NIH Policy Manual

1754 - Reporting Allegations Of Criminal Offenses, Misuse of NIH Grant And Contract Funds, or Improper Conduct By An NIH Employee

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Transmittal Notice

1. **Explanation of Material Transmitted:** This chapter describes National Institutes of Health (NIH) policies and procedures for reporting allegations of criminal offenses, misuse of NIH grant or contract funds, or improper conduct by an NIH employee. Changes incorporated into this issuance include the addition of the Responsibilities section, reorganization of information, and an updated and clarified Procedures section.
2. **Filing Instructions:**

   Remove: Manual Issuance 1754, dated 06/01/06.
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PLEASE NOTE: For information on:

- Content of this chapter, contact the issuing offices listed above.
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A. Purpose

This chapter describes NIH policies and procedures for reporting allegations of criminal offenses, misuse of NIH grant and contract funds, or improper conduct by an NIH employee. This chapter also provides an overview of how the Office of Management Assessment (OMA) reviews allegations involving NIH employees, NIH grantees and contractors, and others doing business with NIH.

This chapter covers, but is not limited to, allegations involving (1) criminal and civil offenses against the United States, (2) misuse of NIH grant and contract funds, (3) grantee or contractor conflict of interest, and (4) other misconduct or misuse of NIH resources by NIH employees.

This chapter does not cover allegations related to loyalty to the United States and national security; NIH employee grievances, including hiring practices, equal employment

opportunity, and sexual harassment complaints; classification appeals; or other matters for which a formal Government-wide review system has been established. This chapter does not cover allegations of research misconduct, nor does it cover alleged violations of human research protections or laboratory animal welfare requirements. Furthermore, this chapter does not cover allegations involving security, property theft, or personal safety on NIH facilities over which the NIH Police Department has jurisdiction, which include the main NIH campus in Bethesda, Maryland; the National Cancer Institute facilities at Fort Detrick in Frederick, Maryland; and the Rocky Mountain Laboratories in Hamilton, Montana.

B. Background

Within OMA, the Division of Program Integrity (DPI) is responsible for reviewing non-criminal allegations of improper employee conduct, misuse of grant or contract funds, and grantee/contractor conflict of interest related to NIH programs and activities. OMA may receive such allegations, directly or indirectly, from NIH employees, other NIH components, private citizens, the Department of Health and Human Services (HHS) Office of Research Integrity (ORI), the HHS Office of Inspector General (OIG), other Federal agencies, or Congress. OMA reviews are an important component of NIH oversight of internal and external programs and operations, which provide identification and prevention of fraud, waste, abuse, mismanagement, and conflict of interest.

C. Policy

1. **General Authority.** NIH employees or components shall not attempt to investigate matters that fall within the exclusive purview of OIG or OMA. It is the responsibility of OIG or OMA to review issues over which they have appropriate authority and to refer other issues to the appropriate component for investigation.
2. **OMA Authority.** General authority for OMA to conduct reviews of allegations of improper conduct by NIH employees is provided by the Public Health Service Act, 42 United States Code (U.S.C.) 282(b)(1), which authorizes the Director, NIH, to establish and implement general policies for the management and operation of programs and activities within NIH.

    a. The authority for OMA to conduct reviews of NIH grants and grantees is set forth in 45 Code of Federal Regulations (C.F.R.) 74.53(e), which provides HHS awarding agencies, the HHS Inspector General, the U.S. Comptroller General, or any of their duly authorized representatives, "the right of timely and unrestricted access to any books, documents, papers, or other records of recipients that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts, and copies of such documents." This right also includes "timely and reasonable access to a recipient's personnel for the purpose of interview and discussion related to such documents."
    b. The authority for OMA to conduct reviews of NIH contracts and contractors is set forth in 48 C.F.R. 52.215-2, which provides that contractors of cost-reimbursement, incentive, time-and materials, labor-hour, price-redeterminable, or any combination of these contract types, are required to maintain, and the

Contracting Officer or an authorized representative has "the right to examine and audit all records and other evidence sufficient to reflect properly all costs claimed to have been incurred or anticipated to be incurred directly or indirectly." This right of examination shall include "inspection at all reasonable times of the Contractor's plants, or parts of them, engaged in performing the contract."

