



The Research
Foundation for

The State University of New York

Downstate Medical Center

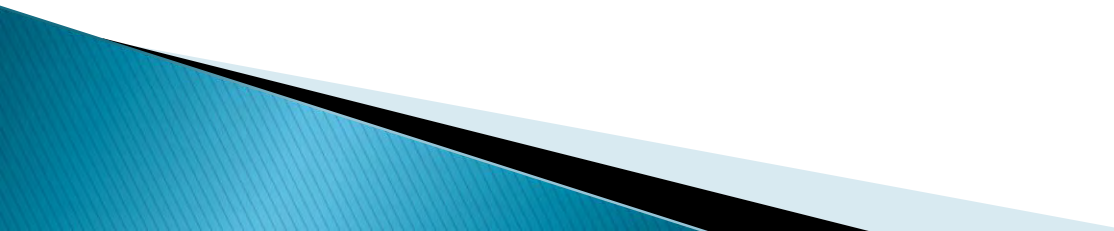
Fundamentals of Research Administration

Office of Research Administration

Sharon Levine-Sealy, Pre-Award Director

Elliot Feder, Post-Award Director

Agenda

- ▶ Determine the 4 W's
 - ▶ The Application – A glimpse into the SF424
 - ▶ Overview of the other types of applications
 - ▶ The Review – what does your Sponsored Project Associate (sPA) look for?
 - ▶ Adhering to Federal and University regulations (as part of proposal preparation)
- 

Gather the Facts

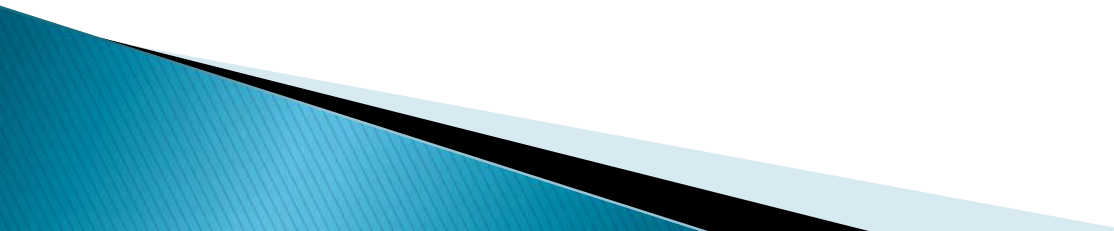
Who, What, When, and Where – Plus 1

- **Who** – is going to be the Principal Investigator?
- **What** – announcement are you responding to?
- **When** is this proposal due?
 - to the sponsor
 - to ORA
- **Where** – is this proposed research going to be conducted?

PLUS 1 – Notify your sPA



Who?

- ▶ Who is the PI?
 - ▶ Will there be Multiple PI's?
 - ▶ Is this a collaborative project?
 - ▶ Are multiple institutions involved?
 - ▶ Consultants?
 - ▶ Postdocs, Graduate Students?
 - ▶ Nurses, Lab Techs?
 - ▶ Who are the Key Personnel?
- 

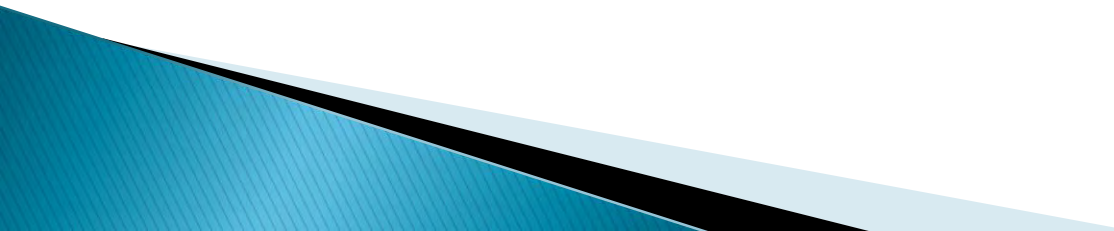
Definition of Key Personnel

The PD/PI and other individuals who contribute to the scientific development or execution of a project in a substantive, measurable way, whether or not they receive salaries or compensation under the grant. Typically these individuals have doctoral or other professional degrees, although individuals at the masters or baccalaureate level may be considered senior/key personnel if their involvement meets this definition. Consultants and those with a postdoctoral role also may be considered senior/key personnel if they meet this definition. Senior/key personnel must devote measurable effort to the project whether or not salaries or compensation are requested. "Zero percent" effort or "as needed" are not acceptable levels of involvement for those designated as Senior/Key Personnel.

