HASKINS LABORATORIES
EMPLOYEE HANDBOOK

(17th Edition / July 2021)

Table of Contents

INTRODUCTION

The purpose of this handbook is to provide information about the Laboratories' procedures, practices and policies. Please note that the Haskins Laboratories Handbook is not an employee contract. Comments on this handbook and suggestions for additional information are always welcome and should be addressed to management.

Please note that the Haskins Handbook is continually being revised. An electronic copy of this manual can be found on the Haskins Website, https://haskinslabs.org.

GENERAL ASSURANCES, POLICIES AND PROCEDURES

Americans with Disabilities Act

Under the Americans with Disabilities Act (ADA) an individual with a disability is a person who has "a physical or mental impairment that substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such impairment."

The Act prohibits employment discrimination against qualified individuals with disabilities. An employer must make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless it can show that the accommodation would cause an undue hardship on the operation of the business. Further details about employee rights under the ADA may be obtained from the Business Office or by writing to the U.S. Equal Employment Opportunity Commission, 1801 L Street NW, Washington, D.C. 20507. Telephone 1-800-EEOC.

Drug-Free Workplace

1. Haskins Laboratories prohibits the manufacture, distribution, dispensing, possession and or use of controlled substances (unlawful drugs) by employees or guests while present on the Laboratories' premises (workplace).
2. A copy of the above statement will be given to all employees and guests notifying them that as a condition of their employment and/or participation in the Laboratories research they will:
    a. Abide by the terms of the statement and
    b. Notify the Laboratories' business of any drug statute conviction for a violation occurring in the work place no later than five days after each conviction.
3. The Laboratories will undertake to notify the appropriate agency (The National Institutes of Health, National Science Foundation or other agency responsible for funding the individual's research and/or salary) within 10 days after receiving notice under subparagraph(2b.) above from an employee or guest, or otherwise receiving actual notice of such conviction.
4. Within 30 days of receiving notice under paragraph (2b.) The Laboratories will:
    a. Take appropriate action against the individual involved including termination or summary cancellation of guest privileges whichever is applicable; or
    b. Require an offending employee to participate in, and satisfactorily complete, a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
5. The Laboratories will periodically sponsor a program designed to inform employees and guests of the dangers of drug abuse in the workplace.
6. It is the Laboratories' firm intention to make good-faith effort to achieve a drug-free workplace through the implementation of paragraphs 1 through 5 in accordance with the Drug-Free Workplace Act.

Equal Opportunity Employment

It is the policy of Haskins Laboratories to maintain and promote equal employment opportunity and to create an equitable environment. Haskins provides equal opportunities to all employees and applicants for employment without regard to race, religion, color, age, sex, national origin, sexual orientation, gender identity, genetic disposition, neurodiversity, disability, veteran status or any other protected category under federal, state and local law. Equality in such opportunities continues to be the basic policy of the Laboratories. All personnel responsible for hiring and/or supervision of staff members will be guided by this policy.

Diversity and Inclusion Statement

At Haskins we strive to build an inclusive culture that encourages, supports, and celebrates the diverse voices of our employees. Diversity in our work force fuels our scientific innovation and connects us to the communities we serve. We believe that equity, diversity, and inclusion are active processes that require continuous commitment to promote healthy people, healthy communities and the overall success of present and future generations.

To this end we strive to create and maintain opportunities for engagement, education, and discourse related to issues of equity, diversity, and inclusion. Likewise, racism, sexism and gender identity discrimination are not tolerated at Haskins; consequences for such behavior may include: cease and desist orders, compensatory damages, and employment decisions up to and including suspension and/or termination.

Like everyone, we are always learning about diverse perspectives and identities. As such, if you experience any behavior at the labs that makes you feel uncomfortable (even if falls outside of a listed category above), you should report it to either Kenneth R. Pugh (President) or to Nicole Landi (Senior Scientist/Director of EEG Research) at Haskins. Note that sexual harassment and misconduct is discussed separately below and has its own reporting procedure.

Conflict of Interest Policy

Policy on Conflicts of Interest and Conflicts of Commitment of Staff Members

I Introduction

Haskins Laboratories is committed to conducting research, and disseminating knowledge, all with the highest standards of integrity. This policy addresses conflicts of interest and commitment that may arise from research and non-research activities of the Laboratories and its staff members.

In general, conflicts of interest may arise from a staff member's opportunity to benefit financially from his or her or others' activities at the Laboratories. Conflicts of commitment may arise from a staff member's involvement in outside professional activities that benefit society and the Laboratories — they should be guided by the principle that staff member's overriding obligations are to the Laboratories and to its mission. Furthermore, while the Laboratories recognizes the benefit of such activities, it also is committed to ensuring that they are conducted properly and consistently, in accordance with the responsible management and policies of the Laboratories.

In pursuit of its own mission, and consistent with these principles, the Laboratories has formulated the following policy to identify and address actual, apparent, and potential conflicts of interest and commitment. (***Note that the appearance of a conflict is often times as important as the reality***.) The fundamental premise of this policy is that each member of the Laboratories' community has an obligation to act in the best interest of the Laboratories and in furtherance of the Laboratories' mission and must not let outside activities or outside financial interests interfere with those obligations. This policy is intended to increase the awareness of staff members to the potential for conflicts of interest and commitment, and to establish procedures whereby such conflicts may be avoided or properly managed.

II Definitions

"Conflict of Interest" means an external influence that might adversely affect the conduct of a staff member's activities or the Laboratories' operations.

"Conflict of Commitment" means a relationship that requires a commitment to outside activities such that a staff member, either implicitly or directly, cannot meet his or her usual obligations to the Laboratories.

"Significant Financial Interest" means anything of monetary value, including but not limited to, salary or other payments for services (e.g., consulting fee or honorarium); equity interest (e.g., stocks, stock options or other ownership interest); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include:

1. Salary, royalties, or other remuneration from the Laboratories;
2. Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
3. Income from services on advisory committees or review panels for public or nonprofit entities.

