division thus far, has become highly depended upon for her quality work by both PIs and administrators alike. Jane received an overwhelming number of nominations, more than any other nominee. "She is always helpful when I call her to ask questions. She is very knowledgeable and a wonderful asset." "She's done a fantastic job, and our work would be much more difficult without her." Congratulations, Jane! Kapo Tam from the Hospitalist Division also received many nominations and accolades. Other RSAs deserving recognition include Ross Beard, Solat Navab, and Kate Shumate.

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## ***A DAY IN THE LIFE OF AN RSA***

by Terry Gleason, Research Analyst,  
CFAR/CHI at VAMC

Today is Monday and the last day to turn in my RSA diary to Christina in DOM Central Administration. As it is with all RSAs, I have been too busy to turn my attention to it until the last minute, but I am certain that I will have it done by the end of the day and get it to Christina. I prefer to remain off of her “late BSR, late OD report, and late RSA diary list”. It is sort of like paying interest on credit card bills; that is one thing I can certainly do without.

The budget period of the largest grant that I manage ended on 8/31/08 and I have been preparing our colleagues on the grant for weeks in anticipation. With ninety days before our FSR is due at the NIH, I have told everyone that it will be based upon the September general ledger, though we could do it based upon the October G.L. and still get it to the NIH on time. Almost every year the usual suspects have reasons for delays/inability to post expenses in time for the FSR, but this year things are going to change! I went with the single e-mail, copied everybody under the sun with an MD or PhD, tagged it “high importance”, and stressed that the grant’s Co-Directors are watching their every move, in an attempt to avoid the last-minute rush to include/exclude expenses from our Cores and developmental awardees on the FSR. They are all great people; some just need a little more “encouragement” than others.

My favorite aspect of RSA work is the post-award management because I know it like the

back of my hand and that saves on those expensive ulcer medications that I need for pre-award management. However, you do not get the same charge you would in pre-award when obtaining a grant for which you applied. In my experience, I have never known Accounting to be as well-run and responsive as they have become over these past few years, making them a welcome partner in the post-award management of our funds.

The VAMC is an interesting place to work. I transferred here from SFGH when the main faculty member I work for transferred to VAMC. At the time, I was upset due to the new across-town driving that I would have to do (I live in Bernal Heights, very close to SFGH), but I must admit that once I actually arrive at the VAMC, I like the surroundings. Very pretty. It is just the drive here that sometimes nearly does me, and the drivers around me, in. I have terrible driver’s rage, so stay out of my way and you should be fine. As other RSAs have noted before me, the VA is another layer of bureaucracy that must be navigated before, during, and after the UCSF layer gets involved. The government is changing some of the contracting mechanisms between the two entities and it is sometimes hard to get that information from the VA beforehand (two bureaucracies with not enough overlap can cause inconsistent communication between them), but somehow it all comes together just in time for everyone to be satisfied.

As for being satisfied, I am. After many years with UCSF and as difficult as it can be, I can say that being an RSA, that working with other RSAs, is the most

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rewarding work that I have done here. All of us RSAs know what the others go through, and that is so helpful in dealing with the issues that arise. I feel lucky to have established some really good working relationships across the University (a shout out to the good folks at the PHP, to Epi, to Experimental Medicine, just to name a few), working hard with them in the fight against HIV/AIDS and related co-infections, even if just administratively. I feel like most of the doctors with whom I work appreciate what I/we do in our jobs, even if getting them to certify ERS reports is less than thrilling. There are always new systems being implemented, new policies to follow, and new people to get to know. I feel like retirement may never come early enough, but in the meantime, I am pretty happy to continue my work for my doctors, for the DOM, and for UCSF.

## ***STAFF UPDATES***

**Lowell Huang** joined the Division of General Internal Medicine in August 2008 as a Research Service Analyst, and will provide pre- and post-award support across the Division. Lowell was promoted after serving one and a half years as the division's research and grant assistant where he gained an extensive understanding and knowledge about administrative aspects and post-award management. Prior to joining UCSF, he worked as a customer service agent in the hotel and aviation industry.

**Michele Benjamin** joined the Women's Health Clinical Research Center at VAMC (VAMC-WHCRC) in July 2008 as a Research Service Analyst. She provides pre- and post-

award support across WHCRC. Michele first made a living as a stock trader in San Francisco. She has spent the last 20 years in Kauai where she mostly worked with small companies in turnaround situations. She is happy to be back in the City and working with UCSF.

**Rashaan Lyons** joined the Division of Endocrinology at San Francisco General Hospital May 2008 as a Research Service Analyst. Before joining Endocrinology, Rashaan (a ten year UCSF employee) worked in the Division of Child Neurology as the Division Administrator. In that division, Rashaan oversaw daily and academic administrative operations, including research administration.