Color-Coded SF424 Mapping for GrantsXpress (GXP)

Blue = Hard Coded: institutional and profile data automatically mapped to the SF424 or data that is mapped when an activity is completed. OSP Taking Ownership will pre-populate the SF424 AOR information when the Create/Update SF424 activity is run. When the AOR Approval activity is selected, then the AOR Certification checkbox will be automatically completed.

IMPORTANT: if hard coded data is changed directly in the SF424, when the Create/Update SF424 activity is selected, the hand-entered change will be overwritten with the original mapped data.

Red = OSP Data Entry: information hand entered directly into the SF424 by OSP before submission.

Green = Smart Forms & Activities: information that is entered in the funding proposal project type (Smart Forms and/or Activities), which will automatically map to the SF424.

IMPORTANT: if changes are required for one of these “green” fields, then the Funding Proposal should be corrected. Changes should NOT be made in the SF424 directly (as they would be over-written with the information from the Funding Proposal when the Create/Update SF424 activity is selected).

Yellow = Soft Coded: this pertains only to one field in GX – the last part of Question 8 on the first page of the SF424. It is hard coded in the SF424 Project Type to default to ‘no’ this application is not being submitting to other agencies. However, if the answer is ‘yes’ then this field can be changed and it WILL NOT be over-written when the Create/Update SF424 activity is selected.

Purple = Grants.gov & SF424 Forms: information in these fields is automatically generated by several sources:
- link to the Grants.gov funding announcement (SF424 page 1, question 9)
- displaying information entered into a previous SF424 form (SF424 page 1, type of application)
- auto-calculating budget information when ‘continue’ or ‘save’ is selected (detailed budget pages)

Orange = Department Hand Entry or Upload: sections in orange require direct data entry or the attachment of files in the SF424 by the department (meaning that we have not mapped this information from a Smart Form or Activity).

NOTE: although a field may be orange it does not mean that it is required to be entered or uploaded; it simply shows the source of the data or document.
### Research & Related Project/Performance Site Location(s)

- **Organization Name:** Trustees of Dartmouth College
- **DUNS Number:** 501628832
- **Street 1:** Brue Laboratory, 41 College Street
- **City:** Hanover
- **State:** NH, New Hampshire
- **Zip/Postal Code:** 03755-3563
- **Country:** USA, United States
- **Congressional District:** NH-002

**Project/Performance Site Location(s) 1-20**

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Street 1</th>
<th>City</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

There are no items to display.

**Additional Locations**

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

There are no items to display.

### RESEARCH & RELATED Other Project Information

1. **Are Human Subjects Involved?**
   - Yes
   - No
   - Clear

2. **Are Vertebrate Animals Used?**
   - Yes
   - No
   - Clear

3. **proprietary or privileged information included in the application?**
   - Yes
   - No
   - Clear

4. **Does this project have an actual or potential impact on the environment?**
   - Yes
   - No
   - Clear

5. **Is the project's performance site designated or eligible to be designated as a historic place?**
   - Yes
   - No
   - Clear

6. **Does this project involve activities outside the U.S. or partnership with International Collaboration?**
   - Yes
   - No
   - Clear

7. **Project Summary/Abstract:**
   - JFK K01 General Case 07-11 Abstract.pdf
8. **Project Narrative:**
   - JFK K01 General Case 07-11 Project Narrative.pdf
9. **Bibliography & References:**
   - JFK K01 General Case 07-11 References.pdf
10. **Equipment:**
    - JFK K01 General Case 07-11 Equipment.pdf
11. **Other Attachments:**
    - Add
    - Name | Description
    |      |             |

There are no items to display.
### A. Senior/Key Person

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>First Name</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Role</th>
<th>Base Salary ($)</th>
<th>Cal. Months</th>
<th>Acad. Months</th>
<th>Sum. Months</th>
<th>Reg. Salary ($)</th>
<th>Fringe Ben. ($)</th>
<th>Funds Req. ($)</th>
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<tbody>
<tr>
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<td>F.</td>
<td>Kull</td>
<td></td>
<td>PI</td>
<td>$0</td>
<td>1.5</td>
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<td></td>
<td></td>
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<td>$25,020.00</td>
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<tr>
<td>2</td>
<td>Karen</td>
<td>Skompski</td>
<td></td>
<td>Co-Investigator</td>
<td>$1,300</td>
<td>1.5</td>
<td></td>
<td></td>
<td></td>
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<td>$13,400.00</td>
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<td>3</td>
<td>Ronald</td>
<td>Taylor</td>
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<td>Co-Investigator</td>
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<td>1.5</td>
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<td></td>
<td></td>
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<td>4</td>
<td>Maria</td>
<td>Pellegrini</td>
<td></td>
<td>Chemist</td>
<td>$2,400</td>
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<td>5</td>
<td>Dale</td>
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**Total Funds requested for all Senior Key Persons in the attached file**: $102,049.00

### B. Other Personnel

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<tr>
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<tbody>
<tr>
<td>1</td>
<td>Real Doctoral Associates</td>
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<td>$52,633.00</td>
<td>$19,211.00</td>
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<td>Graduate Students</td>
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<td>3</td>
<td>Undergraduate Students</td>
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<td>4</td>
<td>Secretarial/Clerical</td>
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<td></td>
<td>$0.00</td>
<td>$0.00</td>
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</tbody>
</table>