III Reporting and Review Procedures

A. Disclosure

The responsibility for avoiding conflicts of interest or commitment rests, initially, with the staff member. An essential step in addressing an actual, apparent, or potential conflict of interest or commitment is for the staff member involved to make full disclosure of relevant information to the President or V.P. of Finance & Administration of the Laboratories. As described in greater detail below, certain staff members are required to make regular, annual written disclosures, with updates as needed; others need only disclose on an ad hoc basis. When a disclosure is received, the President and the V.P. Finance & Administration will review it and determine what should be done to avoid or manage any conflict appropriately.

a. <u>Required Annual Disclosures</u>
   All scientific staff who work at the Laboratories more than 50% of the time; all Laboratories' staff who hold administrative positions and/or are responsible for the purchasing of major equipment; and all Laboratories' staff who are responsible for the design, conduct or reporting of research are required annually to submit a conflict of interest/conflict of commitment disclosure describing their external activities and Significant Financial Interest.

b. Annual disclosures must be in writing, on the forms approved by the Laboratories. Every staff member who is subject to the disclosure requirements of this section shall submit his or her disclosure

to the President or V.P. of Finance & Administration. When the disclosing individual is the President of the Laboratory, he or she shall submit the form to the Chair of the Board of Directors.

c. Required Disclosures Other Than in Annual Disclosure Process

i. **Material Change from Annual Disclosure**.
Whenever Significant Financial Interest, external activities, or internal responsibilities change materially from those described in the annual disclosure, the disclosure is to be updated as soon as possible, in writing. Whenever possible, individuals should attempt to disclose expected changes or newly anticipated conflicts before they occur and seek advice from the President or V.P. of Finance & Administration on the restrictions that may result from any anticipated new Significant Financial Interest, before accepting such a Significant Financial Interest. Whenever an application for funding of a new research project is submitted, the Investigator must ensure that his or her disclosure is current.

ii. **Ad hoc Disclosures by Those Not Required to File Annually.**
Non-scientific staff and students are not required to submit annual disclosure forms unless they are responsible for the design, conduct, or reporting of research. They are required, however, on an ad hoc basis, to disclose their external activities and Significant Financial Interest to the extent such activities and Significant Financial Interest relate generally to Laboratories' research (including, for example, the use of research facilities and involvement of students in research sponsored by a start-up company), laboratory financial decisions, and other matters whenever they arise.

The confidentiality of all disclosures will be respected to the greatest extent possible. The information on the forms will only be shared with those on a need to know basis.

B. Review of Disclosures

a. Review
The President or V.P. of Finance & Administration will review all disclosures. If necessary, the President or V.P. of Finance & Administration will discuss disclosure-related matters with the individual involved and may also consult with others who may have relevant information, including legal counsel. The individual is entitled to meet with the President or V.P. of Finance & Administration only if he or she desires.

Consistent with the guidelines set forth below, the President or V.P. of Finance & Administration will determine whether an apparent, actual, or potential conflict of interest or commitment exists and, if so, by what means – such as the individual's abstention from the external activity, modification of the activity, and/or monitoring of the activity by a subcommittee – the conflict should be avoided or managed.

i. **Conflict of Interest:**
If the President or V.P. of Finance & Administration determines that a conflict exists, he or she will communicate this determination and the means he or she has identified for eliminating or managing the conflict, in writing, to the individual. With respect to financial conflicts of interest, this plan could, among other possibilities, (a) authorize the individual to participate, with oversight, in a matter as to which the conflict exists, or (b) instruct the individual not to participate in the decision or other matter relating to the conflict. If the President or V.P. of Finance & Administration prescribes monitoring of the activity, he or she will describe specifically how the monitoring shall be performed and what records are to be kept.

One of the factors the President or V.P. of Finance & Administration will consider in determining whether a conflict of interest exists is whether the staff member's external interest might adversely affect the conduct of a staff member's activities or the Laboratories' operations. Furthermore, a conflict of interest exists if the President or V.P. of Finance & Administration reasonably determines that a Significant Financial Interest could directly or significantly affect the design, conduct, or reporting of research at the Laboratories.

ii. **Conflict of Commitment:**
If the President or V.P. of Finance & Administration determines that a conflict exists, he or she will communicate this determination and the means he or she has identified for eliminating or managing the conflict, in writing, to the individual. If the President or V.P. of Finance & Administration prescribes monitoring of the activity, he or she will describe specifically how the monitoring shall be performed and what records are to be kept.

Among the factors the President or V.P. of Finance & Administration may consider in determining whether a conflict of commitment exists include: (i) whether the staff member's outside commitments are such that he or she, either implicitly or directly, cannot meet his or her usual obligations to the Laboratories; and (ii) whether the relationship with an outside organization requires frequent or prolonged absence from the Laboratories (generally defined as involving, on the average, absences of more than one (1) day per work week).

b. Appeal
If the staff member is not satisfied with the decision of the President or V.P. of Finance & Administration, the individual may request that the matter be referred to the Chair of the Board of Directors for a decision.

Any matter referred to the Chair of the Board of Directors shall be accompanied by a written statement of the recommendations and findings of the President or V.P. of Finance & Administration with a copy to the individual. The Chair of the Board will notify the individual, and the President or V.P. of Finance & Administration of his or her decision within three to four weeks after receiving the report.

c. Review by the Chair of the Board
The Chair of the Board will review disclosures by the President / V.P. of Finance & Administration, and determine whether an actual, apparent, or potential conflict of interest or commitment exists and how that conflict will be managed or eliminated.

IV Protection of Human Subjects

Research involving human subjects is subject to a strong presumption against permitting the participation of any staff member holding a related Significant Financial Interest. All members of the Laboratories should be sensitive to the potential effects of financial interests and/or non-financial relationships with commercial sponsors or other external entities on the conduct of research and the participation and protection of human research subjects.

In compliance with federal regulations and guidance, the President or V.P. of Finance & Administration will consider such relationships and determine whether they might influence or appear to influence (a) the outcome of a research project involving human subjects; (b) the objectivity of the staff member during the performance of such a project: or (c) the staff member's interactions with research subjects who participate in the project.

V Compliance

If a staff member fails to comply with this Policy, the Laboratories may take appropriate disciplinary action, including termination of the employee, if appropriate.

VI Record Retention

The Laboratories will maintain all financial disclosures submitted by staff members and all actions taken by the Laboratories for at least three years from the date of submission of the final expenditure report or, in the case of awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report and, in all other cases, for at least three years from the date of submission of the disclosure.

If any litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims, or audit finding involving the records have been resolved and final action taken.

VII Contact Information

For further information regarding this Policy, please contact the President or the V.P. of Finance & Administration at (203) 865-6163.

Procedure for Reporting on Harassment and General Misconduct

Haskins Laboratories Reporting Procedure

Any staff member who has an issue with respect to workplace harassment or misconduct and who has been unable to resolve the matter with his/her supervisor, or with the project leader/principal investigator of a grant supporting his/her work, can bring this matter to the attention of Nicole Landi, or to Ken Pugh. We first outline general reporting procedures, though please also see specific instructions and contact information below for reporting sexual harassment and misconduct.

The Haskins Laboratories Reporting Procedure identifies the necessary steps for handling disputes that have not been resolved through the normal process of reasoned discussion. The reporting process is intended to define clearly the matters that are at issue; to assure the staff member that his/her complaint or problem has been presented to and considered by appropriate Laboratories officials; and to assure the Haskins community that decisions affecting staff members' work relationships in the Laboratories are fully considered.

A Reporting Panel (presently, the Senior Leadership Council, or SLC), minus any member of the council involved in the alleged incident) will decide whether the issue merits further investigation. The submission of a petition will not automatically result in an investigation or detailed consideration of the report or complaint. If the Panel determines that a further investigation is not warranted, it will report that finding and/or recommendation of any appropriate actions to the grievant within thirty (30) days of receipt of the grievance. If the Panel determines that further action is warranted, it will be provided with all relevant information and will seek to bring about a settlement of the issue.

