## **General Proposal Information**

1.	Type of application: New	<b>1. Type of Application</b> – automatically completed upon FP creation
	<ul> <li>a. Is this award being transferred from another institution?</li> <li>Yes No Clear</li> </ul>	<ul> <li>Data/Reporting Integrity</li> <li>RAPPORT Functionality</li> </ul>
2.	* Short title of proposal:	1.a. When the FP is a Transfer
	Nickname Keep it Short for Workspace	Application, 1.a. should be 'Yes'  • Data/Reporting Integrity
3.	* Long title of proposal:	
	This is the project title of the application and will map to the SF424.	<ul> <li>Short Title needs to be short or workspace extends off user screen</li> <li>Workspace Functionality</li> <li>User Interface Experience</li> </ul>
	* Program director / Principal investigator / Project lead / Fellow: Test PINine ②	<ul> <li>3. Long Title = Scientific/Project Title –</li> <li>Application Compliance</li> <li>Maps to the SF424</li> </ul>
	* Select the direct sponsor:  Harvard Medical School	<ul><li>4. PD/PI – Check eligibility to be a PI</li><li>Institutional Compliance</li></ul>
	a. If the direct sponsor is not listed, type their name here:	·
		<b>5. Direct Sponsor</b> – Agency giving money to Dartmouth directly
	b. If this will be a flow-through, select prime sponsor:  National Institutes of Health (NIH)	<ul><li>Application Compliance</li><li>Data/Reporting Integrity</li></ul>
6.	Instrument type:  • Grant	<b>5.a.</b> OSP will add sponsor names that have been added here
	O Contract	<b>5.b. Prime Sponsor</b> needs to be added
	O Cooperative Agreement O Subaward	when Dartmouth is a Subrecipient
	<u>Clear</u>	<b>6. Instrument type</b> – Award mechanism
7.	* Primary purpose of this project: 2	Data/Reporting Integrity
	Research	
	O Fellowship O Clinical Trial	7. Primary Purpose - Categories Have Changed – check carefully and update
	O Instruction	Data/Reporting Integrity (SEFA)
	O Equipment	<ul> <li>Training &amp; Fellowships no</li> </ul>
	O Financial Aid	longer 'Research'
	O Other Sponsored Programs	Refer to Help Text
	<u>Clear</u>	
		<b>8.</b> Make sure proposed start date is compliant with sponsor guidelines/FOA
8.	* Expected start date:	<ul> <li>Application Submission</li> </ul>
	4/1/2020	<ul> <li>Budget Module Dates</li> </ul>

**Proposal Information** 

#### Personnel

	ram direc	ctor / Principal in	vestigator / Project lead / Fell	low:	
a.	If this is a fe	llowship, select the m	nentor:		
			***		
	sponsible edical Thaye		vision / institute: 🛭		
3 Proje	ect persor	nnel:			
_	-		ey or other significant contributor pers	sonnel: 3	
	<b>♣</b> Add				
		Last Name	Key / Other Significant	Role	Biosketch
	<b>☑</b> Update	Arnold	yes	Co-Investigator	
	☑ Update	Read	no	Graduate Student	
	☑ Update	Sjogren	no	Post Doctoral Associate	
	☑ Update	Thompson	yes	Other (Specify)	
b.	Add non-ins	titutional key personr	nel: <b>?</b>		
	+ Add				
		Last Name	Key / Other Significant	Role	Biosketch
	☑ Update	Bovine	yes	Co-Investigator	
		e personnel:			
		ve contact: ?			
Test Resadmin3					
b. Select team members that have edit rights: 3					
•••					
	Last Name			First Name	
	Resadmin3	3		Test	
c.	Select team	members that have	read-only rights: ?		
			•••		
	Last Name			First Name	
	There are r	no items to display			

### Personnel

- 1.a. Mentored Fellowship: make sure a mentor/sponsor is entered
   2. Department PI dept defaults

   Data/Reporting Integrity

   3.a. ALL "Named" Dartmouth Personnel must be added here to be imported into the Budget

   Budget Functionality
   Application Compliance

   3.b. Only Non-Dartmouth Key Personnel are added here

   Application Compliance

   4.a. Admin Contact = The routing DRA add your name here

   Notification Functionality

   4.b. The DRA in 4.a. and DRAs in the same
- area should NOT be listed here because:
  - All DRAs have 'department' access to all FPs and AWDs automatically
  - Edit Users will receive emails not meant for them
    - Notification Functionality
    - User Interface Experience
- 4.c. The DRA in 4.a. and DRAs in the same area should NOT be listed here because:
  - All DRAs have 'department' access to all FPs and AWDs automatically