3. **OIG Authority.** OIG has authority to investigate allegations of wrongdoing that it receives and referring such allegations to the appropriate operating division, staff division, senior official, or law enforcement agency. This authority covers the investigation and review of criminal matters; review misuse of NIH grant and contract funds, NIH grantee and contractor conflict of interest, and improper NIH employee conduct.

    a. The Deputy Inspector General for Investigations (DIGI), who heads the Office of Investigations in the OIG, is designated by the Secretary of HHS and the Inspector General, as prescribed by the Inspector General Act of 1978 (5 U.S.C. Appendix 3), as the Department's liaison, with the United States Attorney General and its staff, on all investigative matters. The DIGI has exclusive authority to conduct investigations of alleged cases of criminal wrongdoing by HHS employees, grantees, contractors, and other persons doing business with the Department.
    b. The Office of Investigations has the authority to undertake, or authorize others to undertake, such investigations without receiving prior approval from higher officials. This authority does not include investigations of matters related to loyalty and security; NIH employee grievances, including equal employment opportunity, sexual harassment, and employee civil rights complaints; tort claims; and similar administrative activities that are under the jurisdiction of other HHS offices.

4. **Dual Involvement in Investigations/Reviews.** In some cases, the same or a related allegation may be reported to more than one organization for action. In these cases, the organization discovering the dual involvement should notify the other organization(s) involved as soon as possible to avoid confusion and duplicative information gathering efforts.
5. **Confidentiality.** Any person contacting either OIG or OMA to report an allegation may choose to remain anonymous to the extent permitted by law. If the person reporting the allegation decides to provide OMA with their name, but requests that his or her identity be kept confidential, OMA and others in the chain of command at NIH are responsible for maintaining the confidentiality of the allegation's source to the greatest extent permissible and practicable. However, NIH must provide any information or documents requested by a congressional oversight committee or as otherwise required by law. NIH can request that information provided to congressional oversight committees or others excludes or protects the identity of the individual reporting the allegation.
6. **Prohibition Against Reprisals.** Any NIH employee who has authority to take, direct others to take, recommend, or approve any personnel action shall not, with respect to such authority, take, threaten to take, or fail to take any personnel action against any

employee for making a complaint or providing any information pursuant to this chapter. No NIH employee shall subject another employee to harassment or take any action against that employee as reprisal for making a complaint or providing any information pursuant to this chapter. If the complaint was made or the information was disclosed with the knowledge that it was false, or with willful disregard for its truth or falsity, any action against the employee based on those reasons would not constitute a reprisal action.

7. **Making a False Allegation.** Any employee who knowingly makes a false allegation or displays willful disregard for the truth or falsity of an allegation shall be subject to appropriate disciplinary action and may be subject to prosecution for making a false statement in accordance with 18 U.S.C. 1001.
8. **Cooperation with Reviews.** NIH employees, supervisors, management officials, grantees, contract employees, and any others doing business with NIH shall cooperate fully with OIG and OMA during the conduct of any review or investigation.
9. **Acknowledgment of Reviews.** It is NIH policy to neither confirm nor deny that a review is being initiated or is under way.

D. References

1. HHS General Administration Manual, Chapter 5-10, Responsibility and Procedures for Reporting Misconduct and Criminal Offenses
   http://www.hhs.gov/hhsmanuals/gam/chapters/5-10.pdf
2. NIH Grants Policy Statement (10/10), Part II: Terms and Conditions of NIH Grant Awards
   http://grants.nih.gov/grants/policy/nihgps_2010/nihgps_ch3.htm
3. Prohibited Personnel Practices, 5 U.S.C. 2302
   http://www.opm.gov/omsoe/prohibit/legal.htm
4. Freedom of Information Act, 5 U.S.C. 552
   http://www.nih.gov/icd/od/foia/efoia.htm
5. Privacy Act, 5 U.S.C. 552a, as amended
   http://www.justice.gov/opcl/privstat.htm
6. Privacy Act System Notice: 09-25-0213, Administration: Employee Conduct Investigative Records, HHS/NIH/OD/OM/OMA
   http://oma.od.nih.gov/ms/privacy/pa-files/0213.htm
7. Public Health Service Act, 42 U.S.C. 282(b)(1)
   http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2006_uscode&docid=42USC282
8. Standards of Ethical Conduct for Employees of the Executive Branch, 5 C.F.R. 2635
   http://www.usoge.gov/Laws-and-Regulations/Employee-Standards-of-Conduct/Employee-Standards-of-Conduct/
9. HHS Standards of Conduct, 45 C.F.R. 73
   http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr73_02.html
10. Supplemental Standards of Ethical Conduct for Employees of the Department of Health and Human Services, 5 C.F.R. 5501
    http://ethics.od.nih.gov/lawreg/5-CFR-5501-Unofficial-Compilation.pdf

