Introduction

The on-line faculty consulting approval system (OFCAS) was developed in order to:

• Facilitate the time it takes to obtain approval for consulting activities.
• Enable requests for consulting to be easily tracked through the approval process.
• Reduce the occurrence of data errors.
• Facilitate the annual reconciliation process.
Overview of OFCAS-3

• OFCAS is designed to support the Board of Trustees Policy on Consulting for Faculty and Members of the Storrs AAUP Bargaining Unit. This policy, related procedures, and training materials may be found at consulting.uconn.edu. This document concerns the operation of OFCAS and will not discuss the policy and rules.

• Please note that by State statute, consulting requests must be approved at least one day prior to the start of the activity. You need to submit requests with sufficient time to allow for full processing.

• While computer problems do occur and create delays, most often of no more than one day, the most common reason a request is delayed is that one of the approvers doesn’t look at his/her queue of pending request forms. OFCAS provides a mechanism for tracking request forms and if there is a prolonged delay, a requestor may choose to contact the approver to expedite the handling of the request.
Browsers and OFCAS-3

• OFCAS is a web driven system. That means you can access it using many Internet browsers from any location. When using the system, please refrain from using your web navigation tools such as the back arrow.

• Our Information Technology staff suggests using Mozilla Firefox or Chrome as your browser. Internet Explorer is not always fully compatible. This situation has improved dramatically since UConn Health updated our standard version of Explorer.

• The UConn Health Citrix server (desk top icons, task bar icon, and remote.uchc.edu) have links to access a blank request form or to go to the “dashboard” using Google Chrome.
Browsers and OFCAS-3

• When launching OFCAS-3 from an email link, your computer may attempt to use a default browser that is not compatible. In that case you will need to launch and then enter the URL directly into a compatible browser.

• To easily access the dashboard, copy and paste the URL below into your Internet browser from the consulting web site: http://consulting.uconn.edu/
OFCAS-3 – Main Modules

• The **Forms Editor** enables:
  – The creation and submission of consulting request forms by faculty or by staff on behalf of faculty members. Returned forms can be revised or withdrawn.
  – Approvers to review, approve, disapprove or return the consulting request back to the faculty member to revise.
  – The submission of reconciliation data by the requestor when the consulting activity has concluded.

• The **Dashboard** enables:
  – Forms to be tracked through the approval and reconciliation processes.
  – Quick access to Forms Editor.
Request to Consult Form

• A separate request is required for each contracting entity.

• Each request must be for a single consulting activity within a single fiscal year (July 1 to June 30).

• There are 14 categories of consulting. You may need to submit separate requests if one activity includes multiple categories since special attestations are associated with some of these categories.

• A request can be initiated on-line by a staff member and it will route to the faculty member for final completion and formal submission.
Layout of the Form

• Nine sections followed by a series of attestations and the submission button (which will only appear when all the attestation boxes have been checked off).

• These sections are displayed on five web pages.

• The reconciliation section cannot be completed until after the request has been approved and the start date has passed.

• You may click on one of the tabs at the top of the screen to maneuver within the request form or you may use the “next tab” button at the bottom of the screen.

• Do not use the arrows in your browser to navigate the form.
The form includes both required fields of information and optional fields of information:

- Circles: One and only one MUST be selected
- Squares: Any or none can be selected.
- Questions marked with a red asterisk (*) must be answered
- Short information boxes are available by moving your cursor on different areas of a page.
• If you close the browser without saving the request, a pop up box is generated asking if you want to “leave the page” or “stay on page.” Clicking “leave the page” will close the browser tab and your data will not be saved. Clicking on "stay on page” keeps you in the current request.

• Clicking the cancel button on the bottom left corner will erase all the data you just entered but will leave you within the form.

• Only one request can be saved at a time.

• If at any time you want to exit the request and continue later, click “save draft” at the bottom left corner of the page. A pop up box is generated asking if you’d like to be emailed the link to re-enter the document later. If so, be sure to check that box and an email will automatically be sent to you with a link to the form.
• File Attachments (Section 8): You may browse your computer to attach a single file to your request form.