**Total Other Personnel**: $165,857.00

**Total Salary, Wages and Fringe Benefits**: $195,384.00

### C. Equipment Description

<table>
<thead>
<tr>
<th>Equipment Item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Total Equipment**: $0.00

### D. Travel

<table>
<thead>
<tr>
<th>Travel Item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Foreign Travel Costs</td>
<td></td>
</tr>
</tbody>
</table>

**Total Travel Costs**: $2,000.00

### E. Participant/Trainee Support Costs

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Fees/Health Insurance</td>
<td></td>
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<tr>
<td>Stipends</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
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<tr>
<td>Subsistence</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Total Participant/Trainee Support Costs**: $0.00
IMPORTANT: the budget justification can ONLY be uploaded in the FIRST budget year; all subsequent budget years are display-only.
### PHS 398 Modular Budget, Period 1

**Number Of Budget Periods:**

**Budget Period:** 1

**Start Date:** 4/1/2013

**End Date:** 4/30/2014

#### A. Direct Costs

- Direct Cost less Consortium F&A: 
  - Funds Requested ($): $250,000.00
- Consortium F&A: 
  - Funds Requested ($): $0.00
- Total Direct Costs: $250,000.00

#### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Modified Total Direct Costs</td>
<td>58</td>
<td>$203,319.00</td>
<td>$119,085.00</td>
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</tbody>
</table>

**Cognizant Agency (Agency Name, POC Name and Phone Number):** Robert I. Aaronson, DHHS, 212-264-2069

**Indirect Cost Rate Agreement Date:** 5/17/2012

**Total Indirect Costs:** $119,085.00

#### C. Total Direct and Indirect Costs (A + B)

**Funds Requested ($):** $369,085.00

### PHS 398 Modular Budget Period Cumulative

#### Cumulative Budget Information

**1. Total Costs, Entire Project Period**

- Section A, Total Direct Cost less Consortium F&A for Entire Project Period: $1,250,000.00
- Section A, Total Consortium F&A for Entire Project Period: $0.00
- Section A, Total Direct Costs for Entire Project Period: $1,250,000.00
- Section B, Total Indirect Costs for Entire Project Period: $699,085.00
- Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period: $1,949,085.00

#### 2. Budget Justifications

- Personnel Justification: [None] [Add]
- Consortium Justification: [None] [Add]
- Additional Narrative Justification: [None] [Add]
1. Project Director / Principal Investigator (PD/PI)
   - Prefix: 
   - First Name: Fi
   - Middle Name: Jon
   - Last Name: Kull
   - Suffix: PhD

2. Human Subjects
   - Clinical Trial? □ Yes □ No □ Clear
   - Agency-Defined Phase III Clinical Trial? □ Yes □ No □ Clear

3. Applicant Organization Contact
   - Person to be contacted on matters involving this application
     - Prefix: 
     - First Name: Jill
     - Middle Name: 
     - Last Name: Mortali
     - Suffix: 
     - Phone Number: 603-646-3007
     - Fax Number: 603-646-2673
     - Email: sponsored.projects@dartmouth.edu

   * Title: Director
   * Street 1: 11 Rope Ferry Road, #:6210
   * City: Hanover
   * Country: 
   * Province: 
   * State: NH New Hampshire
   * Zip Code: 03755-1404
   * Country: USA: UNITED STATES

4. Human Embryonic Stem Cells
   - Does the proposed project involve human embryonic stem cells? □ Yes □ No □ Clear

   If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/registry/index.asp. Or if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

   Cell Line(s):
   - Specific stem cell line cannot be referenced at this time. One from the registry will be used.
**PHS 398 Research Plan**

1. Application Type:
   From SF 424 (R&R) Cover Page. The responses provided on these pages, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.

2. Research Plan Attachments:
   Please attach applicable sections of the research plan, below.
   - Introduction to Application
   - Specific Aims
   - Research Strategy
   - Inclusion Enrollment Report
   - Progress Report Publication List
   - Human Subjects Sections
   - Other Research Plan Sections
   - Letters Of Support
   - Resource Sharing Plan(s)

3. Appendix:
   Add

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

There are no items to display.
1. Application Type:
From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS 398 Checklist.
Type of Application: Resubmission
Federal Identifier: A0972861

2. Change of Investigator / Change of Institution Questions
Name of former principal investigator / program director:
Prefix:
First Name:
Middle Name:
Last Name:
Suffix:
Change of Grantee Institution:
Name of former institution:

3. Inventions and Patents (For renewal applications only)
Inventions and patents:
Yes
No
Clear

If the answer is "Yes" then please answer the following:
Previously reported:
Yes
No
Clear

4. Program Income
Is program income anticipated during the period for which the grant support is requested?
Yes
No
Clear

If you checked "Yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

<table>
<thead>
<tr>
<th>Budget Period</th>
<th>Anticipated Amount ($)</th>
<th>Source(s)</th>
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</table>

5. " Disclosure Statement"
If this application does not result in an award, is the Government permitted to disclose the title of your proposed project and the name, address, telephone number and e-mail address of the applicant to the organizations that may be interested in contacting you for further information (e.g., possible collaborations, investments)?
Yes
No
Clear