11. Supplemental Financial Disclosure Requirements for Employees of the Department of Health and Human Services, 5 C.F.R. 5502
http://ethics.od.nih.gov/LawReg/5-CFR-5502-Unofficial-Compilation.pdf
12. Retention and Access Requirements for Records, 45 C.F.R. 74.53(e)
http://edocket.access.gpo.gov/cfr_2007/octqtr/pdf/45cfr74.53.pdf
13. Audit and Records Negotiation, 48 C.F.R. 52.215-2
http://oma.od.nih.gov/pi/48cfr522152.pdf
14. Crimes and Criminal Procedure, 18 U.S.C. 1001
http://frwebgate.access.gpo.gov/cgi-bin/usc.cgi?ACTION=RETRIEVE&FILE=$$xa$$busc18.wais&start=1925859&SIZE=10370&TYPE=PDF
15. Public Health Service Policy on Humane Care and Use of Laboratory Animals
http://grants.nih.gov/grants/olaw/references/phspol.htm#PublicHealthServicePolicyonHumaneCareandUseofLaboratory
16. NIH Manual 1743, "Keeping and Destroying Records," Appendix 1, NIH Records Control Schedule

E. Definitions

1. **Criminal Offenses** include, but are not limited to, bribery; fraud; financial conflicts of interest; embezzlement; certain misuse of funds, equipment, and facilities; perjury; and other violations of criminal law by NIH employees, grantees, contractors, or others doing business with NIH.
2. **Misuse of Grant and Contract Funds and Other Violations** include any unauthorized or inappropriate use of grant or contract funds that violate Federal grant or contract regulations, HHS and/or NIH grant or contract policy, or the terms of the award, and violations of grant or contract regulations or policies.
3. **Improper Conduct**, which excludes criminal offenses as defined above, includes the performance of one's assigned duties in a manner that purposely contributes to the abuse or waste of taxpayers' money, is injurious to the integrity of HHS or NIH, or is contrary to established HHS or Office of Government Ethics standards of conduct, personnel practices, or policies.
4. **Administrative Offenses** are incidents of improper conduct affecting performance of official duties, which can and should be addressed directly by supervisors with the assistance of their servicing human resources office. Administrative offenses, which may be a single or recurring incident, include but are not limited to:

    a. leave abuse and other attendance-related offenses, such as tardiness and absence without leave;
    b. use of intoxicants or substance abuse that affects performance of official duties;
    c. negligent performance of, or failure to attend to, duties;
    d. insubordinate behavior and failure to follow instructions;
    e. discourteous behavior and offensive or abusive conduct; and
    f. fighting.

F. Responsibilities

1. The **Division of Program Integrity (DPI)** is the component of OMA that conducts reviews of allegations of misuse of NIH grant and contract funds; NIH grantee and contractor conflict of interest; improper NIH employee conduct; violations of grant or contract laws, regulations, or policies; and issues referred to OMA by OIG when prosecution or civil action has been declined or when OIG plans no further investigation. DPI is also responsible for reporting to OIG allegations that are or appear to be violations of criminal law.
2. **NIH employees** have a responsibility to assist in combating fraud, waste, and abuse in all NIH programs. This responsibility includes identifying and questioning activities believed to be wrong and improper. All NIH employees have the responsibility to report such matters to the appropriate officials, in accordance with 45 C.F.R. 73 Subpart M, Reporting Violations, and as reflected in Chapter 5-10 of the HHS General Administration Manual.

    a. All NIH management and supervisory personnel are responsible for fostering an organizational culture of integrity that provides a foundation for ensuring fraud detection and prevention are active elements of a system of internal controls to prevent, deter, and detect fraud.
    b. All NIH employees are responsible for providing all records, hard copy and electronic, including e-mail messages and attachments, if requested by supervisors, OMA, or OIG as part of an official review or investigation. NIH employees are required to provide records to the Office of Legislative Policy and Analysis (OLPA) in response to congressional requests. All NIH employees shall cooperate fully with OIG in reporting, conducting, and assisting with reviews of alleged criminal offenses.