• Depending on your answers to the questions, additional questions may be appear. It is critical that you select the appropriate category of consulting so that the correction additional questions appear. If you don’t do this, the form will be sent back to you and thereby delay final approval.
Storrs Network ID (Figure 1)

- If you don't know your Storrs Network ID, please access: https://netid.uconn.edu/find_netid.php

- If you know your Storrs Network ID but have never activated it, please access: https://netid.uconn.edu/activate.php

- If you ever forget your password for your Storrs Network ID you may reset it at: https://netid.uconn.edu/reset_password.php
  
  * FYI - your Net ID password does not expire. It will change only if you reset the password.

If you need assistance with your Net ID or password, please call 860/486-HELP (4357).
Figure 1 – Storrs Network ID Sign-on

Faculty Consulting

User ID:

Password:

Log In

Please login using your University NetID and password

For NetID assistance please see netid.uconn.edu

IBM FEB unavailable daily 3:00am-3:15am for maintenance
Most of the information being asked for is self-explanatory or fully described in the help bubbles.

**Section 1 – Demographics** (Figure 2)

- This information is automatically populated based on the data associated with your Storrs Network ID. If this information is incorrect, please inform your Human Resources Department.

- The Storrs email address cannot be changed.

**Section 2 – Employment Status** (Figure 2)

- Appointment term – please note that all UConn Health faculty are on 12 month terms.

- The majority of Storrs faculty are on 9 month appointments.
Figure 2 – Layout of the Form: Demographics

![Form layout](image)
Section 3 – Contracting Entity Information (Figure 3)

• Enter the name and address of the entity that is directly paying the faculty member.

• Check one of the options for “Nature of contracting entity” These categories in conjunction with other data entered later in the form, will determine if the request is eligible for “accelerated” routing.

• Please note that the “Non-Profit Entity…” and “Profit Making Entity …” options generate text boxes requiring a description of the nature of the contracting entity.
Figure 3 - Contracting Entity Information

3) Contracting Entity

- **Entity Name**
- **Entity Address**

- **Nature of the contracting entity (select one)**
  - U.S. governmental agency (federal or state)
  - National, regional or state professional society
  - Higher education unit - Accredited in the US
  - Higher education unit - Accredited in another nation
  - Accreditation granting agency
  - Non-Profit Entity other than what is listed above (for example: United Way, American Heart Association, Bristol Hospital)
  - Profit Making Entity other than what is listed above

**Complete the following boxes only if they apply to the above contracting entity.**

- I am a member of the contracting entity’s board.
- A member of my family (spouse, child, parent) or I have at least 5% ownership interest in the contracting entity. (Please explain the interest below.)
- The contracting entity is a University start-up company or is a faculty-affiliated company (i.e. [1] it has licensed University Intellectual Property (UIIP) in which I am an inventor, and/or [2] I am a founder, owner, or scientific advisor.)
Section 4 - Description of the Consulting Activity (Figure 4)

- Please do not click #14 “Other” when one of the other 13 boxes describes your activity. This can slow up the processing of your request form if we need to send it back to you to check off special attestations that only appear when you pick the correct activity category.

- Special attestations may appear when certain categories are selected.
### Figure 4 - Description of Consulting Activity

*Check here if you are being compensated to: (select only one)*

Please provide as much detail as possible for the activity. Maximum number of characters is 500.

- **1.** Make a scholarly presentation of my published work and in which I have control of the content of the presentation.
- **2.** Make an educational (non-promotional) presentation.
- **3.** Teach an educational (non-promotional) course or workshop that does not compete with University (including continuing education) offerings.
- **4.** Participate in a fine arts/artistic performance (including acting, rehearsal, set design, dancing, singing, playing music, directing, etc).
- **5.** Write an article, book, book chapter, introduction to a book, pamphlet, educational web/computer module, or examination questions.
- **6.** Review a book chapter or manuscript to be published in a peer review publication.
- **7.** Review a manuscript to be published in something other than a peer review publication or serving as an editor of a journal.
- **8.** Review a student thesis, serve as a member on a thesis committee, and/or develop a reference or review that supports a promotion-tenure-reappointment decision of another faculty member.
- **9.** Review of an external program, department, school, or institution.
- **10.** Review grant proposal(s) and/or serve on an U.S. governmental committee panel on research or clinical care.
- **11.** Serve on a research safety or scientific advisory committee of an IRB approved clinical trial. **Describe this activity including the committee name and general topics to be discussed.**
- **12.** Provide advice regarding legal action and/or serve as an expert witness.
- **13.** Complete a survey (questionnaire or interview):
- **14.** Other, please describe:
Section 5 – Decision Making Role (Figure 5)

Can your decisions and actions be perceived as benefitting the Contracting Entity (CE):

- Do you influence decisions that might be perceived as benefiting the CE?
- Do you work on a grant/contract funded by or are the PI on a grant/contract held by the University?
- Do you work under a U.S. Department of Public Health Services (PHS) grant/contract (which includes the NIH) AND are travel expenses are paid?
5) Description of Decision Making Role

* In your job as a state employee, do you have any role in decision making or influencing decisions, that might affect the contracting entity that is compensating you for consulting?