If, in the opinion of the Panel, such a settlement is not possible, the Panel, within sixty (60) days of receipt of the grievance, will report its findings and recommendations to the President and the parties involved in the grievance. If the Panel determines that the V.P. of Finance (or President) should take some action to redress the grievance, the V.P. of Finance (or President) will, within thirty days, accept the Panel's recommendation(s) or state reasons in writing for rejecting the Panel's recommendation(s) and convey this to the parties involved in the grievance, or will indicate in writing why a decision is delayed and when a resolution should be expected. The final resolution of a grievance will be decided by the President, or the V.P. of Finance & Administration, if the grievance is against the President.

Sexual Harassment Policy

Sexual harassment is an affront to human dignity and fundamentally at odds with the values of Haskins Laboratories. Because the Laboratories is committed to maintaining a community that is free from sexual harassment, it will not tolerate any member of that community sexually harassing another. Sexual harassment is illegal and is prohibited by the Connecticut Discriminatory Employment Practices Act and Title VII of the Civil Rights Act of 1964.

Sexual harassment means any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
2. submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting that individual, or
3. such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of sexual harassment include: unwelcome sexual advances; suggestive or lewd remarks; sexual jokes; unwanted hugs, touches or kisses; requests for sexual favors; unwelcome gifts; retaliation for complaining about sexual harassment; display of sexually oriented objects, photographs, posters, pictures or cartoons.

All employees and scientists are required to take the Yale online "Preventing and Responding to Sexual Misconduct" training, https://smr-training.yale.edu, each year by September 1, and send their certificate of completion to their supervisor and the V.P. of Finance & Administration.

Reporting and resolving issues related to sexual harassment and misconduct
Staff and students must report incidents of sexual harassment and misconduct. Anyone who experiences sexual harassment must contact one of the following (depending upon the affiliation of the individuals involved).

If the action involves one or more Haskins employees who do not have additional university affiliations: Nicole Landi, Ken Pugh or Joseph Cardone.

If the action involves one or more Yale employees: The Title IX office at Yale, at 203-432-6854 or titleix@yale.edu. The title IX website contains additional information on reporting sexual misconduct: https://smr.yale.edu.

If the action involves one or more UCONN employees: The Office of Institutional Equity (OIE) at 860-486-2943 or email at equity@uconn.edu.

If you do not know who to contact, you may reach out to Nicole Landi (Senior Scientist at Haskins with both UCONN and Yale affiliations) who is available to assist with harassment and misconduct related concerns and provide information to employees on reporting and grievance at Nicole.landi@uconn.edu.

Multiple methods are available for reporting sexual harassment. In addition to the offices listed above and the options for reporting internally, two ombudspersons may be confidentially consulted about sexual misconduct. Also, you may wish to contact The Yale SHARE Center, which is a 24/7 Hotline: 203-432-2000 providing confidential counseling. Individuals may also contact the Connecticut Commission on Human Rights and Opportunities, 90 Washington Street, Hartford, CT 06106 (telephone: 203-566-3350; TTD#: 203-566-2301).

If an individual has been determined to be in violation of Haskins Laboratories' sexual harassment policy, consequences may include: cease and desist orders, compensatory damages, and employment decisions up to and including suspension and/or termination. Individuals who engage in acts of sexual harassment may also be subject to civil and criminal penalties.

Retaliation is prohibited

Any person who retaliates against an individual who reports sexual harassment or files a sexual harassment complaint, is subject to disciplinary action up to and including termination. If any employee feels that he or she has suffered from reprisal in any form, this should definitely be reported.

Confidentiality

Confidentiality, to the extent permitted by law, will be observed to protect the identity and rights of individuals who complain of sexual harassment and of the person against whom the complaint is being made.

Amendments to procedures for addressing sexual harassment

The Laboratories may modify or amend these procedures at any time. In the event the Laboratories determines that circumstances warrant modification / amendment of these procedures, timely notice of the changes(s) will be provided, in writing, to relevant parties. The revised procedures will also be posted on the Haskins Laboratories website.

Research Misconduct

Haskins Laboratories Policies and Procedures on Research Misconduct

Haskins Laboratories is committed to the very highest standards of scientific scholarship and ethical behavior in all aspects of the research it sponsors. The research enterprise is dependent upon sustained confidence on the part of the scientific community and the public at large in the integrity of the scientific process. Unethical behavior breaches the bond of trust between scientists that is essential to the advancement of knowledge and also threatens the confidence that the public has in the reliability of that knowledge.

For these reasons, Haskins Laboratories considers research misconduct to be a betrayal of fundamental

scientific principles and will deal with all instances of possible misconduct, as specified by the federal regulations codified at 42 CFR Part 93, with the utmost thoroughness. (*Note*: The new federal Public Health Service (PHS) final rule on research misconduct is published at 70 *Federal Register (FR)* 28370 (May 17, 2005) (subsequently to be codified at 42 CFR Part 93) and became effective on June 16, 2005. The rule is also posted on the Office of Research Integrity (ORI) home page at https://ori.hhs.gov/ and on the Haskins website in the "Policies" section of the "Employee Intranet (https://haskinslabs.org/)

Definition of Research Misconduct

Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.

a. Fabrication is making up data or results and recording or reporting them.

b. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

c. Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

d. Research misconduct does not include honest error or differences of opinion.

e. Data collection or handling not within the rules and regulations set out by the Yale University School of Medicine Institutional Review Board.

Confidentiality

To the extent allowed by law, the Laboratories will maintain the identity of respondents and complainants securely and confidentially and shall not disclose any identifying information, except to: (1) those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) Office of Research Integrity as it conducts its review of the research misconduct proceeding and any subsequent proceedings.

To the extent allowed by law, any information obtained during the research misconduct proceeding that might identify the subjects of research shall be maintained securely and confidentially and will not be disclosed, except to those who need to know in order to carry out the research misconduct proceeding.

Research Misconduct Proceedings – Criteria, Reports, and Time Limitations

Promptly after receiving an allegation of research misconduct, defined as a disclosure of possible research misconduct through any means of communication, the Laboratories will assess the allegation to determine if: (1) it meets the definition of research misconduct in 42 CFR Section 93.103; (2) it involves either the PHS supported research, applications for PHS research support, or research records specified in 42 CFR Section 93.102(b); and, (3) the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

If it is determined that an inquiry (i.e. an initial review of the evidence to determine if the criteria for conducting an investigation have been met) is warranted, the Laboratories will complete the inquiry, including preparation of the inquiry report and giving the respondent a reasonable opportunity to comment on it, within 60 calendar days of its initiation, unless the circumstances warrant a longer period. If the inquiry takes longer than 60 days to complete, the Laboratories will include documentation of the reasons for the delay in the inquiry record. The inquiry report will contain the following information: (1) the name and employment position of the respondent(s); (2) a description of the research misconduct allegations; (3) the Public Health Service (PHS) support involved, including, for example, grant numbers, grant

applications, contracts, and publications listing PHS support; (4) the basis for recommending that the alleged actions warrant an investigation; and (5) any comments on the report by the respondent or the complainant.