## **Submission Information**

1. Submission type:  Pass-through/Subcontract/Subaward
2. Direct sponsor:  Harvard Medical School
3. Prime sponsor:  National Institutes of Health (NIH)
4. Direct sponsor contact information:  Add
Name There are no items to display
5. CFDA number provided by the direct sponsor:
6. Grant award number provided by the direct sponsor:

## Pass-through

- ☐ **1. Submission Type** *Read-only* 
  - Based on General
     Proposal Information Q5
- ☐ **2. Direct Sponsor** *Read-only* 
  - Based on General Proposal Information - Q5
- ☐ **3. Prime Sponsor** *Read-only* 
  - Based on General Proposal Information - Q5
- 4. Sponsor Contact Info Not
   Required to be Completed
  - Could be a reference
- □ **5. Sponsor CFDA** Not Required to be Completed
  - Could be a reference
- ☐ **6. Sponsor Grant #** Not Required to be Completed
  - Could be a reference

Submission Information  1. Submission type: 2	System-to-System (S2S)
Federal  2. Direct sponsor:  National Cancer Institute (NCI)	<ul> <li>1. Submission Type – Read-only</li> <li>Based on General Proposal Information - Q5</li> </ul>
<ul> <li>3. * Will this application be submitted system-to-system?</li> <li>Yes O No Clear</li> <li>4. Type a package ID, opportunity ID, or CFDA number, and click Find. ②</li> </ul>	<ul> <li>2. Direct Sponsor – Read-only</li> <li>Based on General Proposal Information - Q5</li> </ul>
Package ID:  Opportunity ID (PA or RFA number):  Find Clear Refresh Form Support	☐ <b>3. S2S Question</b> – Response determines follow-on questions
CFDA number:  Competition ID:  Package Id Opp Id Opportunity Title  PKG00037257 PA-EN-R01 G.g. Training and NIH Ext-UAT FOA (R01-Clinical Trial Not Allowed)	<ul> <li>4. When S2S = 'Yes' - Select FOA in Opportunity ID (PA or RFA number):</li> <li>Error if user enters FOA in Package ID (see last page of this guide)</li> </ul>
When Question 3 above is 'No' then the following additional questions appear:  5. Package ID:	☐ 5. When S2S = 'No' − Package ID is Manual entry; leave blank
6. Opportunity ID:	☐ 6. When S2S = 'No' − Opportunity ID is Manual entry for reference
7. Opportunity title:	☐ 7. When S2S = 'No' — Opportunity Title is Manual entry; can use this for FOA web address
8. NIH grant type (if applicable):  9. Add any general submission documents:	<ul> <li>8. When S2S = 'No' – NIH Grant Type</li> <li>Manual selection; not required</li> </ul>
+ Add	☐ 9. When S2S = 'No' – Manual upload

Version

Name

for Sponsor FOA documents only

## **Submission Information**

Submission type: Foundation/Not For Profit

2. Direct sponsor: 🔞

Mellon Foundation

3. Add any general submission documents:



## **Submission Information**

1. Submission type: ②
Industry/For Profit

2. Direct sponsor: ?
Celdara Medical, LLC

3. Add any general submission documents:



## **Submission Information**

1. Submission type: ②
State

2. Direct sponsor: 🔞

Arizona Department of Health Services (AZDHS)

### Other Submissions

- 1. Submission Type Read-only
  - Based on General Proposal Information - Q5
- ☐ **2. Direct Sponsor** *Read-only* 
  - Based on General Proposal Information - Q5
- ☐ 3. Documents
  - Include Sponsor submission instructions/forms only
  - Do not add routing documents (e.g., abstract, justification)

NOTE: there is a BUG when a State Sponsor is chosen – no document upload appears. Will be fixed in a future Huron release.

## **Budget Periods and Key Dates**

1. \* Application submission deadline: ?

**A** 

2. Date response expected from sponsor: ?



3. Date project starts:

8/1/2019

7/5/2019

4. Date project ends:

7/31/2024

5. Project length (years):

5

6. \* Modular budget?