3. **NIH contractors** and their employees have a responsibility to assist in efforts to combat fraud, waste, and abuse in programs supported by NIH and to report such matters to the appropriate official to the extent required under the terms of the contract. NIH contractors are required to provide OIG and OMA with access to their records, pursuant to applicable Federal regulations.
4. **NIH grantee organizations** and their employees are encouraged to report real or apparent fraud, waste, and abuse of Public Health Service financial assistance funds to OIG, as stated in 45 C.F.R. 73 Subpart M, Reporting Violations, or in the NIH Grants Policy Statement (10/10). NIH grantee organizations are required to provide OIG and OMA with access to their records, pursuant to contract and grant regulations.
5. **Private citizens** may report allegations of fraud, waste, and abuse to OMA or OIG using the contact information provided in Section G, Procedures.
6. The **Office of Human Resources (OHR)** may receive and review referrals of allegations involving violations of NIH human resources policies, regulations, or processes, including noncompliant hiring or promotion actions, improper payments of awards or bonuses, and misclassification of positions.

7. The **Office of Inspector General (OIG)** is responsible for reviewing and investigating all allegations of criminal activity, fraud, or sensitive issues involving top NIH management. All allegations involving criminal offenses against the United States by NIH employees or agents will be sent to OIG for review, regardless of whether the allegations are submitted directly by a complainant or referred to OIG by OMA. Depending on its assessment of the nature of the allegations it receives, OIG may decide to conduct an investigation or refer the allegation to the Director of OMA for action.

   OIG investigations involving alleged potential violations of criminal law may, as deemed appropriate by OIG, be reviewed by a United States Attorney's Office for the district in which the alleged violation occurred or by the Criminal Division of the Department of Justice.

8. The **Office of Research Integrity (ORI)**, located within the Office of the Assistant Secretary for Health, HHS, receives referrals of allegations involving research misconduct.
9. **NIH Research Integrity Officers**

   a. The **Agency Research Integrity Liaison Officer (ARILO)** is responsible for all matters related to the NIH research integrity programs, both intramural and extramural. The ARILO oversees and coordinates the overall activities and policies related to intramural and extramural research integrity and serves as the deciding official for all investigations within its purview. The ARILO provides input to the Director of ORI.
   b. The **Agency Extramural Research Integrity Officer (AERIO)** is responsible for all research integrity matters related to the NIH extramural program. The AERIO initiates and executes, or supervises the execution of, preliminary reviews of allegations of research misconduct by members of the NIH extramural program and assures prompt reporting to ORI and the ARILO.
   c. The **Agency Intramural Research Integrity Officer (AIRIO)** is responsible for all research integrity matters related to the NIH intramural program. The AIRIO initiates and executes, or supervises the execution of, preliminary reviews of allegations of research misconduct by members of the NIH intramural program and ensures prompt reporting to the Director of the Division of Intramural Research and the ARILO.

10. The **Office of Equal Opportunity and Diversity Management (OEODM)** receives referrals of allegations involving discrimination or harassment related to NIH employment.
11. **NIH Institutes or Centers (ICs)** may receive and, at OMA's request, review allegations involving non-criminal improper conduct and administrative offenses. NIH ICs will provide OMA with a copy of the written report and supporting documentation on the review of the allegation.
12. The **Office for Human Research Protections (OHRP)** receives referrals of allegations of noncompliance with HHS regulations or policies concerning human

subjects involved in HHS-supported or -conducted research.

13. The **Office of Laboratory Animal Welfare (OLAW)** receives referrals of allegations of noncompliance with the Public Health Service Policy on Humane Care and Use of Laboratory Animals.
14. The **Office of Legislative Policy and Analysis (OLPA)** coordinates requests for records, information, or documents related to OMA reviews from congressional committees with relevant oversight responsibilities.
15. The **Office of Communications and Public Liaison (OCPL)** is the central office for communications at NIH. OCPL coordinates requests for information related to OMA reviews from the public, the media, public interest groups, and the scientific and medical communities.

G. Procedures

1. Reporting Allegations

    a. Pursuant to Chapter 5-10 of the HHS General Administration Manual (Sections 5-10-20.B), every NIH employee, supervisor, and management official shall report allegations of criminal offenses to OIG, unless it is clear that the allegation is frivolous and has no basis in fact. Complainants may report allegations to OIG by telephone, fax, e-mail, mail, or through its Web site.

    Phone: 1-800-HHS-TIPS (1-800-447-8477)
    Fax: 1-800-223-8164
    TTY: 1-800-377-4950
    E-mail: HHSTips@oig.hhs.gov
    Mail: Office of Inspector General
    Department of Health and Human Services
    Attn: HOTLINE
    PO Box 23489
    Washington, DC 20026
    Web site: http://oig.hhs.gov/fraud/report-fraud/report-fraud-form.asp

    Because OIG has authority within HHS to conduct criminal investigations, OMA refers all allegations of criminal offenses to OIG. While OMA has no authority to undertake criminal investigations, NIH employees may confer with OMA or other appropriate agency officials at any time for advice regarding whether an allegation may be criminal and/or assistance in making a referral to the OIG.

