

General Proposal Information

1. Type of application:

New

a. Is this award being transferred from another institution?

☐ Yes ☒ No [Clear](#)

2. * Short title of proposal:

Nickname Keep it Short for Workspace

3. * Long title of proposal:

This is the project title of the application and will map to the SF424.

4. * Program director / Principal investigator / Project lead / Fellow:

Test PINine

5. * Select the direct sponsor:

Harvard Medical School

a. If the direct sponsor is not listed, type their name here:

b. If this will be a flow-through, select prime sponsor:

National Institutes of Health (NIH)

6. Instrument type:

- ☒ Grant
☐ Contract
☐ Cooperative Agreement
☐ Subaward

[Clear](#)

7. * Primary purpose of this project: ?

- ☒ Research
☐ Fellowship
☐ Clinical Trial
☐ Instruction
☐ Equipment
☐ Financial Aid
☐ Other Sponsored Programs

[Clear](#)

8. * Expected start date:

4/1/2020



Proposal Information

☐ **1. Type of Application** – automatically completed upon FP creation

- Data/Reporting Integrity
- RAPPORT Functionality

☐ 1.a. When the FP is a Transfer Application, 1.a. should be 'Yes'

- Data/Reporting Integrity

☐ **2. Short Title** needs to be short or workspace extends off user screen

- Workspace Functionality
- User Interface Experience

☐ **3. Long Title** = Scientific/Project Title –

- Application Compliance
- Maps to the SF424

☐ **4. PD/PI** – Check eligibility to be a PI

- Institutional Compliance

☐ **5. Direct Sponsor** – Agency giving money to Dartmouth directly

- Application Compliance
- Data/Reporting Integrity

☐ **5.a.** OSP will add sponsor names that have been added here

☐ **5.b. Prime Sponsor** needs to be added when Dartmouth is a Subrecipient

☐ **6. Instrument type** – Award mechanism

- Data/Reporting Integrity

☐ **7. Primary Purpose - Categories Have Changed** – check carefully and update

- Data/Reporting Integrity (SEFA)
- Training & Fellowships no longer 'Research'
- Refer to Help Text

☐ **8.** Make sure proposed start date is compliant with sponsor guidelines/FOA

- Application Submission
- Budget Module Dates

Personnel

1. Program director / Principal investigator / Project lead / Fellow:

Test PINine

a. If this is a fellowship, select the mentor:

2. * Responsible department / division / institute: ?

Biomedical Thayer

3. Project personnel:

a. Add other institutional key, non-key or other significant contributor personnel: ?

+ Add				
	Last Name	Key / Other Significant	Role	Biosketch
<input type="button" value="Update"/>	Arnold	yes	Co-Investigator	
<input type="button" value="Update"/>	Read	no	Graduate Student	
<input type="button" value="Update"/>	Sjogren	no	Post Doctoral Associate	
<input type="button" value="Update"/>	Thompson	yes	Other (Specify)	

b. Add non-institutional key personnel: ?

+ Add				
	Last Name	Key / Other Significant	Role	Biosketch
<input type="button" value="Update"/>	Bovine	yes	Co-Investigator	

4. Administrative personnel:

a. Administrative contact: ?

Test Resadmin3

b. Select team members that have edit rights: ?

Last Name	First Name
Resadmin3	Test

c. Select team members that have read-only rights: ?

Last Name	First Name
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There are 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

Title

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: ?

Federal

2. Direct sponsor: ?

National Cancer Institute (NCI)

3. * Will this application be submitted system-to-system?

☒ Yes ☐ No [Clear](#)

4. Type a package ID, opportunity ID, or CFDA number, and click Find. ?

Package ID:

Find...

Clear

Refresh Form Support

Opportunity ID (PA or RFA number):

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)

When Question 3 above is 'No' then the following additional questions appear:

5. Package ID:

6. Opportunity ID:

7. Opportunity title:

8. NIH grant type (if applicable):

9. Add any general submission documents:

+ Add

Name

Version

System-to-System (S2S)

- ☐ **1. Submission Type – Read-only**
 - Based on General Proposal Information - Q5
- ☐ **2. Direct Sponsor – Read-only**
 - Based on General Proposal Information - Q5
- ☐ **3. S2S Question – Response determines follow-on questions**
- ☐ **4. When S2S = 'Yes' – Select FOA in Opportunity ID (PA or RFA number):**
 - Error if user enters FOA in Package ID (see last page of this guide)
- ☐ **5. When S2S = 'No' – Package ID is Manual entry; leave blank**
- ☐ **6. When S2S = 'No' – Opportunity ID is Manual entry for reference**
- ☐ **7. When S2S = 'No' – Opportunity Title is Manual entry; can use this for FOA web address**
- ☐ **8. When S2S = 'No' – NIH Grant Type Manual selection; not required**
- ☐ **9. When S2S = 'No' – Manual upload for Sponsor FOA documents only**