7. Add Period

Remove Period

Update Periods

## Budget periods: ?

Period Number	Name	Duration (Months)	Start Date	End Date
1	Period 1	12	8/1/2019	7/31/2020
2	Period 2	12	8/1/2020	7/31/2021
3	Period 3	12	8/1/2021	7/31/2022
4	Period 4	12	8/1/2022	7/31/2023
5	Period 5	12	8/1/2023	7/31/2024

## **Budget Periods/Dates**

#### Sponsor Deadline

- Date application is due to Sponsor
- S2S = FOA expiration date populates automatically

#### 2. Expected Response Date

Not used, can leave blank

#### ☐ 3. Start Date — Read-only

- Displays date entered on General Proposal Information – Q8
- Budget Module Dates

#### 4. End Date – Read-only

 Autocalculates based on number of budget periods in Q7 below

#### **5. Project Length** − *Read-only*

 Autocalculates based on number of budget periods in Q7 on this view

### 6. Modular Budget

- Defaults to 'No'
- Appears for Federal Sponsors only
- DOES NOT AUTO SELECT CORRECT SF424 BUDGET FORMS
- Application Compliance
- Budget Module Functionality

### ☐ 7. Budget Periods

- Defaults to 5 years
- Determines # of SF424 budget years
- Add/Remove years as needed
  - Please remove empty years!

## **Budget Periods Help Text**

Help

3. Date project starts:

8/1/2019

4. Date project ends:

7/31/2024

5. Project length (years):

5

6. \* Modular budget?

O Yes No Clear

Budget periods: 2

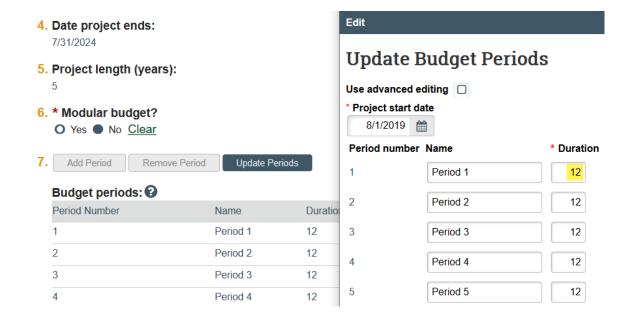
7. Add Period F

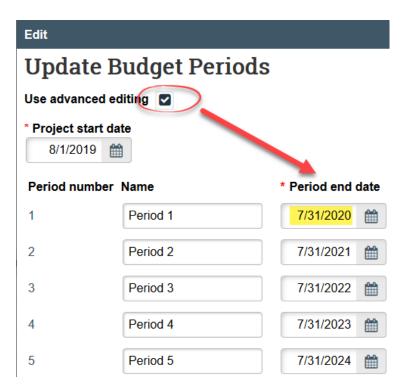
Remove Period Update Period



×

Period Number	Name	Duration (Months)	Start Date	End Date
1	Period 1	12	8/1/2019	7/31/2020
2	Period 2	12	8/1/2020	7/31/2021
3	Period 3	12	8/1/2021	7/31/2022
4	Period 4	12	8/1/2022	7/31/2023
5	Period 5	12	8/1/2023	7/31/2024





## **Updating Budget Periods**

There are two ways to update the duration of budget periods – by duration or exact date.

## **Dartmouth Submission Information**

- \* Who will be submitting this application to the sponsor?
- Office of Sponsored Projects
- O Principal Investigator
  Clear
- \* Is this a multi-PI submission?
- O Yes No Clear

## **Submission Information**

## ☐ 1. Who will be submitting application?

- Choice determines functionality
  - OSP = PI Submission Approval
  - PI = No PI Approval Needed

#### 2. Multi-PI submission

- OSP uses this information during proposal review to make sure applications are compliant
- Application Compliance

## **Compliance Reviews**

1. * Human subjects involved in this project: O Yes ■ No Clear
<ul> <li>a. * Does the proposed research involve human specimens and/or data?</li> <li>Yes O No Clear</li> </ul>
1. * Human subjects involved in this project:  Yes O No Clear
<ul><li>a. * Is this a Clinical Trial with patient care services?</li><li>O Yes O No Clear</li></ul>
<ul> <li>b. * Is the Human Subjects research conducted at Dartmouth?</li> <li>O Yes O No Clear</li> </ul>
C. * IRB review status of this research:  O Approved
O Pending
O Exempt
Clear
d. Type any additional information that might be useful for this review:

## **Human Subjects**

### ☐ 1. Human Subjects Involved?

- Choice determines follow on Qs
- Application Compliance
- Institutional Compliance
- Integration with IRB

#### ☐ 1. = No Human Subjects

- 1.a. Specimens/Data question required
  - Yes = Upload NIH-required document in the SF424

#### ☐ 1. = Yes Human Subjects

- 1.a. Clinical Trial question required
- 1.b. Research at Dartmouth required
- 1.c. IRB Review Status required
  - Responses determine follow on questions
  - See next page for details
- 1.d Useful information please add any details that will assist OSP in their review of the application

c.	* IRB review status of this  Approved Pending Exempt Clear	research:			
d.	CPHS Protocol Number: STUDY00010091				
e.	IRB Approval Date: 3/21/2019				
f.	Additional CPHS Protocol	Numbers:			
	Protocol Number	Study Name		Study Status	
	STUDY00010093	Genes, Hormor	nes and Environment in an Ovarian Cancer Model	Approved	
g.	g. Type any additional information that might be useful for this review:				
c.	* IRB review status of th	is research:			
	O Approved				
	Pending				
	O Exempt				
	Clear				
d.	Type any additional infor	rmation that mig	tht be useful for this review:		

## Human Subjects = Yes Continued

### ☐ 1.c. = Approved Protocol

- 1.d. CPHS Protocol Number
  - Select STUDY from IRB Protocol list/search
- 1.e IRB Approval Date
  - Automatically populates when Protocol chosen
  - Maps to the SF424
- 1.f. Additional Protocols
  - Ability to add additional Protocols when applicable
- 1.g. Useful information
  - Please add any clarifying information that would be helpful to OSP during review

## ☐ 1.c. = Pending Protocol

- Maps to SF424
- 1.d. Useful information
  - Please add any clarifying information that would be helpful to OSP during review

c.	* IR	B review status of this research:
	0	Approved
	0	Pending
		Exempt
		Clear
d.	lf NI	IH-funded, select the appropriate IRB exemption codes:
		E1
		E2
		E3
		E4
		E5
		E6
		E7
		E8
e.	Тур	e any additional information that might be useful for this review:
		Li.

## Human Subjects = Yes Continued

### ☐ 1.c. = Exempt Status

- 1.d. SF424 IRB exemption codes
  - NIH requires selection of Exemption code(s)
- Maps to SF424
- 1.e. Useful information
  - Review additional information for application compliance

2. * Is this a multi-site study that will use the same protocol to conduct non-exempt  • Yes • No Clear human subjects research at more than one domestic site?
<ul> <li>a. What institution will serve as the IRB of record for this study?</li> <li>Dartmouth CPHS</li> <li>External IRB</li> </ul>
Clear
<ul> <li>* Has confirmation of this been obtained from Dartmouth CPHS?</li> <li>O Yes ■ No Clear</li> </ul>
<ul><li>a. What institution will serve as the IRB of record for this study?</li><li>O Dartmouth CPHS</li></ul>
External IRB     Clear
* External IRB of Record:  Harvard University •••

## Single IRB

## ☐ 2. = Multi Site Single Protocol

- Application Compliance
- Institutional Compliance
- Yes = follow on questions

#### 2.a. IRB of Record

- Dartmouth CPHS
  - Confirmation question required
- External IRB
  - External organization selection required

<ul> <li>Laboratory animals involved in this project:</li> <li>Yes O No Clear</li> </ul>	
<ul> <li>a. * Is the vertebrate animal research being conducted at Dartmouth?</li> <li>Yes O No <u>Clear</u></li> </ul>	
<ul><li>b. * IACUC review status of this research:</li><li>Approved</li></ul>	
O Pending Clear	
c. * IACUC approval date:	
7/1/2018	
d. * Primary IACUC protocol number:	
Protocol#	
Additional IACUC protocol numbers:	
* 2Protocol#	
<b>★</b> Add	
* Laboratory animals involved in this project:  • Yes • No <u>Clear</u>	
<ul> <li>a. * Is the vertebrate animal research being conducted at Dartmouth</li> <li>Yes O No <u>Clear</u></li> </ul>	?
<ul><li>b. * IACUC review status of this research:</li><li>O Approved</li></ul>	
<ul><li>Pending</li><li>Clear</li></ul>	

3.