☐ I have no role in making or influencing decisions that might affect the contracting entity.

☐ In my State job, I work on a grant or contract funded by the contracting entity, and/or I am the Principal Investigator of a research grant or contract held by the University that has some of its work contracted out to the contracting entity. List these in the space below. (Exception: grants or contracts from the Federal or State governments, in which work is not contracted out.)

☐ In my State job I make or influence decisions regarding the purchasing or selling of products and/or services from/to the contracting entity. Describe such role(s) below.

Check this box if both parts apply.

☐ I perform work under a U.S. Department of Public Health Services (PHS) grant or contract (which includes the National Institutes of Health) AND this consulting activity will include travel expenses paid directly or indirectly by the contracting entity. (Do not check this box if the contracting entity is a U.S. federal or state governmental agency.)
Section 6 - Time & Effort Estimates (Figure 6)

• You must report on both the amount of effort the consulting activity will require as well as when the activity will take place (note the “upon approval” option.)

• Total effort during ‘normal work time/days” may be zero, the total effort for the whole consulting activity can never be zero.

• Prior permission must be obtained for specific days taken either with the consulting request form or after the activity is approved. If the latter, retain the written documentation received from your department head in case the auditors ask you to produce such documentation.

• An optional checkbox allows you to indicate if you expect this activity to roll into the next fiscal year. This will allow a reminder to be sent to you to renew the activity next spring.
### Activity Dates

(6) Activity Dates - (Must be in the same fiscal year July 1 - June 30.)

When performing consulting during normal work time, your department head must pre-approve all such specific dates. Once such approval is given, it cannot be retracted unilaterally, unless you have provided incorrect information. Until such approval is given, you are required to perform your University duties rather than the consulting work. Therefore, before you make commitments to a contracting entity or make travel arrangements, it is strongly advised you obtain such approvals.

You may obtain such approvals either by including the actual dates that the consulting will occur on normal work time in the "Specific dates" text box below or by obtaining approval from your department head for such dates at least 24 hours prior to each of them.

- **Start upon approval**
  - Prior approval (i.e. approval at least one calendar day prior to starting the consulting activity) is required under State statute.

- **I expect this consulting activity to cross into the next fiscal year.**

  * The earliest date (mm/dd/yyyy) in the fiscal year the consulting will start:
  
  * The latest date (mm/dd/yyyy) in the fiscal year the consulting will take place:

  * The start date and end date must be in the same fiscal year (July 1 – June 30)

* Effort expended in performing this consulting activity

  When reporting a fraction for days of effort, assume a full day to be 10 hours (i.e. 5 hours is equivalent to ".5 days").

  * Total number of days (normal work days and other days) you expect to spend on this consulting activity? (include travel time)

  * Maximum number of the total days listed above that are during time you are normally expected to be at work? (include travel time)

In the text area below, enter all known dates that consulting will occur on normal work days.

Maximum number of characters is 500

```plaintext

```
Section 7 – Remuneration (Figure 8)

• More detailed information must be provided regarding the estimated level of compensation to be received for the activity.

• Compensation over $5,000 may need to be reported to the Individual Conflict of Interest Committee.

Section 8 - Activity/University Relationship and Other Attachments (Figure 8)

• You may attach a single document to the form. If you have multiple documents to attach and they are not excessive in size, we suggest combining them into a single document. If they are too large, you will see an error message. Once you attach a file, if you need to delete it, click on the “X” to the right of the document name.
### 7) Remuneration

The individual may receive compensation including direct monetary payment, honorarium, noncash considerations such as luxury travel, gifts or equity in a product and/or company even if those currently have no monetary value. Do not include necessary travel expenses. Any personal financial information disclosed in this form is acknowledged to be provided in confidence and is not required to be disclosed by Federal or State statute.