The V.P. of Scientific Operations, in consultation with the President or his/her designate will make a written determination of whether an investigation is warranted. If the inquiry results in a determination that an investigation is warranted, the Laboratories will begin the investigation within 30 calendar days of that determination and, on or before the date on which the investigation begins, send the inquiry report and the written determination to the ORI. The Laboratories will complete the investigation within 120 calendar days of the date on which it began, including conducting the investigation, preparing the report of findings, providing the draft report for comment, and sending the final report to ORI. If it becomes apparent that the Laboratories cannot complete the investigation within that period, the Laboratories will promptly request an extension in writing from ORI. This time period does not apply to separate termination hearings.

In conducting all investigations, the Laboratories will: (1) use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the allegations; (2) interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of investigation; (3) pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion; and (4) otherwise comply with the requirements for conducting an investigation in 42 CFR Section 93.310

The Laboratories will prepare the draft and final institutional investigation reports in writing and provide the draft report for comment as provided elsewhere in these policies and procedures and 42 CFR Section 93.312. The final investigation report will:

a. describe the nature of the allegations of research misconduct;

b. describe and document the PHS support, including, for example any grant numbers, grant applications, contracts, and publications listing PHS support;

c. describe the specific allegations of research misconduct considered in the investigation;

d. include the institutional policies and procedures under which the investigation was conducted, if not already provided to ORI;

e. identify and summarize the research records and evidence reviewed, and identify any evidence taken into custody, but not reviewed. The report should also describe any relevant records and evidence not taken into custody and explain why.

f. provide a finding as to whether research misconduct did or did not occur for each separate allegation of research misconduct identified during the investigation, and if misconduct was found, (i) identify it as falsification, fabrication, or plagiarism and whether it was intentional, knowing, or in reckless disregard, (ii) summarize the facts and the analysis supporting the conclusion and consider the merits of any reasonable explanation by the respondent and any evidence that rebuts the respondent's explanations, (iii) identify the specific PHS support; (iv) identify any publications that need correction or retraction; (v) identify the person(s) responsible for the misconduct, and (vi) list any current support or known applications or proposals for support that the respondent(s) has pending with non-PHS Federal agencies; and

g. include and consider any comments made by the respondent and complainant on the draft investigation report.

The Laboratories will maintain and provide to ORI upon request all relevant research records and records

of the research misconduct proceedings, including results of all interviews and the transcripts or recordings of such interviews.

Ensuring a Fair Research Misconduct Proceeding

The Laboratories will take all reasonable steps to ensure an impartial and unbiased research misconduct proceeding to the maximum extent practicable. The Laboratories will select those conducting the inquiry or investigation on the basis of scientific expertise that is pertinent to the matter and, prior to selection, will screen them for any unresolved personal, professional, or financial conflicts of interest with the respondent, complainant, potential witnesses, or others involved in the matter. Any such conflict that would be considered to demonstrate potential bias will disqualify the individual(s) from selection.

Notice to Respondent

During the research misconduct proceeding, the Laboratories will provide the following notifications to all identified respondents:

Initiation of Inquiry. Before or at the beginning of the inquiry, the Laboratories will provide the respondent(s) written notification of the inquiry and contemporaneously sequester all research records and other evidence needed to conduct the research misconduct proceeding. If the inquiry subsequently identifies additional respondents, they will be promptly notified in writing.

Comment on Inquiry Report. The Laboratories will provide the respondent(s) an opportunity to comment on the inquiry report in a timely fashion so that any comments can be attached to the report.

Results of the Inquiry. The Laboratories will notify the respondent(s) of the results of the inquiry and attach to the notification copies of the inquiry report and these institutional policies and procedures for the handling of research misconduct allegations.

Initiation of Investigation. Within a reasonable time after the determination that an investigation is warranted, but not later than 30 calendar days after that determination, the Laboratories will notify the respondent(s) in writing of the allegations to be investigated. The Laboratories will give respondent(s) written notice of any new allegations within a reasonable time after determining to pursue allegations not addressed in the inquiry or in the initial notice of the investigation.

Scheduling of Interview. The Laboratories will notify the respondent sufficiently in advance of the scheduling of his/her interview in the investigation so that the respondent can prepare for the interview and arrange for the attendance of legal counsel, if so needed.

Comment on Draft Investigation Report. The Laboratories will give the respondent(s) a copy of the draft investigation report, and concurrently, a copy of, or supervised access to, the evidence on which the report is based and notify the respondent(s) that any comments must be submitted within 30 days of the date on which he/she received the draft report. The Laboratories will ensure that these comments are included and considered in the final investigation report.

Notifying ORI of the Decision to Open an Investigation and of Institutional Findings and Actions Following the Investigation.

On or before the date on which the investigation begins (the investigation must begin within 30 calendar days of the finding that an investigation is warranted), the Laboratories will provide ORI with the written finding by the V.P. of Scientific Operations, and a copy of the inquiry report containing the information required by 42 CFR Section 93.309(a). Upon a request from ORI the Laboratories will promptly send them: (1) a copy of the Laboratories' institutional policies and procedures under which the inquiry was conducted;

(2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges for the investigation to consider.

The Laboratories will promptly provide to ORI after the investigation: (1) a copy of the investigation report, all attachments, and any appeals; (2) a statement of whether the institution found research misconduct and, if so, who committed it; (3) a statement of whether the institution accepts the findings in the investigation report; and (4) a description of any pending or completed administrative actions against the respondent.

Maintenance and Custody of Research Records and Evidence

The Laboratories will take the following specific steps to obtain, secure, and maintain the research records and evidence pertinent to the research misconduct proceeding:

1. Either before or when the respondent is notified of the allegation, the Laboratories will promptly take all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory those materials, and sequester them in a secure manner, except in those cases in which the research records or evidence encompass scientific instruments shared by a number of users, custody maybe limited to copies of the data or evidence on such instruments, as long as those copies are substantially equivalent to the evidentiary value of the instruments.
2. Where appropriate, give the respondent copies, or offer reasonable, supervised access to the research records.
3. Undertake all reasonable and practical efforts to take custody of additional research records and evidence discovered during the course of the research misconduct proceeding, including at the inquiry and investigation stages, or if new allegations arise, subject to the exception for scientific instruments in (1) above.
4. The Laboratories will maintain all records of the research misconduct proceeding, as defined in 42 CFR Section 93.317(a), for 7 years after completion of the proceeding, or any Department of Health & Human Services (HHS) or Office of Research Integrity (ORI) proceeding under Subparts D and E of 42 CFR Part 93, whichever is later, unless custody of the records and evidence has been transferred to Health and Human Services or the Office of Research Integrity and has recommended the disposal of the records.

