

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 over-written 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.

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

1. *Type of Submission: Application		Applicant Identifier: _____		Hard Coded
2. Date Submitted: 6/30/2012		State Application Identifier: _____		
3. Date Received by State: _____		b. Agency Routing Number: _____		
4.a. Federal Identifier: AI072661				OSP Entry
5. APPLICANT INFORMATION				Smart Forms
*Legal Name: Trustees of Dartmouth College		*Organizational DUNS: 041027822		
Department: Office of Sponsored Projects		Division: _____		
*Street 1: 11 Rope Ferry Rd.		Street 2: _____		
*City: Hanover County: _____ State: NH: New Hampshire		Province: _____		
*Country: USA: UNITED STATES		Zip/Postal Code: 03755-1404		
Person to be contacted on matters involving this application				Soft Coded
Prefix: _____ *First Name: Jill Middle Name: _____		*Last Name: Mortali Suffix: _____		
*Phone Number: 603-646-3007		Fax Number: 603-646-3670 Email: sponsored.projects@dartmouth.edu		
6. *EMPLOYER IDENTIFICATION (EIN) or (TIN): 1-020222111-A3		7. *TYPE OF APPLICANT: Private Institution of Higher Education		From FOA
8. *TYPE OF APPLICATION: Resubmission		Other (Specify): _____		
If Revision, make appropriate choice: Other (specify): No Revisions in GX		Small Business Organization Type Women Owned: <input type="checkbox"/> Socially and Economically Disadvantaged: <input type="checkbox"/>		
*Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No Clear What other Agencies? _____		9. *NAME OF FEDERAL AGENCY: National Institutes Of Health		
		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93.838		
		TITLE: Lung Diseases Research		
11. *DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Structural Analysis of Vibrio cholerae Virulence Gene Regulatory Proteins				
12. *PROPOSED PROJECT: Start Date: 4/1/2013 End Date: 3/31/2018		13. *CONGRESSIONAL DISTRICTS OF APPLICANT: NH-002		
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION				
Prefix: _____ *First Name: F Middle Name: Jon		*Last Name: Kull Suffix: PhD		
Position/Title: Associate Professor		*Organization: Trustees of Dartmouth College		
Department: Chemistry		Division: Arts & Sciences		
*Street 1: 6128 Burke Laboratory		Street 2: _____		
*City: Hanover County: _____ State: NH: New Hampshire		Province: _____		
*Country: USA: UNITED STATES		Zip/Postal Code: 03755-3564		
*Phone: 603-646-1552		*Email: f.jon.kull@dartmouth.edu		

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING		16. *IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS: Program is not covered by E.O. 12372		Dept Entry
*a. Total Federal Funds Requested: \$2,717,909.00		Date: _____		
*b. Total Non-Federal Funds: \$0.00				
*c. Total Federal & Non-Federal Funds: \$2,717,909.00				
*d. Estimated Program Income: \$0.00				
17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms of an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties under the Code, Title 18, Section 1001)				OSP Approve
<input checked="" type="checkbox"/> *I agree * The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions				
18. SFLL or Other Explanatory Document: [None] Add				Hard Coded
19. Authorized Representative				OSP Entry
Prefix: _____ *First Name: Stephanie Middle Name: _____		*Last Name: Morgan Suffix: _____		
*Position/Title: Grants Officer		*Organization: Trustees of Dartmouth College		
Department: Office of Sponsored Projects		Division: _____		
*Street 1: 11 Rope Ferry Rd #6210		Street 2: _____		
*City: Hanover County: _____ State: NH: New Hampshire		Province: _____		
*Country: USA: UNITED STATES		Zip/Postal Code: 03755-1404		
*Phone Number: 603-646-3007		*Email: stephanie.morgan@dartmouth.edu		
Authorized Representative		Date Signed		
20. Pre-application: [None] Add				OSP Owner

Research & Related Senior/Key Person (with Expanded) Profile

PROFILE - Project Director/Principal Investigator

Prefix: *First Name: Middle Name: *Last Name: Suffix:

Position/Title: Organization:

Department: Division:

*Street 1: Street 2:

*City: County/Parish: State: Province:

*Country: Zip/Postal Code:

*Phone Number: Fax Number: *Email:

Credential, e.g., agency login:

*Project Role: Other Project Role Category:

Degree Type: Degree Year:

*Attach Biographical Sketch: Faculty Biosketch.pdf(0.01)

Attach Current & Pending Support: [None]

PROFILE(S) Senior/Key Person 1-39

Add	Last Name	First Name	Department	Title	Project Role	Project Role Category	
<input type="button" value="Update"/>	Mierke	Dale	Chemistry	Professor	Other (Specify)	Collaborator	<input type="button" value="Delete"/>
<input type="button" value="Update"/>	Pellegrini	Maria	Chemistry	Research Assistant Professor	Other (Specify)	Chemist	<input type="button" value="Delete"/>
<input type="button" value="Update"/>	Skorupski	Karen	Microbiology	Research Associate Professor	Co-Investigator		<input type="button" value="Delete"/>
<input type="button" value="Update"/>	Taylor	Ronald	Microbiology	Professor	Co-Investigator		<input type="button" value="Delete"/>

ADDITIONAL PROFILE(S)

ADDITIONAL SENIOR/KEY PERSON PROFILE(S) [None]

Additional Biographical Sketch(es) [None]

Additional Current and Pending Support(s) [None]

Hard Coded

Smart Forms

Dept Entry

PI Profile

Edt SF424RRKeyPerson_PersonProfileDataType - Windows Internet Explorer

http://davenport.dartmouth.edu/main/CommonAdministration/Choosers/Entity/CustomDataType/DataEntry/Form?postback=1&form=0&qualifiedAttribute=

Edit SF424RRKeyPerson_PersonProfileDataType

RESEARCH & RELATED Senior/Key Person (with Expanded) Profile

PROFILE - Project Director/Principal Investigator

Prefix: *First Name: Middle Name: *Last Name: Suffix:

Position/Title: Organization:

Department: Division:

*Street1: Street2:

*City: County/Parish: State: Province:

*Country: Zip/Postal Code:

*Phone Number: Fax Number: *Email:

Credential, e.g., agency login:

*Project Role: Other Project Role Category:

Degree Type: Degree Year:

*Attach Biographical Sketch: FJK R01 Renewal Resub 07-11 Biosketch Pelligrini.pdf(0.01)

Attach Current & Pending Support: [None]

* Required

Hard Coded

Smart Forms

PI Profile

Research & Related Project/Performance Site Location(s)

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

*Street 1: Street 2:

*City: County:

State: Province: *Country:

Zip/Postal Code: Project/ Performance Site Congressional District:

Project/Performance Site Location(s) 1-29

Organization Name	Street1	City	ZIP Code
There are no items to display			

Additional Locations(s)

Hard Coded

Smart Forms

Dept Entry

RESEARCH & RELATED Other Project Information

1. *Are Human Subjects Involved? Yes No Clear

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No Clear

If yes, check appropriate exemption number:

If no, is the IRB review Pending? Yes No Clear

IRB Approval Date:

Human Subject Assurance Number:

2. *Are Vertebrate Animals Used? Yes No Clear

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No Clear

IACUC Approval Date:

Animal Welfare Assurance Number:

3. *Is proprietary/privileged information included in the application? Yes No Clear

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

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No Clear

4.d. If yes, please explain:

5. *Is the research performance site designated, or eligible to be designated, as a historic place? Yes No Clear

5.a. If yes, please explain:

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

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/ Abstract: FJK R01 Renewal Resub 07-11 Abstract.pdf(0.01)

8. Project Narrative: FJK R01 Renewal Resub 07-11 Project Narrative.pdf(0.01)

9. Bibliography & References Cited: FJK R01 Renewal Resub 07-11 References Cited.pdf(0.01)

10. Facilities & Other Resources: FJK R01 Renewal Resub 07-11 Resources.pdf(0.01)

11. Equipment:

12. Other Attachments:

Name	Description
There are no items to display	

Smart Forms

Hard Coded

PI Routing Certification

PI Routing Certification

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* Organizational DUNS: 041027822
 * Budget Type: Project
 * Name of Organization: Trustees of Dartmouth College
 * Number of Budget Periods: 5
 Start Date: 4/1/2013 End Date: 3/31/2014