- **My level of compensation for this Activity is:**
  - $1 - $4,999
  - $5,000 - $9,999
  - $10,000 - $19,999
  - $20,000 - $39,999
  - $40,000 - $59,999
  - $60,000 - $79,999
  - $80,000 - $99,999
  - $100,000 - $149,999 (for more than 150k, select other)
  - other

- **Remuneration I am receiving is at market rate for services rendered.**
  - At The Market Rate
  - Above The Market Rate
  - Below The Market Rate
  - I Don't Know

- **Including the compensation in this request, my total estimated compensation from this contract entity in this Fiscal Year:**
  - $5,000
  - $5,000 or more

### 8) Activity/University Relationship and Other Attachments

While not common, if you have **Material Use of University Resources**, ([http://consulting.uconn.edu/documents/univ_resources.doc](http://consulting.uconn.edu/documents/univ_resources.doc)) be sure the form is signed and ready to upload in Section 8 of the form, before you start the submission process.

- **Will there be material use of University Resources?**
  - Yes
  - No

**Other Attachment**

Select File: [Browse...](#)
Section 9 - Routing

You must indicate the following:

- Location: Storrs+ or Health Center
- Role: faculty/staff, department head or Dean/Unit Head
- School: select from the pull-down list
- Department: select from the pull-down list

9) Routing

* Select Location where you want the request to go to

  - [ ] Storrs
  - [x] Health Center

* Select which level you are in the organization

  - [ ] I am faculty/staff
  - [ ] I am a department head
  - [ ] I am a dean/unit head

Routing Option

Next Tab

Save Draft  Cancel
10) Requestor Attestations

☐ I certify that:

* I have read the Policy and Procedures on Consulting for Faculty and Members of the AAUP Bargaining Unit (the most current versions may be found at consulting.uconn.edu) and agree to follow these rules;
* I understand that non-compliance with these rules may result in sanctions, including but not limited to the losing the right to consult or any disciplinary action allowed under the Connecticut Labor Law and the requestor’s union contract;
* For dates and times I will be consulting during normal work time that are not specifically articulated on this request form, I will provide at least one working day, (but more if possible), notification of them to my department head (or equivalent unit head) and that such head may require that I perform my University duties at that time rather than consult (i.e. until I have approval to consult on specified normal work days, my ability to consult on such days is not guaranteed); and
* If the terms and conditions of this consulting activity change in a significant way, I will immediately notify the appropriate Faculty Consulting Office.

☐ When consulting, I understand that:

* If the compensation received for this consulting creates a “Significant Financial Interest” (SFI) as defined by the University’s research policies, I am obligated to report this SFI to the appropriate financial conflict of interest in research office/committee;
* I will not be representing the University;
* I am not acting as a State employee and I will so notify the party with whom I am consulting;
* The University/State will not provide any liability or malpractice protection, or statutory immunity for these activities;
* The total amount of time I spend consulting during normal work time in any fiscal year, may not exceed the cap for my campus; and
* Any travel is not on time due to the University and at my personal expense and not that of the University.

☐ To the best of my knowledge, my involvement with this consulting activity:

* Is based on my professional expertise and/or prominence in my professional field and not due by my State position;
* Will not interfere with my ability, on an annual basis, to perform fully my assigned duties.
* Will not compromise the University in any of its external relationships, including those with the State or Federal governments; and

☐ To the best of my knowledge, this consulting activity:

* Is not in competition with the University (i.e. the University would prefer to conduct the consulting work itself rather than my performing it outside of my employment with the University);
* Will not compromise the University’s intellectual property interests or require me to disclose confidential or proprietary information; and
* Will not require me to generate new data or information in my University laboratory.
If there is any required data missing on the form, an “invalid information” popup box will appear. It will list in red font the missing data. You can then go back to the form, enter these data, and then resubmit the form (remembering that all attestation boxes must be checked.)
Figure 10 - Successful Form Submission

"Your data has been successfully submitted."
Emails from OFCAS (Figure 11)

- “Robust”

- Will be sent when request is successfully submitted.