Interim Protective Actions

At any time during a research misconduct proceeding, the Laboratories will take appropriate interim actions to protect public health, federal funds and equipment, and the integrity of the PHS supported research process. The necessary actions will vary according to the circumstances of each case, but examples of actions that may be necessary include delaying the publication of research results, providing for closer supervision of one or more researchers, requiring approvals for actions relating to the research that did not previously require approval, auditing pertinent records, or taking steps to contact other institutions that may be affected by an allegation of research misconduct.

Notifying ORI of Special Circumstances that may Require Protective Actions

At any time during a research misconduct proceeding, the Laboratories will notify ORI immediately if there are any reasons to believe that any of the following conditions exist:

1. Health or safety of the public is at risk, including an immediate need to protect human subjects.
2. HHS resources or interests are threatened.

3. Research activities should be suspended.
4. There is a reasonable indication of violations of civil or criminal law.
5. Federal action is required to protect the interests of those involved in the research misconduct proceeding.
6. The research misconduct proceeding may be made public prematurely, so that HHS may take appropriate steps to safeguard evidence and protect the rights of those involved.
7. We believe the research community or public should be informed.

Institutional Actions in Response to Final Findings of Research Misconduct

The Laboratories will cooperate with and assist ORI and HHS, as needed, to carry out any administrative actions that HHS may impose as a result of a final finding of research misconduct by HHS.

Restoring Reputations

Respondents. The Laboratories will undertake all reasonable, practical, and appropriate efforts to protect and restore the reputation of any person alleged to have engaged in research misconduct, but against whom no finding of research misconduct was made, if that person or his/her legal counsel or other authorized representative requests that we do so.

Complainants, Witnesses, and Committee Members. The Laboratories will undertake all reasonable and practical efforts to protect and restore the position and reputation of any complainant, witness, or committee member and to counter potential or actual retaliation against those complainants, witnesses and committee members.

Cooperation with ORI.

The Laboratories will cooperate fully and on a continuing basis with ORI during its oversight reviews of this institution and its research misconduct proceedings and during the process under which the respondent may contest ORI findings of research misconduct and proposed HHS administrative actions. This includes providing, as necessary to develop a complete record of relevant evidence, all witnesses, research records, and other evidence under our control or custody, or in the possession of, or accessible to, all persons that are subject to our authority.

Reporting to ORI.

The Laboratories will report to ORI any proposed settlements, admissions of research misconduct, or institutional findings of misconduct that arise at any stage of a misconduct proceeding, including the allegation and inquiry stages.

GENERAL POLICIES, PROCEDURES AND INFORMATION

Absence Notification

Employees who plan on being absent from the Laboratories for any reason are responsible for leaving a voicemail message, by 9:30 A.M., on the extension 0 mailbox, OR by email to the Office Manager and their respective supervisor(s).

Desk and Space Assignments

Desk and space allocation at the Laboratories present a number of challenges because of limited space, coupled with high demand for these resources. The Office Manager handles all requests for desk and storage space. Several factors are considered including whether or not the employee is full or part-time, whether or not they are paid, seniority, the length of time since they made their request, location-related factors, etc. Issues that cannot be resolved by the Office Manager should be brought to the attention of the V.P. of Finance & Administration.

Emergency Information

The Laboratories facilities are equipped with a fire alarm system and fire extinguishers, and all staff and visitors are expected to make themselves familiar with their locations. Exit maps are located throughout the facilities and random fire drills are scheduled by the building's landlord (Winstanley Enterprises, LLC). The exit signs have arrows that indicate the nearest door in your area that should be used as an escape route in the event of a fire and an alternate escape route. The Laboratories are also equipped with several emergency lighting fixtures that are activated when a total power failure occurs, members of the Administration will make sure that all rooms are vacated, and doors are closed. If you have any special needs, please contact the V.P. of Finance & Administration to ensure that our emergency plans are adequate.

If a fire should occur, the following steps should be taken: (1) Inform a member of the Haskins management staff about the fire; (2) Call 911 and notify the city fire department; (3) If the alarm has not been activated automatically, activate the building fire alarm manually, if possible; (4) If you are responsible for any visitors, participants or non-employees, please account for them and vacate the building immediately – DO NOT use the elevators; (5) Congregate at our assigned meeting area which is just outside the adjacent parking structure to the building.

Electronic Mail

The Laboratories provide access to the Internet through a connection with a network at Yale University. All email sent or received using Haskins Laboratories email services is the property of Haskins Laboratories and subject to the Laboratories' rule, regulations and procedures.

Equipment Loans

No equipment should be removed from the Laboratories without first informing the V.P. of Scientific Operations and/or the V.P. of Finance & Administration (computing, research, and audio-visual equipment, workshop tools, etc.). Persons who borrow equipment for personal use are responsible for returning such equipment in working order and are responsible for replacing lost or stolen equipment.

Hours of Employment

The standard workday for full-time employees is 7 hours per day (35 hours per week) with one additional hour per day scheduled for lunch. Non-standard schedules are arranged on an individual basis only with the agreement of the employee's supervisor and V.P. of Finance & Administration.

Keys

Any Laboratories staff member who needs keyed access to our offices should contact the Office Manager in order to get an access card or fob. All key holders are required to inform a member of the Business Office staff immediately if an access card/fob is lost or stolen.

Outside Employment

Full-time employees of the Laboratories are free to accept additional employment if the working hours of their secondary employment do not conflict with the requirements of their Haskins position and do not adversely affect their job performance in the Laboratories.

Parking

Please refer to www.nhparking.com for the most up-to-date information on parking locations and current fees in Downtown New Haven. Employees determine the best parking based on their own cost, individual preferences and schedules.

Petty Cash

Check with the Business Office regarding current petty cash policies.

Snow Days

The Laboratories adheres to the same guidelines for closing and delays due to inclement weather as the New Haven Public Schools, but ONLY regarding weather conditions that may result in hazardous driving to and from work. Closing of schools under any other conditions does not apply to employees of the Laboratories. Please listen to WPLR 99.1 FM, WKCI 101.3 FM, or WELI 960 AM for announcements.

Smoking

Smoking is not permitted anywhere in the Laboratories or in the outside common areas of the building.

Travel Policy

Prior to all travel, employees must complete a request for travel form with estimates of all costs which need to be approved in writing by the Principal Investigator of the grant to be charged.

Upon return, requests for reimbursements should be submitted to the Business Office immediately, but no later than 30 days. Travel reimbursements may include transportation, lodging, meals, registration fees and other necessary travel related expenses. Transportation using apersonal car will be reimbursed at the current federal mileage rate. Airline arrangements are made by the employee and charged to a personal credit card. The approved travel request form must be attached to all reimbursement requests.

Due to NIH guidelines, a member of the Business Office staff must be consulted BEFORE making any domestic or foreign travel arrangements.

Tuition Policy

The Laboratories does not offer reimbursement for tuition at this time.