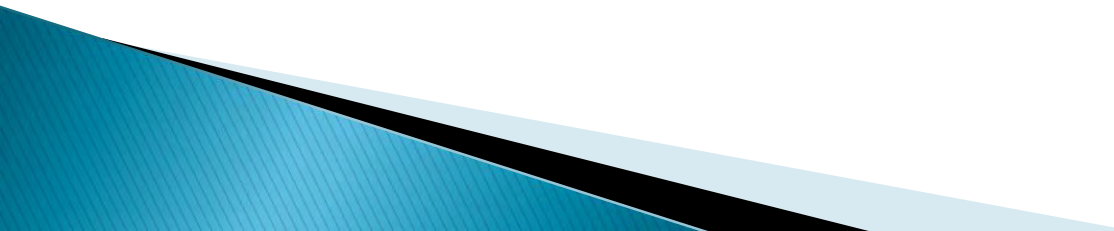
<http://grants.nih.gov/grants/glossary.htm#Senior/KeyPersonnel>



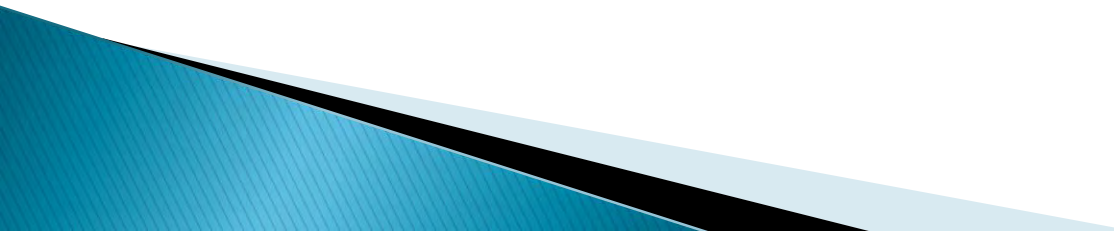
What?

- ▶ What is the scope of work ?
 - ▶ What resources will the PI need in order to meet the scope of work?
 - ▶ What are the sponsor requirements, both in terms of general federal guidelines and expectations outlined in the funding announcement?
 - For example, does the sponsor require cost sharing or matching of funds?
 - ▶ What must the PI commit to?
- 

When?

- ▶ When is the proposal due?
 - ▶ When were the latest forms and sponsor policies published?
 - ▶ When will the research be completed?
 - ▶ When will funding be determined?
- 

Where?

- ▶ Where will the work be performed?
 - ▶ Consortium sites?
 - ▶ Foreign institutions?
 - ▶ Travel for conferences, meetings?
 - Foreign or Domestic
 - Export Control
 - Fly American Act <http://www.gsa.gov/portal/content/103191>
- 

Back at the FOA...let's start !

Ask.com PA-16-160: NIH Research P... x +

grants.nih.gov/grants/guide/pa-files/PA-16-160.html

Most Visited SUNY RF - RF For SUNY Subrecipient Monitor...

Due Dates for E.O. 12372 Not Applicable

Required Application Instructions

It is critical that applicants follow the instructions in the SF424 (R&R) [Application Guide](#), except where instructed to do otherwise (in this FOA or in a Notice from the [NIH Guide for Grants and Contracts](#)). Conformance to all requirements (both in the Application Guide and the FOA) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in [Section IV](#). When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions. **Applications that do not comply with these instructions may be delayed or not accepted for review.**

There are several options to submit your application to the agency through Grants.gov. You can use the ASSIST system to prepare, submit and track your application online. You can download an application package from Grants.gov, complete the forms offline, submit the completed forms to Grants.gov and track your application in eRA Commons. Or, you can use other institutional system-to-system solutions to prepare and submit your application to Grants.gov and track your application in eRA Commons. [Learn more.](#)

[Apply Online Using ASSIST](#) [Apply Using Downloadable Forms](#) ←

Problems accessing or using ASSIST should be directed to the [eRA Service Desk](#).
Problems downloading forms should be directed to [Grants.gov Customer Support](#).

