



## Electronic 901 Working Group Minutes

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**Date:** December 9, 2004, Thursday  
**Time:** 9:00–10:30 p.m.  
**Location:** Rockledge 1, 2<sup>nd</sup> Floor Conference Room  
**Advocate:** Ellen Liberman

**Next Meeting:** TBA

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### Action Items

1. (Daniel Fox) Find out how many PIs are registered in the NIH eRA Commons system and notify group at the next 901 Focus Group meeting.
2. (Lana Diggs) Make changes to “As Is” business process model handout illustrating 901 process.
3. (Sara Silver) Find the name(s) of the report(s) “driven” by 901 forms and inform Daniel Fox; review at next meeting.
4. (Sara Silver) Find out which ICs most frequently process IC Changes; bring list to next meeting.
5. (Lana Diggs) Send an email reminding group members about the January 11 Focus Group meeting.

### Welcome and Introductions

Lana Diggs, Task Order Manager for electronic 901s, welcomed members to the 901 Focus Group Meeting and led a round of introductions. Lana also introduced Daniel Fox (Requirements Analyst for the 901 system), Sara Silver (previous Requirements Analyst for the 901 system), and Allyson Armistead (note taker and communications support for eRA projects).

### Background and Project Plans

Three weeks ago, Lana was informed that the 901 system had become a high priority for the eRA Program. Notified of the system’s high ranking in project management, Lana called together a focus group meeting, asking group members from the existing ARA-901 Focus Group to participate.

Lana explained that she is currently working on a Vision Document for the 901 system. Once the document is assembled, the 901 Focus Group (which will meet, preferably, twice a month) will begin to gather and finalize requirements for the 901 system. Lana explained that a lot of requirements were previously documented during the ARA-901 Focus Groups meetings held last year. However, a formal requirements document needs to be assembled based on the Vision Document and the meeting minutes from previous 901 Focus group meetings.

Once a formal requirements document is assembled, Lana will then present the proposed 901 system to eRA. eRA will then begin the process of selecting a contractor to build the system. Lana explained that eRA is structured differently now. Specifically, eRA has three main contractors that bid on eRA task orders (or contract to develop a product based on a

predetermined set of requirements). The development process begins after eRA awards a contract; however, sometimes, the bidding process can take up to three or four weeks, depending on the size of the contract and the availability of contractors.

### **“As Is” Business Process Model**

Lana distributed a handout illustrating the current 901 process at the NIH. She asked group members to review the handout and confirm whether or not the process was an accurate representation of the current 901 process. Overall, the group agreed the diagram was accurate. However, the group explored the following:

- *Who requests changes to an application?*—Daniel Fox asked if all changes to an application came from the Principal Investigator. Suzanne Fisher explained that changes can come from the PI, the Division of Receipt and Referral, an IC, or from an IRG. Suzanne also explained that a PI may not necessarily contact DRR with a change request. Sometimes, PIs contact the person they are working with directly at the NIH who, in turn, directs them to DRR. Finally, Suzanne added there is not always an IRG Chief to sign 901s or to authorize changes. In many ICs, the authority could simply be the Referral Liaison.
- *If the change request is rejected, what happens to the 901 form?*—Suzanne said that the 901 form is returned to the appropriate person within NIH. She said that the 901 form is a foreign concept to PIs. 901s are only known to NIH staff.
- *What is a ROT?*—ROT stands for “Resume of Transaction.” A ROT is a notification sent to appropriate parties to inform them that a change has occurred to an application. Suzanne emphasized that, depending on the IC, different individuals may need to be notified; each IC is different. In this way, an automated ROT in the electronic 901 system may be useless unless it can be customized to the needs of each IC.
- *Is it necessary to send paper mailers to PIs?*—Suzanne said that this is a policy issue. Ideally, it would be wonderful to “kill” paper. However, NIH forbids the transmission of application information via email; such a transmission breaches security. An application is considered confidential until it is awarded, in which case it becomes public information. With this policy restriction, the group suggested, perhaps, using the NIH eRA Commons to post information about changes to an application. Suzanne said that it is a good idea, but it depends on how many PIs are actually registered in the Commons system. Daniel said that he would find out for the next meeting.

**Action: (Daniel Fox) Find out how many PIs are registered in the NIH eRA Commons system and notify group at the next 901 Focus Group meeting.**

Finally, Suzanne asked if the Helpdesk would be able to support an increase in Commons users if PIs were successfully “pushed” into using the system. Without appropriate support, an increase in Commons users could be problematic and potentially frustrating to PIs.

- *Where are 901s stored?*—Suzanne said that 901s are transferred to a lock-up file room, stored for one year, and then dispatched. Daniel suggested adding “Storage” as a box or at least as part of the box marked “Process Change Request” on the handout illustrating

the 901 process. Daniel also suggested adding a box entitled “Change Processed” to denote the successful processing of the 901 request.

**Action: (Lana Diggs) Make changes to “As Is” business process model handout illustrating 901 process.**

- *Who can tell if a 901 form has been sent?*—Users who have access to the Receipt and Referral Module can see whether a 901 has been sent, if a change has occurred, what the change was, etc. Anyone can view this information; however, only a few people have the authority to change it.
- *What reports are driven by 901s?*—There are several reports “driven” by 901s. For instance, some reports may list the changes between two ICs or within one IC. Daniel asked if he could see a list of such reports. Sara Silver offered to retrieve that information.

**Action: (Sara Silver) Find the name(s) of the report(s) “driven” by 901 forms and inform Daniel Fox; review at next meeting.**

## **Schedule/Scope**

Lana asked the group what type of 901 should be used for a pilot of the 901 system. Lana explained that she would like to pilot a single 901 change first to see how well the system works before developing all 901 changes. She recommended that the group select a 901 change that is frequently processed by NIH users.

After some consideration, the group decided to pilot IC Changes. Ellen Liberman suggested inviting more representatives from the other ICs to the 901 Focus Group meetings; more representatives would ensure that all ICs are taken into consideration when developing the pilot. The group suggested, at the very least, inviting representatives from ICs that are very active in processing 901s for IC changes. Sara Silver said that she would compile a list of most frequent users for the next meeting.

**Action: (Sara Silver) Find out what ICs most frequently process IC Changes.; bring list to next meeting.**

## **Future Meetings**

Lana said that she would like the group to meet every two weeks, beginning in January. She proposed Tuesday, January 11 from 1 p.m.-3 p.m. for the next meeting. The group said that this date would work fine, but asked Lana to send them a reminder email.

**Action: (Lana Diggs) Send an email reminding group members about the January 11 Focus Group meeting.**

Lana said that future meetings will focus on the following:

- Gathering requirements
- Developing prototype
- Reviewing final requirements
- Finalizing prototype

## **Attendees**

Armistead, Allyson (PCOB/LTS)

Diggs, Lana (OD)

Faenson, Inna (OD)

Fisher, Suzanne (CSR)

Fox, Daniel (OD)

Liberman, Ellen (NEI)

Melchior, Christine (CSR)

Noronha, Jean (NIMH)

Ratnanather, Chanath (OD)

Roberts, Luci (CSR)

Silver, Sara (OD)

Stesney, Jo Ann (NIAID)