Visitors

All members of the staff should have their visitors sign the guest book at the reception desk and make the Office Manager aware of their presence in the Laboratories. They should then be escorted to their respective work / meeting areas and monitored during the duration of their stay.

Yale Identification Cards

Members of the Laboratories' staff may be able to obtain Yale University photo identification cards and Yale Net Ids. In order to obtain access to the Yale library, athletic departments, transportation, or other facilities may be eligible to receive a Yale Associate Card and Yale Net Id. Please see our Office Manager for the required paperwork and additional details.

PAYROLL POLICIES AND PROCEDURES

Paydays

All employees are paid biweekly via direct deposit only. Please see the Controller for the exact days for payroll processing / payments.

Personal Data

It is important that the Laboratories' personnel records for all employees be kept accurate and current. Any changes in name, address, phone number, emergency phone number, marital status, dependents, beneficiaries, and tax withholding information and car license numbers must be reported to the Business Office staff and/or updated on the Paychex website immediately to ensure accuracy of employee records.

Reviews and Merit Increases

Salaries are reviewed annually by the Compensation Committee in conjunction with possible cost-of-living adjustments. Merit increases are usually reviewed at the same time and may be awarded at any time of the year.

Salary Advances

Salary advances of $500 or more must be approved by the V.P. of Finance & Administration.

Timesheets

All paid employees are required to prepare timesheets on a bi-weekly basis. Forms can be found in the "Employee" section of our website https://haskinslabs.org/haskins-intranet or are available in the Mail Room. Each report must be completed by the employee, signed in ink, and then submitted to the Business Office for each payroll period.

Flexible Benefit Plan

At this time, the Laboratories no longer offers a Flexible Benefit Plan.

MEDICAL INSURANCE AND RETIREMENT BENEFITS

Medical and Dental Insurance

Employees who work a minimum of 60% effort may choose to be enrolled in the medical and/or dental plans offered by the Laboratories. The Laboratories pays most of the costs while the employees contribute on a pre-tax basis depending upon elected coverage (employee, spouse, dependents). Full details on both plans can be obtained from the Controller.

Disability Insurance

Haskins Laboratories provides disability benefits for all regular employees who are employed a minimum of 60% effort and for whom Haskins Laboratories is the primary employer. The Laboratories pays 100% of the premium. The benefit follows a graduated scale depending on the length of service. Further details of this plan may be obtained from the Controller.

Life Insurance

The Laboratories provides Life insurance and Accidental Death and Dismemberment insurance to all regular employees who are employed a minimum of 60% effort and for whom Haskins Laboratories is the primary employer. Its value is equal to 1.5 times the employee's annual salary, to a max benefit of $150,000. The Laboratories pays 100% of the cost of this plan.

Retirement Plan

All active employees who are appointed to work for half-time or more, and for whom Haskins Laboratories is their primary employer can, after their first year of service and if they are at least 23 years of age, elect to begin contributing to an annuity plan issued by the Teachers Insurance and Annuity Association (TIAA).

Plan contributions are on a tax-deferred basis under a salary reduction agreement. Contributions may be allocated among an array of investment opportunities. Further details of the retirement plan are available from the Controller.

Retiree VEBA Medical Benefits

A health benefit allowance is provided to each salaried employee who retires from employment (55% minimum effort) and who meets the age and years of service requirements of the plan. Retirees must apply the allowance to purchase continued participation in the Laboratories' group health plan, a spouse's employer group health plan, or an alternate Medigap plan. The allowance is payable only during the retiree's lifetime, is not transferable to a surviving spouse and is adjusted annually to reflect increases in premium costs. Full details of the plan and the current amount of the allowance are obtainable from the Controller.

Supplemental Retirement Annuity

Active career employees who hold appointments to work for half time or more and for whom Haskins Laboratories is the primary employer, may elect to invest in a tax-deferred or "tax sheltered" supplemental retirement annuity (SRA). Under this plan, the employee enters into a written agreement with the Laboratories whereby the employee's salary is reduced and the Laboratories agree to pay the amount of the reduction into an annuity contract issued by TIAA that is owned by the employee. The plan provides savings to participants because the reduction in salary is untaxed except for Social Security**.**

Full details of the Laboratories' pension plan are available from the Controller.

TIME OFF

Holidays

Official holidays on which the Laboratories are normally closed include New Year's Day, Martin Luther King's Birthday, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day and the day preceding or following it.

Sick Days

It is the Laboratories' policy to rely on the good judgment of individual staff members to ensure that sick leave absences are necessary. The Laboratories requires that staff members notify their supervisor / P.I. and / or contact the Laboratories by 9:30 A.M. *on each day of absence* by leaving a voicemail message at 203-865-6163, x0, or by email to their respective supervisors and the Office Manager. In cases where individuals are absent due to illness for more than five continuous working days, they are asked to provide a physician's note.

Vacation Days

Six month waiting period for all eligible new hires.

Vacation accrual based on years of service per schedule below:

Employee Service	**Accrual based on 35 salaried hours per week**
6 Months until 5th Year Anniversary	3 Weeks Annually (4.04 hours bi-weekly)
5th Anniversary until 10th Anniversary	4 Weeks Annually (5.39 hours bi-weekly)
10th Anniversary and Beyond	5 Weeks Annually (6.73 hours bi-weekly)

a. Vacation accrual rate increases are effective with the payroll following anniversary milestone achieved.

b. Rehired employees, within one year, will have service time and benefits bridged.

c. Employees hired prior to January 1, 2021, will have terminal vacation benefits equal to their accrual rate.

d. Employees hired or rehired January 1, 2021 and later will not have terminal vacation benefits.

e. All employees should notify their supervisor / PI and the Office Manager in advance of their intent to take vacation time.

Personal Days

Employees who take time to attend to personal business, or for the purposes of religious observances, will be expected to use vacation time or to adjust their hours of attendance to make up for the lost time.

Jury Duty

If an employee is notified to appear in court for jury duty, the employee must inform their supervisor and a member of the Business Office staff in advance of the court appearance date. Employees who are engaged as jurors are expected to report their income from the court to the Business Office.

Bereavement Leave

Absences due to a death in an employee's immediate family (spouse, parent, parent of the employee's spouse, brother, sister and children) will be excused and paid up to a maximum of 3 working days.

Family Leave

In accordance with the Federal Family and Medical Leave Act of 1993, after 12 consecutive months of employment, most employees are entitled to receive up to 16 weeks of unpaid "family medical leave" in any 2-year period. Reasons for the leave include serious illness of the employee or immediate family member, birth of a child or adoption of a child. Returning employees are guaranteed the position that they held before the leave or a comparable job without loss of seniority or other benefits.

Additional unpaid leave up to a maximum of one year may be granted under the Laboratories' own policy provisions. For employees on grants, the agency that has jurisdiction over an employee's grant must approve the leave of absence to ensure that the support available to colleagues and other essential Laboratory services will not be interrupted.

Under special circumstances in which there is evidence that the applicant can perform a substantial proportion of his or her duties at home during the period of absence, the Laboratories may grant a period of paid family leave.

