

U24 Center Memorandum of Understanding (MOU)

This MOU serves to establish guidelines for resource sharing between the NIH U24 funded National Center for Cryo-EM Access and Training (NCCAT) and Pacific Northwest Center for Cryo-EM (PNCC).

Three main categories of possible resource sharing are envisioned:

1) Facility outage

Due to extenuating circumstances one facility may be unable to perform its functions for an extended period. A reciprocal arrangement with other centers should be established to allow approved users at one center to have an opportunity to access instrument time at another center. High priority would be given to approved proposals with Krios access from one center to access available time allocations at another center. These applications would be considered to be pre-approved and would require no additional review. However, users would be required to be in compliance with each center's particular rules and regulations including users copying their research plan into the new center's required template for submission through a user portal to capture potential missing information. Additionally, the center hosting the already approved project would forward an anonymized PDF with reviewer comments and scores to the new center that could be uploaded with the new proposal and be used in place of additional peer review. User Review Committee (URC) and/or reviewers' identities will be hidden at all times.

2) Excess capacity

If a center has excess resource capacity, then access proposals may be transferred either in part or entirely to another center. These applications may require additional review depending on the specifics of the application and policies of each center. Users would have to opt in and request to be eligible for transfer. Only applications fully scored will be eligible for transfer and awarding of access is not guaranteed. As above, User Review Committee (URC) and/or reviewers' identities will be hidden and the full application and reviewer comments will be forwarded. If the application encompasses programmatic (renewable general access), block allocation group (BAG) or other types of long-term access, then transfer may occur on a per session basis (and not the full proposal). Accepted projects would still require users to copy their research plan into the new center's required template for submission through a user portal to capture potential missing information. However, this step can be completed once the center already decides to award access for excess capacity to prevent users from submitting an updated proposal on new template unnecessarily.

3) Better Center Specialty Alignment

If another center specializes in techniques better suited for a submitted proposal, then the application may be eligible for transfer. The center who received the original submission should notify the user of the suggestion for transfer and also initiate contact with the new center to ensure eligibility for current-round peer review. Every effort should be made to avoid transfer of proposals to other centers that would result in a significant time delay for proposal review.

In all instances where a single user project has been serviced by multiple centers (each committing effort and resources to fulfill the work scope beyond user proposal administration), then all centers involved should be acknowledged by the user per NIH requirements.