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[Part 2. Full Text of the Announcement](#)

- [Section I. Funding Opportunity Description](#)
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- [Section IV. Application and Submission Information](#)
- [Section V. Application Review Information](#)
- [Section VI. Award Administration Information](#)
- [Section VII. Agency Contacts](#)
- [Section VIII. Other Information](#)

Part 2. Full Text of Announcement

Section I. Funding Opportunity Description

The NIH Research Project Grant supports a discrete, specified, circumscribed project in scientific areas that represent the investigators' specific interests and competencies and that fall within the mission of the participating NIH Institutes and Centers (ICs). The R01 is the original, and historically the oldest, grant mechanism used by the NIH to support health-related research and development.

Research grant applications are assigned to participating ICs based on receipt and referral guidelines and many applications are assigned to multiple participating ICs with related research interests. Applicants are encouraged to identify a participating IC that supports their area of research via the [R01 IC-Specific Scientific Interests and Contact](#) website and contact Scientific/Research staff from relevant ICs to inquire about their interest in supporting the proposed research project.

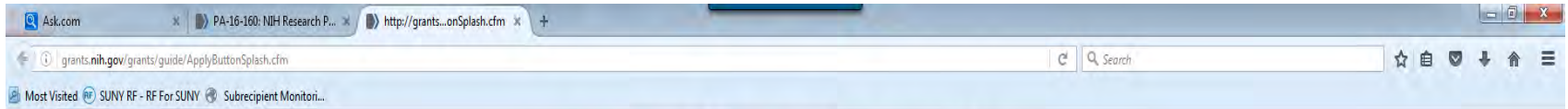
For specific information about the mission of each NIH IC, visit the [List of NIH Institutes, Centers, and Offices](#) website.

Applicants should note that some ICs (please see the [Related Notices](#) section above) do not accept applications proposing a clinical trial through this funding opportunity announcement. If the proposed research project includes an NIH-defined [clinical trial](#) that would be assigned to one of these ICs, applicants are advised to contact relevant [Scientific/Research staff](#) to discuss alternative mechanisms of support of these studies.

See [Section VIII. Other Information](#) for award authorities and regulations.

Section II. Award Information

Continue to follow the links...



Important Note for All Applicants:

Applicants MUST Follow ALL Application Guidance

Conformance to all instructions documented in the following is required and strictly enforced:

- Funding Opportunity Announcement
 - Pay special attention to FOA-specific notices in the Related Notices section and to FOA-specific requirements in section IV
- Policy notices in the [NIH Guide for Grants and Contracts](#)
- [Application guides and supplemental instructions](#)

Registrations in Multiple Federal Systems are Required to Submit

See [Registrations](#) for details.

All registrations must be completed and active to apply. [System for Award Management](#) (SAM) registration must be renewed annually. We urge you to complete all registrations and renewals as soon as possible.

[Proceed to Grants.gov to Download Application](#)

Continue to follow the links...

The screenshot shows the Grants.gov website interface. The main heading is "VIEW GRANT OPPORTUNITY" for "PA-16-160 NIH Research Project Grant (Parent R01)". The page includes tabs for "SYNOPSIS", "VERSION HISTORY", "RELATED DOCUMENTS", and "PACKAGE". A yellow warning box states: "READ BELOW BEFORE YOU APPLY FOR THIS GRANT! Before you can view and complete an application package, you MUST have Adobe Reader installed. Packages are posted in Adobe Reader format. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader. If more than one person is working on the application package, ALL applicants must be using the same software version. Click for more information on Adobe Reader Compatibility." Below this, a table lists the available opportunity packages. A red arrow points to the "Select Package" link in the "Actions" column of the table.