Military Leaves

The Laboratories provide military leaves of absence to all regular full-time and part-time employees in compliance with applicable state and federal laws.

Request for military leave should be submitted to the Controller as promptly as possible and accompanied by a copy of your orders indicating the beginning and ending dates of service.

Unpaid Leaves

Extended leaves of absence without pay can be granted in special circumstances. Employees who consider taking an extended leave of absence should discuss their intentions with their respective supervisor / PI, and the V. P. of Finance & Administration, as soon as possible.

RESIGNATION

Continued Medical Coverage

A law known as the Consolidated Omnibus Budget Reconciliation Act (COBRA) requires that the Laboratories offer employees and their families the opportunity for a temporary extension of health coverage (called "Continuation Coverage") at group rates in certain instances where coverage under the plan would otherwise end. Medical and dental coverage for the ex-employee and his/her dependents can be provided at the employee's expense for 18 months and an even longer period of medical coverage can be obtained under provisions of Connecticut State law. For additional information please see the Controller.

Pre-Departure Duties

To ensure an organized departure, the following steps should be followed:

1. Provide either a written resignation letter or email, to your respective supervisor, with copies to the V.P. of Finance & Administration and the Office Manager.
2. Confirm that all timesheets have been submitted to the Payroll Department.
3. Return all borrowed equipment, library books and Lab materials.
4. Return the office key fob, desk & office keys, if applicable.
5. Provide forwarding email, phone and mailing addresses.
6. Discuss COBRA procedures, if needed, with the Controller.
7. Clean out your desk / work areas of all personal items.

TECHNICAL ASSISTANCE

The Yale Technical Support staff serves a variety of functions. Their first priority is to maintain and support the integrity and functioning of our computer network, including internal communications, internal access to databases and accounting systems, Ethernet connectivity, Internet connectivity, and email support. Issues of general performance of the network must, in general, take priority over problems with individual machines or applications.

Acquiring New Equipment and Supporting Existing Equipment

The Yale Technical Support staff is responsible for the procurement, inventorying, maintenance, and support of computer and research equipment, as well as the installation of needed software and related updates. Requests for the acquisition of new research equipment or computer hardware or software must come from the PI of individual grants, or from Project Leaders. Requests for repairs of existing equipment should be addressed to a Yale IT Staff member. Loss or damage to equipment used outside of the Laboratories is the responsibility of the borrower. We do not maintain insurance for equipment used outside

of the building. Please be aware of this before borrowing equipment and removing it from the building. Special purpose cabling and wiring are often required for experimental and other use. Be sure to consult with the Office Manager in advance of the use of such items so that they can be ordered, if required.

WHO TO CONTACT/HOW TO REPORT A PROBLEM:

Emergencies

In the absence of Haskins management personnel, in case of emergency and or any urgent building issues, please call Winstanley Property Management at 203-624-5317; ask for the Building Manager or leave a detailed message with the receptionist. If they are unavailable, telephone the Security Desk in the building lobby at 203-752-9298. Winstanley Property Management should not be called for standard building-related problems (see below).

Building-related

Building related problems, including heat, air-conditioning, furniture, safety, etc., should be reported to the V.P. of Finance & Administration.

Copiers

Problems with, or requests related to the copiers should be reported to the Office Manager.

Databases

Problems with, or requests related to the Laboratories' databases, including corporate databases (e.g. POs, equipment, etc.), and the bibliographic database, should be addressed to the Yale IT Staff.

Email

Requests for new email accounts should be addressed to the Office Manager who will coordinate with the Yale IT Staff.

Experimental equipment

Problems with, or issues related to our experimental equipment should be addressed to the Yale IT Staff.

File servers

Problems with, or requests related to the computer servers should be addressed to the Yale IT Staff.

Networking / Website

All networking, Ethernet, communications, e-mail, and Internet problems or issues should be referred to the Yale IT Staff. In their absence, please use the Yale Help & Support phone number (203) 432-9000 OR helpdesk@yale.edu Website issues should be addressed to the V.P. of Scientific Operations.

Phone System

Problems with, or requests related to the phone system should be addressed to the Office Manager.

Supplies

See the Office Manager to order various computer-related supplies

PURCHASING

Any member of the Laboratories' staff who identifies the need to replenish supplies or to purchase equipment for use in the Laboratories may initiate a purchase request. To do this, the initiator must discuss the needed purchase with the Office Manager and/or V. P. of Finance & Administration. All purchasers will bear in mind their responsibility to comply with government policy and not neglect to give minority and small business concerns the opportunity to supply the Laboratories' needs.

If, as is sometimes the case, goods are purchased on account from local merchants and then picked up, then the vendor's bill of sale can be given directly to an authorized purchaser together with the necessary charging and authorizing information. When orders for equipment or supplies are transmitted by phone, a Purchase Order (P.O.) covering that order should be prepared immediately. Under no circumstances should the preparation of documentation relating to an orally placed order be delayed until *after* the merchandise has arrived at the Laboratories.

Persons who are authorized to purchase merchandise for the Laboratories carry the responsibility for ensuring that:

a. Each purchase request is dealt with on a timely basis and results in either the prompt issuance of an official PO or a decision to cancel or delay further processing due to an absence of funding or a failure to meet one or more of the criteria listed below.

b. Each requested item is not already available in stock.

c. Each item is fully described and, in the event that the equipment has to meet particular technical requirements, the PO specifically states that payment will be conditional on the ability of the equipment to meet those requirements.

d. If federal grant funds are required and the cost exceeds $500, an approval has been obtained from the Principal Investigator whose project or program funds will be used to purchase the item.

e. If institutional funds are required, a purchase approval has been obtained from members of the Laboratories' Finance Committee.

f. For all non-expendable merchandise exceeding $10,000 in cost and available from more than one source, at least three competitive bids are obtained and forwarded to the Business Office with the PO.

g. If the merchandise is only available from one or two sources, a notation explaining that fact is written on the face of the PO.

h. All necessary affirmative action steps are taken to assure that minority firms, women-owned firms and labor-surplus area firms are used whenever possible.

i. All prospective vendors are asked whether they offer a discount to educational institutions and whether a direct purchase or a purchase through Yale University would secure for the Laboratories the lowest possible price.

j. For all research equipment exceeding $10,000, the proposed purchase has been reviewed and approved by the President and/or V.P. of Scientific Operations, and the V.P. of Finance & Administration.

k. The initiator is kept informed about the outcome of his or her request.

GRANTS

Procedures on Grant Proposal Submission

In order to ensure the timely submission of grant proposals that are compliant with federal guidelines and to provide investigators with the fullest possible use of the resources that Haskins has to offer, it is important that investigators both understand and agree to Haskins Laboratories' procedures for grant proposal submission. It is critical that investigators allow sufficient time for review of select sections of the grant proposal by relevant members of the administrative and research staff. It is our goal to ensure the scientific, financial, and administrative quality of proposals and renewals that are sent out under the Haskins name. In order to do this, adequate time is needed to review all proposals. Details are provided below for the critical steps in the grant proposal submission process, including time guidelines. Exceptions to these guidelines can be made only in rare instances. However, if the lead time is too short to ensure a quality product, submission will have to be delayed, disallowed.