Pre.	First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1.	F.	Jon	Kull	PhD	PD/PI	\$			1.5	\$	\$	\$25,082.00
2.	Karen		Skorupski	PhD	Co-Investigator	\$	1.3			\$	\$	\$13,601.00
3.	Ronald	K.	Taylor	PhD	Co-Investigator	\$	1.8			\$	\$	\$40,889.00
4.	Maria		Pellegrini	PhD	Chemist	\$	2.4			\$	\$	\$22,477.00
5.	Dale	F.	Mierke	PhD	Collaborator	\$0.00		0.4		\$0.00	\$0.00	\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00

9. Total Funds requested for all Senior Key Persons in the attached file Total Senior/Key Person: \$102,049.00

Additional Senior Key Persons: [None] Add

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1	Post Doctoral Associates	12			\$52,633.00	\$19,211.00	\$71,844.00
3	Graduate Students	12			\$84,420.00	\$0.00	\$84,420.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
1	Technician	3			\$5,548.00	\$2,025.00	\$7,573.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00

5 Total Number Other Personnel Total Other Personnel: \$163,837.00
 Total Salary, Wages and Fringe Benefits (A+B): \$265,886.00

RESEARCH & RELATED BUDGET - SECTION C, D & E, BUDGET PERIOD 1

* Organizational DUNS: 041027822
 * Budget Type: Project
 * Name of Organization: Trustees of Dartmouth College
 * Number of Budget Periods: 5
 Start Date: 4/1/2013 End Date: 3/31/2014



Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

11. Total Funds Requested for all equipment listed in the attached file Total Equipment: \$0.00

Additional Equipment: [None] Add

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	\$2,000.00
2. Foreign Travel Costs	
Total Travel Costs:	\$2,000.00

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other:	
Total Participant/Trainee Support Costs:	\$0.00

Number of Participants/Trainees

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

* Organizational DUNS: 041027822
 * Budget Type: Project
 * Name of Organization: Trustees of Dartmouth College
 * Number of Budget Periods: 5
 Start Date: 4/1/2013 End Date: 3/31/2014



F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		\$42,000.00
2. Publication Costs		\$3,000.00
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		\$0.00
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. NMR Facility Use		\$7,500.00
9.		
10.		
Total Other Direct Costs:		\$52,500.00

G. Direct Costs	Total Direct Costs (A thru F):	Funds Requested (\$)
		\$320,386.00

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1. Modified Total Direct Costs		58	\$320,386.00	\$185,824.00
2.				
3.				
4.				
Total Indirect Costs:				\$185,824.00

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

I. Total Direct and Indirect Costs	Total Direct and Indirect Costs (G + H):	Funds Requested (\$)
		\$506,210.00

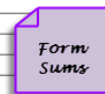
J. Fee	Funds Requested (\$)

K. Budget Justification FJK R01 Renewal Resub 07-11 Budget Justification.pdf(0.01)

IMPORTANT: the budget justification can ONLY be uploaded in the FIRST budget year; all subsequent budget years are display-only

RESEARCH & RELATED BUDGET - Cumulative Budget

Section A, Senior/ Key Person		\$542,393.00
Section B, Other Personnel		\$905,303.00
Total Number Other Personnel	25	
Total Salary, Wages and Fringe Benefits (A+B)		\$1,447,696.00
Section C, Equipment		\$0.00
Section D, Travel		\$10,000.00
1. Domestic	\$10,000.00	
2. Foreign	\$0.00	
Section E, Participant/Trainee Support Costs		\$0.00
1. Tuition/Fees/Health Insurance	\$0.00	
2. Stipends	\$0.00	
3. Travel	\$0.00	
4. Subsistence	\$0.00	
5. Other	\$0.00	
6. Number of Participants/Trainees	0	
Section F, Other Direct Costs		\$262,500.00
1. Materials and Supplies	\$210,000.00	
2. Publication Costs	\$15,000.00	
3. Consultant Costs	\$0.00	
4. ADP/Computer Services	\$0.00	
5. Subawards/Consortium/Contractual Costs	\$0.00	
6. Equipment of Facility Rental/User Fees	\$0.00	
7. Alterations and Renovations	\$0.00	
8. Other 1	\$37,500.00	
9. Other 2	\$0.00	
10. Other 3	\$0.00	
Section G, Direct Costs (A thru F)		\$1,720,196.00
Section H, Indirect Costs		\$997,713.00
Section I, Total Direct and Indirect Costs		\$2,717,909.00
Section J, Fee		\$0.00