CFDA	Competition ID	Competition Title	Opportunity Package ID	Opening Date	Closing Date	Workspace Compatible	Actions
	FORMS-D	Use for due dates on or after May 25, 2016	PKG0022267	04/17/2016	05/07/2019	Yes	Select Package

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COMMUNITY: [USA.gov](#) [WhiteHouse.gov](#) [USAspending.gov](#) [SBA.gov](#) [CFDA.gov](#) [SAM.gov](#) [DUNS Request](#) [Report Fraud](#)

GRANTS.GOV Applicant Support
1-800-518-4726
support@grants.gov

12:27 PM
8/22/2016

Almost there...

Ask.com PA-16-160: NIH Research P... View Opportunity | GRANT...
www.grants.gov/view-opportunity.html?dpp=1&oppId=282652
Most Visited SUNY RF - RF For SUNY Subrecipient Monitor...

GRANTS.GOV™
FIND. APPLY. SUCCEED.™

HELP | MANAGE SUBSCRIPTIONS | REGISTER | LOGIN

SEARCH: Grant Opportunities Enter Keyword... GO

HOME LEARN GRANTS SEARCH GRANTS APPLICANTS GRANTORS SYSTEM-TO-SYSTEM FORMS OUTREACH SUPPORT

GRANTS.GOV > View Opportunity

VIEW GRANT OPPORTUNITY

PA-16-160
NIH Research Project Grant (Parent R01)
Department of Health and Human Services
National Institutes of Health

« Back | Link

SYNOPSIS VERSION HISTORY RELATED DOCUMENTS PACKAGE

« Back to Packages | Print Package Details ?

You have chosen the following Opportunity Package:

→ Funding Opportunity Number – Title: PA-16-160 – NIH Research Project Grant (Parent R01)
Opportunity Package ID: PKG00222267
CFDA:
Competition ID – Title: FORMS-D – Use for due dates on or after May 25, 2016
Agency: Department of Health and Human Services – National Institutes of Health
Opening Date: Apr 17, 2016
Closing Date: May 07, 2019

⚠ Please review [Applicant FAQs](#) as you prepare and submit your application.

To be notified of any changes to the opportunity package before the closing date, you will need to submit an email address. Your email address will allow us to email you in the event this opportunity package is changed and republished on Grants.gov before its closing date.

→ Email:
Confirm Email:
☐ No, I do not wish to provide my email address

CONNECT WITH US: Blog Twitter YouTube Alerts RSS XML Extract Get Adobe Reader
HEALTH & HUMAN SERVICES: HHS.gov EEOC / No Fear Act Accessibility Privacy Disclaimers Site Map
COMMUNITY: USA.gov WhiteHouse.gov USAspending.gov SBA.gov CFDA.gov SAM.gov DUNS Request Report Fraud

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Download the Application

Ask.com PA-16-160: NIH Research P... View Opportunity | GRANT... X

www.grants.gov/view-opportunity.html?dpp=1&oppId=282652

Most Visited SUNY RF - RF For SUNY Subrecipient Monitor...

GRANTS.GOV™ FIND. APPLY. SUCCEED.™

HOME LEARN GRANTS SEARCH GRANTS APPLICANTS GRANTORS SYSTEM-TO-SYSTEM FORMS OUTREACH SUPPORT

GRANTS.GOV > View Opportunity

VIEW GRANT OPPORTUNITY

PA-16-160
NIH Research Project Grant (Parent R01)
Department of Health and Human Services
National Institutes of Health

« Back | Link

SYNOPSIS VERSION HISTORY RELATED DOCUMENTS PACKAGE

« Back to Packages | Print Package Details ?

You have chosen the following Opportunity Package:

Funding Opportunity Number – Title: PA-16-160 – NIH Research Project Grant (Parent R01)
Opportunity Package ID: PKG0022267
CFDA:
Competition ID – Title: FORMS-D – Use for due dates on or after May 25, 2016
Agency: Department of Health and Human Services – National Institutes of Health
Opening Date: Apr 17, 2016
Closing Date: May 07, 2019

Since you did not subscribe, you will not be notified of any future changes to this Opportunity Package. If you would like to receive notifications please click here.