Grants, contracts, and awards are made to Haskins Laboratories as an institution, not to individuals. Management of the grant is the responsibility of the principal investigator (PI), under the supervision of the Laboratories. Haskins retains the right to make all final decisions regarding submission, staffing, budgeting, equipment use, and other related matters, for all grants and contracts submitted through the Laboratories, subject to consultation with the PI of the grant. Final decisions about such matters are up to the V.P. of Scientific Operations.

Steps in the Haskins Grant Submission Process

Step One – Obtain Committee Approval(s)

Investigators who intend to submit a grant proposal (including a revision of a previously submitted grant proposal) must first obtain approval from the President. This should be done at least 60 days prior to the grant submission due date. Exceptions may be made by the V.P. of Scientific Operations for Requests for Proposal (RFPs) and other circumstances that do not allow for this much advance consideration.

A signed *Letter of Intent* must be provided to the President and Director of Research.

- This letter should describe the research and include details regarding proposed personnel and equipment. Any subcontracts, consulting arrangements or special matters related to personnel or research plans should also be included in this letter.
- In addition, the letter should identify the two in-house readers / reviewers of the grant proposal and, if possible, these readers should have had prior experience reviewing grant proposals.
- Finally, the investigator should indicate that the Grant Submission Policies and Haskins Research Misconduct and Scientific Misconduct policies have been read and agreed with.
- A *Haskins Grant Submission Letter of Intent form* is available on the Haskins website.

If your grant proposal has technical and/or space requirements, a meeting should be scheduled with the President to discuss these requirements and their interaction, if any, with current ongoing research activities. As noted above, please provide in writing, a brief description or outline of the grant (revised submissions copies of the summary sheets should also be provided), the agency where the grant proposal will be submitted, a list of personnel involved, a description of any major equipment needed, and the estimated total dollar amount for the grant and/or equipment. This step is important to ensure compatibility of the proposed research with the Laboratories' mission and with other ongoing or planned research. Because of limited space, resources, and staff, the impact of these additional requirements for the proposed research needs to be evaluated by the V.P. of Scientific Operations and the V.P. of Finance & Administration.

Step Two – Administrative Material

The *administrative* part of the grant proposal must be reviewed by the V.P. for Scientific Operations and the V.P. of Finance & Administration, a minimum of two full, non-weekend / non- holiday working days before the grant deadline.

FAILURE TO DO SO WILL RESULT IN THE GRANT NOT BEING SUBMITTED.

For NIH grants, the *administrative* part includes the following:

1) Letters of Support (if applicable)
2) NIH Bio-sketches
3) Project Summary
4) Project Narrative
5) Budget
6) Budget Justification
7) Facilities & Other Resources
8) Equipment

All items except #5, the budget, must be in individual PDF files for uploading.

For grant applications to other agencies, similar sections that provide corresponding information need to be submitted for review. If the V.P of Scientific Operations has to submit multiple grant proposals for the same deadline, s/he may request that the administrative portion of the grant be completed even earlier. No guarantee can be given that a grant proposal will be submitted if these deadlines are not honored. This administrative review is important for ensuring that the grant proposal is compliant with any requirements, regulations, and/or policies. In addition, it helps to minimize any mistakes or flaws that could jeopardize the fundability of the proposal. As completion of these sections will help expedite the submission process, completing them *early*—to the maximum extent possible—is advisable.

Step Three – Scientific Review

The *scientific* part of grant proposals, including revisions, should be read by at least two Haskins scientists in a time frame that allows for a meaningful review with an appropriate period allotted for corrections, revisions and changes. This time period is to be determined by the agreed upon readers of the grant proposal, subject to the other time guidelines discussed in this submission policy. The *scientific* part of

NIH grant proposals includes Specific Aims, Background and Significance, Preliminary Studies, Research Design and Methods, Human Subjects Sections, all other Research Plan Sections and the Appendix (if applicable). For grant proposals submitted to other agencies, similar sections covering the same topics as those above comprise the scientific parts. It is also important to leave sufficient time for coordination of the scientific and administrative portions and final proofreading of the entire proposal. Examples include the need to check for number and ethnicity of subjects, names and locations of participating individuals and institutions, basic grammar, the accuracy of references, typographical errors, cross- referencing of budget items mentioned in the proposed research, etc. The amount of time needed for the scientific review and coordination with the administrative review should be discussed with the designated readers of the grant proposal and the Manager of Grants and Contracts, and agreement should be reached by all at least 30 days prior to grant submission. The final version must be given to the V.P of Scientific Operations a minimum of 24 hours (not counting weekends and holidays) before the grant submission deadline. As stated above, if the V.P of Scientific Operations has to submit multiple grants for the same deadline, s/he may request that everything be completed even earlier and no guarantee can be given that a grant will be submitted if these deadlines are not honored. Scientific review of the proposal, particularly by those with grant reviewing experience, helps to improve the quality of the grant and potentially avoids pitfalls that could affect the fundability of the grant proposal.

Investigator Responsibilities

Current rules and regulations imposed on the recipients of government support require that the Laboratories perform certain awareness-enhancing activities to promote various aspects of social policy and to ensure scientific integrity. Many of these are of general concern (i.e. *Drug-Free Workplace*, *Sexual and Age Discrimination*, *Civil Rights, Americans with Disabilities Act*). However, there are also issues of scientific concern. These include policies on *Research Misconduct, Financial Conflict of Interest, Debarment and Suspension Lobbying* and *Human Subject* issues. The Investigator needs to be aware of and uphold the Laboratories' policies on these issues.

NIH Guide

The NIH Guide is available via the NIH website (www.nih.gov).

Record Keeping

Each Investigator and those under his/her supervision must keep a log of the experiments they perform and a copy of all the data used in published progress reports and papers. It is necessary to keep these records for a period of 5 years *after publication of the published report*. This policy is outlined in the *Publications Manual* of the *American Psychological Association*.

Grant Acknowledgments

All grantees must acknowledge Federal funding in papers prepared for publication, when issuing statements, press releases, requests for proposals and other documents describing projects or programs funded in whole or in part with Federal money.

Human Subjects Research, Training & Human Investigation Committee (HIC) procedures

Any member of the staff involved in human subject research *must* certify that they have completed a training course on the Protection of Human Research Subjects. Completion certificates will be kept on file and should be sent to the V.P. of Scientific Operations.

Principal Investigators are also responsible for obtaining approval for any research involving human subjects from the Human Investigation Committee (HIC) at the Yale School *before* they can begin work on their grant or project. All human research subjects must sign an HIC-approved consent form before becoming involved in any experiment, and are paid on an hourly basis, as needed.