PHS 398 Modular Budget, Period 1

*Number Of Budget Periods: <input style="width: 50px;" type="text" value="5"/>			Smart Forms
Budget Period: 1	* Start Date: <input style="width: 50px;" type="text" value="4/1/2013"/>	* End Date: <input style="width: 50px;" type="text" value="3/31/2014"/>	
A. Direct Costs			Dept Entry
* Direct Cost less Consortium F&A:		\$250,000.00	
Consortium F&A:		\$0.00	
Total Direct Costs:		\$250,000.00	
B. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1. <input style="width: 100%;" type="text" value="Modified Total Direct Costs"/>	<input style="width: 30px;" type="text" value="58"/>	<input style="width: 100%;" type="text" value="\$205,319.00"/>	<input style="width: 100%;" type="text" value="\$119,085.00"/>
2. <input style="width: 100%;" type="text"/>			
3. <input style="width: 100%;" type="text"/>			
4. <input style="width: 100%;" type="text"/>			
Cognizant Agency (Agency Name, POC Name and Phone Number): <input style="width: 100%;" type="text" value="Robert I. Aaronson, DHHS, 212-264-2069"/>			
Indirect Cost Rate Agreement Date: <input style="width: 50px;" type="text" value="5/17/2012"/>		Total Indirect Costs: <input style="width: 100%;" type="text" value="\$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		Form Fills
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	Dept Entry
2. Budget Justifications		
Personnel Justification	[None] <input type="button" value="Add"/>	
Consortium Justification	[None] <input type="button" value="Add"/>	
Additional Narrative Justification	[None] <input type="button" value="Add"/>	

PHS 398 Research Plan

Form Fills
Dept Entry
Smart Forms

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. Resubmission

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application FJK R01 Renewal Resub 07-11 Introduction.pdf(0.01) Upload Revision Delete

(for RESUBMISSION or REVISION only)

2. Specific Aims FJK R01 Renewal Resub 07-11 Specific Aims.pdf(0.01) Upload Revision Delete

* 3. Research Strategy FJK R01 Renewal Resub 07-11 Research Strategy.pdf(0.01) Upload Revision Delete

Update Science Attachments

4. Inclusion Enrollment Report [None] Add

5. Progress Report Publication List FJK R01 Renewal Resub 07-11 Progress Report Publication List.pdf(0.01) Upload Revision Delete

Human Subjects Sections

6. Protection of Human Subjects [None] Add

7. Inclusion of Women and Minorities [None] Add

8. Targeted/Planned Enrollment Table [None] Add

9. Inclusion of Children [None] Add

Other Research Plan Sections

10. Vertebrate Animals [None] Add

11. Select Agent Research [None] Add

12. Multiple PD/PI Leadership Plan [None] Add

13. Consortium/Contractual Arrangements [None] Add

14. Letters Of Support FJK_June11_Letter of Support Mierke.pdf(0.01) Upload Revision Delete

15. Resource Sharing Plan(s) [None] Add

16. Appendix

Add

Name	Description
------	-------------

There are no items to display

PHS 398 Checklist - 1 of 2

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 PHS398.

Type of Application: Resubmission

Federal Identifier: A1072661

2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director:

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

If the answer is "Yes" then please answer the following:

Previously reported: Yes No

PHS 398 Checklist - 2 of 2

4. Program Income

* Is program income anticipated during the periods for which the grant support is requested? Yes No

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.

Budget Period	Anticipated Amount (\$)	Source(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



5. * Disclosure Permission 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 official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

Yes No