Submission Information

1. Submission type: ?

Foundation/Not For Profit

2. Direct sponsor: ?

Mellon Foundation

3. Add any general submission documents:

<div>+ Add</div>	
Name	Version

Submission Information

1. Submission type: ?

Industry/For Profit

2. Direct sponsor: ?

Celdara Medical, LLC

3. Add any general submission documents:

<div>+ Add</div>	
Name	Version

Submission Information

1. Submission type: ?

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: ?

7/5/2019



2. Date response expected from sponsor: ?



3. Date project starts:

8/1/2019

4. Date project ends:

7/31/2024

5. Project length (years):

5

6. * Modular budget?

☐ Yes ☒ No [Clear](#)

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

- ☐ **1. 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

3. Date project starts:

8/1/2019

4. Date project ends:

7/31/2024

5. Project length (years):

5

6. * Modular budget?

☐ Yes ☒ No [Clear](#)

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

Help

Budget periods:

Update Number of Project Years

To adjust the number of project periods, click "Add Period" or "Remove Period" button.

Update Budget Period Duration

To adjust the duration of a budget period, click the "Update Periods" button and change the number of months. Or you can use 'advanced editing' within "Update Periods" to enter specific period end dates.

4. Date project ends:

7/31/2024

5. Project length (years):

5

6. * Modular budget?

☐ Yes ☒ No [Clear](#)

7.

Add Period

Remove Period

Update Periods

Budget periods: ?


Period Number	Name	Duration
1	Period 1	12
2	Period 2	12
3	Period 3	12
4	Period 4	12

Edit

Update Budget Periods

Use advanced editing ☐

* Project start date

8/1/2019 

Period number Name * Duration

1	Period 1	12
2	Period 2	12
3	Period 3	12
4	Period 4	12
5	Period 5	12

Updating Budget Periods


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

Edit

Update Budget Periods






Use advanced editing ☒

* Project start date

8/1/2019 

Period number Name

* Period end date

1	Period 1	7/31/2020 
2	Period 2	7/31/2021 
3	Period 3	7/31/2022 
4	Period 4	7/31/2023 
5	Period 5	7/31/2024 


Dartmouth Submission Information

* Who will be submitting this application to the sponsor?

☒ Office of Sponsored Projects

☐ Principal Investigator

[Clear](#)

* Is this a multi-PI submission? 

☐ 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:

☐ Yes ☒ No [Clear](#)

a. * Does the proposed research involve human specimens and/or data?

☒ Yes ☐ No [Clear](#)

1. * Human subjects involved in this project:

☒ Yes ☐ No [Clear](#)

a. * Is this a Clinical Trial with patient care services?

☐ Yes ☐ No [Clear](#)

b. * Is the Human Subjects research conducted at Dartmouth?

☐ Yes ☐ No [Clear](#)

c. * IRB review status of this research:

☐ Approved

☐ Pending

☐ 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 research:

- ☒ Approved
☐ Pending
☐ Exempt
[Clear](#)

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, Hormones and Environment in an Ovarian Cancer Model	Approved

g. Type any additional information that might be useful for this review:

c. * IRB review status of this research:

- ☐ Approved
☒ Pending
☐ Exempt
[Clear](#)

d. Type any additional information that might 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. * IRB review status of this research:

☐ Approved

☐ Pending

☒ Exempt

[Clear](#)

d. If NIH-funded, select the appropriate IRB exemption codes:

☐ E1

☐ E2

☐ E3

☐ E4

☐ E5

☐ E6

☐ E7

☐ E8

e. Type any additional information that might be useful for this review:

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 human subjects research at more than one domestic site?

☒ Yes ☐ No [Clear](#)

a. What institution will serve as the IRB of record for this study?

☒ Dartmouth CPHS

☐ External IRB

[Clear](#)

* Has confirmation of this been obtained from Dartmouth CPHS?

☐ Yes ☒ No [Clear](#)

a. What institution will serve as the IRB of record for this study?