- Will be sent at each stage to the next person who needs to take an action:
  - Information on the activity will be included in the subject line including anticipated start date.
  - Direct links to the request form and to the dashboard.
Figure 11 – Emails from OFCAS-3

From: prys=02309f0cf2=noreply@uconn.edu [mailto:prys=02309f0cf2=noreply@uconn.edu]
Sent: Monday, June 02, 2014 10:33 AM
To: Wetstone, Scott L.; evelyn.passan@uconn.edu
Subject: Faculty Consulting Request with Merck, Start Date: 9/9/2014, Action Required

Faculty Member: Scott Wetstone
Contracting Entity: Merck

This will launch your default browser. You can also right click and copy the URL which can then be pasted into a different browser.

The above-referenced consulting request has been routed to you for review and/or approval. Please note that your decision may be time sensitive (i.e. all consulting activities must be approved at least one day prior to the start date).

You can check your action queue of all pending requests that require your attention by going to the Consulting Dashboard (URL) and clicking on the “Responses” tab.

This email was automatically generated by the Online Faculty Consulting Approval System (OFCAS). Please do not reply to this email. Questions about this email or the policy and procedures related to consulting may be found at http://consulting.uconn.edu or by contacting the Faculty Consulting Office on your campus.
Figure 12 – Cloning a Request

Request for Approval of Consulting Activities for Faculty (including administrators with faculty titles) and Members of the AAUP Bargaining Unit

important Information - please read prior to filling out the form

- You may not start work on this consulting activity until you have received final approval.
- Fields marked with an asterisk (*) ARE REQUIRED.
- For help, see the instructions at http://consulting.uconn.edu
- Do NOT use the back arrow in the browser to navigate through the form

1) Demographic Information

* First Name
Dorothy

* Last Name
Linnhoff

NetID
dvl04002

U-box/MC
UNIT UCHC-3906

Department
Academic Affairs and Education

Location
Health Center

Telephone
+1 860 679 7382

2) Employment Status

Click if this request is for someone else

On behalf of
Click on the identification number of the request you wish to clone and then on “clone selected request” button. The majority of the previous form’s information will be copied into the new form. You will need to complete the appropriate attestation in Section 4 “Activity Description” and complete the information in Sections 5 through 10.
Figure 14 – Initiating Request on Behalf of:

Important Information - please read prior to filling out the form

- You may not start work on this consulting activity until you have received final approval.
- Fields marked with an asterisk (*) ARE REQUIRED.
- For help, see the instructions at http://consulting.uconn.edu
- Do NOT use the back arrow in the browser to navigate through the form

1) Demographic Information

- **First Name**
  - Dorothy

- **Last Name**
  - Linnhoff

- **E-mail**
  - dlinnhoff@uchc.edu

- **Department**
  - Academic Affairs and Education

- **NetID**
  - dvl04002

- **U-box/MC**
  - UNIT UCHC-3905

- **Location**
  - Health Center

- **Telephone**
  - +1 860 679 7382

Click to Clone request

Click if this request is for someone else

On behalf of
Once the form is completed, it will route to the faculty member for final completion and formal submission.
DASHBOARD - Overview

The Dashboard enables:

1. Forms to be tracked through the approval and reconciliation processes

2. Quick access to forms editor.

To Access the Dashboard:

1. URL: [http://forms.uconn.edu/apps/ofcas-dash](http://forms.uconn.edu/apps/ofcas-dash)

2. Citrix server (UConn Health staff only)
You will only see requests that pertain to you.

Click on a field heading to sort by it. Click twice to reverse the order.

Click on the green circle to hide completed records.

Don’t use the Launch or export buttons.
• A form can be selected for viewing by clicking anywhere in its row of data on the list pane on the left side of your screen. (Exception: if you click on the data in the “author” or “email” fields this will open an email to the person who you selected.)

• When you move the cursor into a row, it will be highlighted.

• There can be a 1-12 second delay before the form opens.
Figure 17 – Application View Window
Note the long list of data fields which requires a second vertical scroll bar.
Filtering Records

A user of the dashboard can select a subset of request forms to list. There are two methods for selecting a subset of requests to display rather than listing all the requests you are eligible to view:

1) Pending requests – A person may wish to only view activities that are still in the approval or reconciliation processes. The “Hide complete data records” button will hide all records that have completed the entire approval process and have been reconciled. See the green circle on Figure 17. This is a toggle button which can be reversed by clicking on it a second time.