## Vertebrate Animal

#### ☐ 3. Animal Research

- Application Compliance
- Institutional Compliance
- Yes = follow on questions

#### ☐ 3.a. Dartmouth Location

• Yes = protocol status questions required

#### ☐ 3.b. IACUC Review Status

- Approved following protocol questions appear and are required
- Pending no additional questions

## ☐ 3.c. IACUC Approval Date

- Manually entered
- Maps to the SF424

## ☐ 3.d. Primary IACUC Protocol Number

 Additional protocol numbers can be added

4. * Human er  ■ Yes ○ N	nbryonic stem cells involved in lo <u>Clear</u>	this project: 🚱			
·		ne, one from the registry will be used:			
Yes O N	nbryonic stem cells involved in o <u>Clear</u>	ruiis project.			
a. Specific	stem cell cannot be referenced at this ti	me, one from the registry will be used:			
<b>b.</b> Embryon	nic stem cell lines:				
	***				
Cell Lin	Cell Line Registration #				
There a	re no items to display				
	Filter by Cell Line	Go Clear			
	Deselect All				
		.25 of 410 ▶ ▶			
▲ Cell Line Registra					
	□ BG01				
	☐ BG02				
	□ BG03				
	□ BG04				
	☐ BJNhem19	0083			

## HeSCs Research

- ☐ 4. HeSCs Research
  - Application Compliance
  - Institutional Compliance
  - Yes = follow on questions
- ☐ 4.a. Specific stem cells TBD
  - Maps to the SF424
- ☐ 4.b. Specific Stem Cell Line Selection
  - Maps to the SF424

. * Biological Safety/Recombinant DNA:						
	Yes O No Clear					
* (	* Check all that apply:					
	Recombinant DNA					
	Human blood, body fluids, cell lines, unfixed tissues					
	Human pathogens (BSL 2 or above)					
	* Does the proposal involve "Select Agents"?  O Yes O No Clear					
. * (	Chemical Safety/Hazardous Materials:					
	Yes O No Clear					
* Check all that apply:						
	Chemicals classified as "extremely toxic" or "super toxic" (LD50 < 5mg/kg by any route of entry)					
	Extremely toxic or corrosive compressed gas (LC50 <= 5000 ppm or inhalation hazards)					
	Explosive, temperature or shock-sensitive materials					
	Other unstable materials that may undergo chemical or physical changes during use or extreme p					
	Carcinogenic chemicals listed or defined by the National Toxicity Program or the International Age					
	Mutagenic or teratogenic chemicals either known or suspected					
	"Select Agent" toxins					
'. <b>*</b> F	Radiation (ionizing and non-ionizing) and Imaging Equipment (MRI, NMR, etc)					
	Yes O No Clear					
* (	Check all equipment that apply:					
	lonizing radiation					
	Non-ionizing radiation					
	Class IIIb or IV lasers					
	Imaging equipment (MRI, NMR, etc)					

## Environmental Health & Safety (EHS)

### 5. Biological Safety/Recombinant DNA

- Application Compliance
- Institutional Compliance
- Data/Reporting
- Yes = follow on questions required
- No change from RX

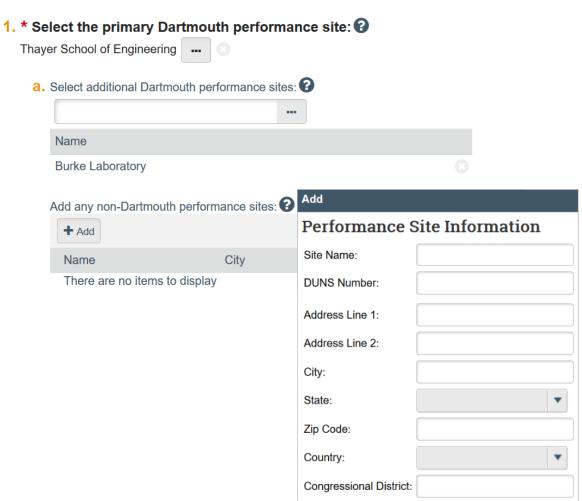
## 6. Chemical Safety/Hazardous Materials

- Application Compliance
- Institutional Compliance
- Data/Reporting
- Yes = follow on questions required
- No change from RX

### ☐ 7. Radiation/Imaging Equipment

- Application Compliance
- Institutional Compliance
- Data/Reporting
- Yes = follow on questions required
- No change from RX