☐ Dartmouth CPHS

☒ 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

3. * Laboratory animals involved in this project:

☒ Yes ☐ No [Clear](#)

a. * Is the vertebrate animal research being conducted at Dartmouth?

☒ Yes ☐ No [Clear](#)

b. * IACUC review status of this research:

☒ Approved

☐ Pending

[Clear](#)

c. * IACUC approval date:

7/1/2018



d. * Primary IACUC protocol number:

Protocol#

Additional IACUC protocol numbers:

* 2Protocol#



+ Add

3. * Laboratory animals involved in this project:

☒ Yes ☐ No [Clear](#)

a. * Is the vertebrate animal research being conducted at Dartmouth?

☒ Yes ☐ No [Clear](#)

b. * IACUC review status of this research:

☐ Approved

☒ Pending

[Clear](#)

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 embryonic stem cells involved in this project: ?

☒ Yes ☐ No [Clear](#)

a. Specific stem cell cannot be referenced at this time, one from the registry will be used: ☒

4. * Human embryonic stem cells involved in this project: ?

☒ Yes ☐ No [Clear](#)

a. Specific stem cell cannot be referenced at this time, one from the registry will be used: ☐

b. Embryonic stem cell lines:

Cell Line

Registration #

There are no items to display

Filter by

Cell Line



Go

Clear

Deselect All

1-25 of 410

Cell Line

Registration #

☐ 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

5. * Biological Safety/Recombinant DNA:

☒ Yes ☐ 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"?**

☐ Yes ☐ No [Clear](#)

6. * Chemical Safety/Hazardous Materials:

☒ Yes ☐ 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 pressure
- ☐ Carcinogenic chemicals listed or defined by the National Toxicity Program or the International Agency for Research on Cancer
- ☐ Mutagenic or teratogenic chemicals either known or suspected
- ☐ "Select Agent" toxins

7. * Radiation (ionizing and non-ionizing) and Imaging Equipment (MRI, NMR, etc...)

☒ Yes ☐ No [Clear](#)

*** Check all equipment that apply:**

- ☐ Ionizing radiation
- ☐ Non-ionizing radiation
- ☐ Class IIIb or IV lasers
- ☐ Imaging equipment (MRI, NMR, etc)

☐ **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

1. * Select the primary Dartmouth performance site: ?

Thayer School of Engineering ... x

a. Select additional Dartmouth performance sites: ?

Name
Burke Laboratory x

Add any non-Dartmouth performance sites: ?

+ Add

Name	City
There are no items to display	

Add

Performance Site Information

Site Name:

DUNS Number:

Address Line 1:

Address Line 2:

City:

State:

▼

Zip Code:

Country:

▼

Congressional District:

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

1. * Select the primary Dartmouth performance site: ?

Thayer School of Engineering ... x

a. Select additional Dartmouth performance sites: ?

Name

Burke Laboratory

Add any non-Dartmouth performance sites: ?

+ Add

Name

City

State

There are no items to display

Help

Primary Performance Site Location

The main Dartmouth research location should be selected and will map to the Primary Performance site location in the SF424 application, when applicable.

For sites located at 1 Medical Center Drive, please select the specific building location (e.g., Rubin, Borwell).

Help

Additional Dartmouth Performance Sites

Select additional Dartmouth research locations, which will map to the Additional Performance site location in the SF424 application, when applicable.

Help

Additional Non-Dartmouth, Non-Subrecipient Sites

Do not add Subrecipient sites here because you will choose them when you create a Subaward Budget in the budget module.

Add only Non-Subrecipient, Non-Dartmouth performance sites here.

2. Will there be program income?

☒ Yes ☐ No [Clear](#)

a. * If yes, provide program income details:

[+ Add](#)

Period

Source

There are no items to display

Add

1. Budget period number:

2. Source of funding:

3. * Amount:

	Period	Source	Amount	
Update	1	Fees	\$10,000	×

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)

3. * Will this application be submitted system-to-system?

☒ Yes ☐ No [Clear](#)

4. Type a package ID, opportunity ID, or CFDA number, and click Find. ?

Package ID:

pa-en-r01

Find...

Clear

Refresh Form Support

Opportunity ID (PA or RFA number):

CFDA number:

Competition ID:

This is the error that is displayed if a user enters the FOA in the first box, which is for the Package ID

Web Service EXCEPTION: Failed to validate request. cvc-pattern-valid: Value 'PA-EN-R01' is not facet-valid with respect to pattern 'PKG[0-9]{8}' for type 'PackageIDType'.