    Complainants reporting allegations may choose to remain anonymous, but they are encouraged to assist OIG by providing their contact information and a summary of the allegations along with any supporting documentation.

    b. Complainants may report allegations of non-criminal misuse of grant or contract funds, grantee or contractor conflict of interest, or improper NIH employee conduct to OMA by telephone, fax, mail, or through its Web site.

Phone: 301-496-5586 or 301-496-1873
Fax: 301-480-1204
Mail: Director, Office of Management Assessment, OM
National Institutes of Health
6011 Executive Blvd., Suite 601, MSC 7669
Rockville, MD 20852
Web site: http://oma.od.nih.gov/pi/DPIAllegationsHotline.html

Complainants may report allegations involving senior NIH officials or OMA staff to OIG using the contact information provided in section G.1.a. For allegations that do not involve OMA staff, complainants may seek guidance from OMA regarding whether or how to refer a matter to OIG. Complainants may report allegations of administrative offenses to the appropriate supervisor, a higher-level management official within the organization, or OMA.

2. Receiving Referrals of Allegations

a. OMA may receive referrals of allegations from NIH components, private citizens, ORI, OIG, other Federal agencies, or Congress.
b. OMA may receive referrals of allegations involving potential criminal activity from OIG under the following conditions.

1) Prosecutive action has been declined, and OIG plans no further investigation.
2) After reviewing an allegation, OIG determines that it will not investigate the issue but that NIH should address the allegation or related issues. OMA will either review the issue as an administrative matter or forward it to the appropriate NIH component for review; in either case, OMA will report the final disposition of the case to OIG.
3) A criminal investigation is ongoing, and administrative action is also being considered.

3. Assessing and Referring Allegations

a. DPI will assess the allegations that OMA receives, decide whether a review is warranted, and determine who shall conduct the review.
b. If DPI determines that an allegation falls outside of its purview, it will refer the allegation to the appropriate component, in accordance with Section F, Responsibilities.

4. Reviewing Allegations

a. When conducting a review, if DPI finds that an allegation has merit and requires corrective action, DPI will generally use a two-stage report process that includes a Draft Report and a Final Advisory Report. To maintain confidentiality of its reviews, DPI sends Draft Reports and Final Advisory Reports only to officials

with a need to know.

1) DPI sends Draft Reports to the subject(s) of the review (e.g., the NIH employee(s) alleged to have violated the Standards of Conduct or the grantee or contract organization(s) alleged to have misused NIH grant or contract funds) and to the IC or Office Director(s) for review and comment.
2) DPI sends Final Advisory Reports, which may incorporate comments made by the subject(s) of the review and/or the IC or Office Director(s), only to officials with a need-to-know. DPI sends an informational copy to the subject(s) of the review. Final Advisory Reports are pre-decisional documents and considered advisory to NIH management officials, who are usually asked to report within 30 days regarding the action they plan to take or have taken in response to the report's recommendations. DPI reviews the planned corrective action to ensure each problem identified in the report is addressed adequately. If DPI determines that the planned corrective action addresses the recommendations inadequately, the Director of OMA may refer the issue to the Deputy Director for Management for resolution.

b. DPI may issue a Management Advisory Report when it finds no merit to the allegation(s), and, during the course of a review, it identifies deficiencies or concerns involving the subject of the review's management controls. Management Advisory Reports contain no recommendations for corrective action. DPI may issue a Management Advisory Report alone or in addition to a Final Advisory Report. DPI generally issues Management Advisory Reports as final reports, but it may send a draft report for comment to the IC or Office Director responsible for overseeing the program or office under review.

5. Administrative Action During an OIG Review

a. When OIG informs NIH, through DPI, that it has initiated an investigation of a grantee, a contractor, an employee of a grantee or contractor, or an individual doing business with the Department, NIH may wish to initiate administrative action. This is a programmatic decision and must be made in the best interests of the Government and the individuals concerned. Program decisions to suspend, limit, or terminate funds must be made on the basis of available facts, impact on the program, potential loss to the Government, and judgment as to the validity of the allegation. When a criminal investigation is ongoing and administrative action is being considered apart from the criminal investigation, the official considering the administrative action must consult with OIG before implementing such action. OIG will assess what effect the proposed administrative action may have on the criminal investigation and advise NIH accordingly.
b. Whenever OIG informs NIH, through DPI, that it has initiated an investigation of an NIH employee, NIH may wish to initiate administrative action. DPI will consult with OIG before NIH implements such action.