2) Boolean searches – Use of simple Boolean logic to select records to display. It is anticipated that this feature will most likely be used by those persons with access to a large number of requests forms (i.e. department heads, deans and the provost’s designees.)

At this time, OFCAS-3 does not have any built in reports.
Approving Records

1) Go directly to the dashboard using the URL (previously provided) or the Citrix server (UConn Health faculty only)
   Sort by stage and/or filter and/or use the hide completed records icon.

2) Go directly to a specific request form requiring an action by you by clicking on the link provided in an email send by OFCAS.
Figure 19 – Approval Section

Application View

Department level Actions:

* Department Head Approvals and Attestations Actions:
  - ☑ Approve
  - ☐ Disapprove
  - ☐ Return

* Dept Approver’s Name
  Scott L Wetstone

☑ To the best of my knowledge:

- This is appropriate professional activity for this individual;
- This individual is currently fully performing his/her University duties and should be able to continue to do so when consulting;
- When added to this person’s other approved consulting activities in the same fiscal year, it will not exceed the University’s cap for consulting during normal work time;
- This consulting activity is not in competition with the University (i.e. the University does not prefer to conduct the consulting work itself rather than the requestor performing it outside of his/her employment with the University);

☐ I am the proxy for the official approver of this consulting request. I have forwarded the information contained in this request to the official approver and I am now accurately recording that person’s decision. I am keeping a written paper trail with dated documentation of the official approver’s decision regarding this request.

Comments

Accelerated Approve  Cancel
Figure 20 – Approval Section - Proxy

Application View

Requirements & Instructions

Department level Actions:

* Department Head Approvals and Attestations Actions:
  - [ ] Approve
  - [ ] Disapprove
  - [x] Return

* Dept Approver's Name
  Scott L. Wetstone

I am the proxy for the official approver of this consulting request. I have forwarded the information contained in this request to the official approver and I am now accurately recording that person's decision. I am keeping a written paper trail with dated documentation of the official approver's decision regarding this request.

* Actual Department Head's Name
  John Jones

* Comments
  Please provide more information about the exact nature of the consulting.
Revising Requests

An approver may choose to return your form to you for revisions. You should receive an email notifying you of this and providing the reason.

You will not be able to revise your request unless it is sent back to you.
Reconciliation Reports

Reconciliations can be completed after the form has been approved and the start date has passed. You can reconcile a consulting activity prior to the “Actual End Date” (i.e., you don’t need to wait for the close of the fiscal year to do so).
# Figure 21 - Reconciliation

<table>
<thead>
<tr>
<th>ID</th>
<th>Stage</th>
<th>Draft</th>
<th>Author</th>
<th>ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>NetID</th>
<th>Entity Name</th>
<th>Start upon approval</th>
<th>The earliest date</th>
<th>The latest date</th>
</tr>
</thead>
</table>
Figure 22 – Reconciliation Data

Consulting Request - Reconciliation *

Request for Approval of Consulting Activities for Faculty (including administrators with faculty titles) and Members of the AAUP Bargaining Unit

Personal Details | Entity Details | Activity Details | Role Details | Renumeration Details | Attestations | Reconciliation

Reconciliation Section

Please review your consulting activity and update any information that has changed since submitting the original request. Also indicate whether you have made appropriate reimbursement for material use, if any, of state resources.

Consulted for British Psychiatric Association at the address Who Knows, England from 8/5/2014 to 9/30/2014 with compensation level > $5,000, Total Days 2 and Max days 2 with material used No.

* Activity Status

- I performed this consulting activity.
- I did not perform this consulting activity.
If you check that the activity did take place, you will then be asked to indicate whether any of the displayed information has changed from when you first obtained approval to consult.
You will also need to indicate whether all necessary reimbursements were made, and to “electronically sign” the report by hitting the “Submit Reconciliation” button.

If there are no changes, simply hit “Submit Reconciliation”.

Repeat steps for each activity.
The Faculty Consulting Offices (Storrs+ and UConn Health) will available to provide group training sessions as well as for individual training sessions or questions.

**UConn Health**
Dorothy Linnhoff 860/679-6557 dlinnhoff@uchc.edu
Scott Wetstone 860/679-4440 wetstone@uchc.edu

**Storrs+**
Brandon Murray 860/486-1868 brandon.murray@uconn.edu
Sally Reis 860/486-4037 sally.reis@uconn.edu