## Additional Proposal Information



## Performance Site

#### 1. Primary Dartmouth Performance Site

- Application Compliance
- Institutional Compliance
- Data/Reporting
- Maps to Primary Performance Site in SF424

#### 1.a. Additional Dartmouth Performance Sites

- Application Compliance
- Institutional Compliance
- Data/Reporting
- Maps to Additional Performance Sites in SF424

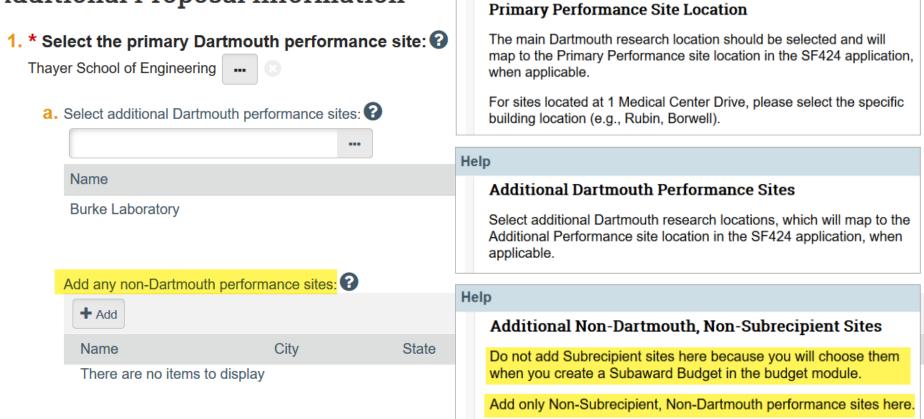
## ☐ 1.a. Non-Dartmouth, Non-Subrecipient Performance Sites

- Application Compliance
- Institutional Compliance
- Data/Reporting
- Maps to Additional Performance Sites in SF424

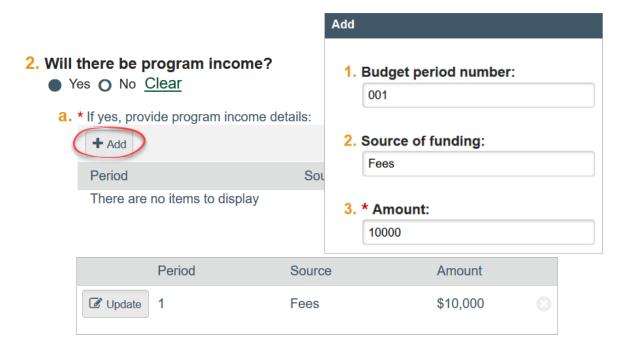
NOTE: Do not add subrecipient sites to this question or the sub location will appear twice in the SF424 Performance Site form.

Next page displays the Help Text for each of these questions

## **Additional Proposal Information**



Help



## 3. \* Select resources required for this proposal:

- No additional resources are required for this project
- ☐ Computing/IT Resources (e.g., servers, storage over 5TB, new software tools, etc.)
- ☐ Fabricated and/or Capital Equipment
- Additional Space
- Renovations
- Other Additional Resources
- a. \* Details:

When Other Additional Resources is selected, a required text box appears

# Program Income & Institutional Resources

#### 2. Program Income

- Application Compliance
- Institutional Compliance
- Maps to Program Income question in SF424

#### 3. Additional Dartmouth Resources

- Institutional Compliance
- Required for Reviewer Approval
- Select all that apply
- When "Other" is selected, a required text box appears (and appears in Reviewer view)

NOTE: Check boxes when the project requirements require MORE resources than the PI or department already has to conduct the research

## **Submission Information**

1.	Submission type: ? Federal						
2.	Direct sponsor:  National Institutes of Health (NIH)		This is the error that is displayed if a user enters the FOA in the first				
3.				box, which is for the Package ID			
4.	Type a package ID, opportunity ID, or	pe a package ID, opportunity ID, or CFDA number, and click Find.					
	Package ID:	pa-en-r01	Find CI	ear Refresh Form Support			
	Opportunity ID (PA or RFA number):						
	CFDA number:						
	Competition ID:						
	Web Service EXCEPTION: Failed to validate re	equest. cvc-pattern-valid: Val	ue 'PA-EN-R01' is	not facet-valid with respect to pattern 'PKG[0-9]{8}' for type 'PackageIDType'			