6. Reporting Action to OIG

a. DPI is responsible for reporting back to OIG when OIG issues an investigative report requiring NIH to correct improper conduct or improve management.

7. Follow-up of DPI Report Recommendations

a. DPI is responsible for conducting follow-up activities to ensure the responsible parties implement review recommendations for corrective action.

8. Official Files

a. The Director, OMA, on behalf of the Director, NIH, shall ensure that a file is maintained on each review that DPI initiates. The review file shall contain complete documentary material, including the objectives, scope, and methodology of the audit; the work performed to support significant judgments and conclusions, including descriptions of transactions and records examined; and evidence of supervisory review, before the audit is issued, of the work performed that supports the findings, conclusions, and recommendations contained in the audit report. OMA shall also maintain a record of the action taken as a result of DPI review reports. Similar files are to be maintained by ICs when conducting reviews of allegations referred by DPI.

9. Privacy Act

a. Records pertaining to reviews of NIH employees conducted by either DPI or an IC are kept in accordance with the requirements of the Privacy Act, 5 U.S.C. 552a, as amended and maintained under System Notice 09-25-0213, Administration: Employee Conduct Investigative Records, HHS/NIH/OD/OM/OMA. To the extent permitted by the Privacy Act, specific DPI records and information may be released by the NIH Privacy Act Officer.
b. Records pertaining to reviews of NIH grantees, contractors, and others conducting business with NIH are not covered by the Privacy Act, as they are not filed by individual identifiers.

10. Freedom of Information Act (FOIA)

a. Information, documents, and reports related to ongoing and completed reviews are subject to release under the provisions of FOIA. Specific DPI records and information may be released by the NIH FOIA Officer in response to a specific request. Each determination regarding release is made on a case-by-case basis.
b. The NIH FOIA Officer, after consulting with the OMA FOIA Coordinator and the IC, may determine that one or more FOIA exemptions protect some or all of the information, documents, or reports identified in the release request. Under such circumstances, the NIH FOIA Officer will deny the request (or portion thereof) by citing the relevant FOIA exemption. The most common exemptions that the NIH FOIA Officer may cite when denying access to a request include the

following.

1) Exemption Five- internal deliberative governmental communications (e.g., pre-decisional documents, opinions, evaluations, recommendations, and attorney-client communications) and records that are considered advisory or characterized as pre-decisional documents, even after a case is closed
2) Exemption Six- clearly unwarranted invasion of personal privacy
3) Exemption Seven- records compiled for law enforcement purposes

c. The NIH FOIA Officer, after coordinating with the OMA FOIA Coordinator and the IC, may deny or grant access to records or information pertaining to completed DPI reviews.

H. Records Retention and Disposal

All records (e-mail and non-e-mail) pertaining to this chapter must be retained and disposed of under the authority of NIH Manual 1743, *Keeping and Destroying Records*, Appendix 1, *NIH Records Control Schedule*, Item 1700-A-4, *Investigative/Audit Case Files*.

NIH e-mail messages, including attachments that are created on NIH computer systems or transmitted over NIH networks that are evidence of the activities of the agency or have informational value are considered Federal records. These records must be maintained in accordance with current NIH Records Management guidelines. Contact your IC Records Liaison or the NIH Records Officer for additional information.

All e-mail messages are considered Government property, and, if requested for a legitimate Government purpose, must be provided to the requester, employees' supervisor, NIH staff conducting official reviews or investigations, and the Office of Inspector General who may request access to or copies of the e-mail messages. E-mail messages must also be provided to congressional oversight committees if requested and are subject to Freedom of Information Act requests. Back-up files are subject to the same information requests as original messages and documents.

I. Internal Controls

The purpose of this manual issuance is to describe NIH policies and procedures for reporting allegations of criminal offenses, misuse of NIH grant or contract funds, or improper conduct by an NIH employee.

1. **Office Responsible for Reviewing Internal Controls Relative to this Chapter:** OMA, OM
2. **Frequency of Review (in years):** Due to the high level of risk associated with reviews and investigations, DPI conducts ongoing internal control reviews.
3. **Method of Review:** To determine compliance with the policies and procedures contained in this chapter, OMA executes ongoing internal control reviews that may

include surveys, interviews, testing, and analysis of reports.

4. **Review Reports are sent to:** Director, OMA