Please review [Applicant FAQs](#) as you prepare and submit your application.

Option 1: Download Instructions and Package

Download Instructions and Package by clicking the appropriate button below. Instructions will open directly in your browser and can be saved to your computer. Packages must be saved directly to your computer. You do not need Internet access to read the Instructions or the Package once you save them to your computer.

Download Instructions »

Download Package »

Option 2: Create a Grants.gov Workspace

Login to create a Workspace, where your organization's applicants can download, complete, and upload individual forms of an opportunity package.

[Learn more about Workspaces »](#)

Login for Workspace Features »

CONNECT WITH US: Blog Twitter YouTube Alerts RSS XML Extract Get Adobe Reader

HEALTH & HUMAN SERVICES: HHS.gov EEOC / No Fear Act Accessibility Privacy Disclaimers Site Map

COMMUNITY: USA.gov WhiteHouse.gov USAspending.gov SBA.gov CFDA.gov SAM.gov DUNS Request Report Fraud

GRANTS.GOV Applicant Support
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support@grants.gov

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The Application...

appPA-16-160-cidFORMS-D.pdf - Adobe Acrobat Pro

File Edit View Document Comments Forms Tools Advanced Window Help

Create Combine Collaborate Secure Sign Forms Multimedia Comment

1 / 9 198% Find

 **Grant Application Package** Print Cancel

Opportunity Title:	NIH Research Project Grant (Parent R01)	←
Offering Agency:	National Institutes of Health	←
CFDA Number:		
CFDA Description:		
Opportunity Number:	PA-16-160	←
Competition ID:	FORMS-D	←
Opportunity Open Date:	04/17/2016	←
Opportunity Close Date:	05/07/2019	
Agency Contact:	eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/	

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

Windows Taskbar: 12:41 PM 8/22/2016


... Cover page

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**GRANTS.GOV**

Grant Application Package

Print Cancel

Opportunity Title:

NIH Research Project Grant (Parent R01)

Offering Agency:

National Institutes of Health

CFDA Number:

CFDA Description:

Opportunity Number:

PA-16-160

Competition ID:

PCFMS-D

Opportunity Open Date:

04/17/2016

Opportunity Close Date:

08/07/2016

Agency Contact:

ERA Service Desk Monday to Friday 7 am to 6 pm ET
<http://grants.nih.gov/support/>

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

Select Forms to Complete

Save Save & Submit Check Package for Errors

Mandatory

[SF424 \(R & R\)](#)

[PHS 398 Cover Page Supplement](#)

[Research And Related Other Project Information](#)

[Project/Performance Site Location\(s\)](#)

[Research and Related Senior/Key Person Profile \(Expanded\)](#)

[PHS 398 Research Plan](#)

Optional

☐ [Research & Related Budget](#)

☐ [R & R Subaward Budget Attachment\(s\) Form 5 YR 30 ATT](#)

☐ [PHS 398 Modular Budget](#)

☐ [PHS 398 Inclusion Enrollment Report](#)

☐ [PHS Assignment Request Form](#)

Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.



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8/22/2016

General information, page 1

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View Burden Statement

OMB Number: 4040-0001
Expiration Date: 6/30/2016

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

3. DATE RECEIVED BY STATE State Application Identifier

1. TYPE OF SUBMISSION
☒ Pre-application ☐ Application ☐ Changed/Corrected Application

2. DATE SUBMITTED Applicant Identifier

4. a. Federal Identifier
b. Agency Routing Identifier
c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION
Organizational DUNS:

Legal Name:
Department: Division:
Street:
Street2:
City: County / Parish: Province:
State: ZIP / Postal Code:
Country: USA: UNITED STATES

Person to be contacted on matters involving this application:
Prefix: First Name: Middle Name: Last Name: Suffix:
Position/Title:
Street:
Street2:
City: County / Parish: Province:
State: ZIP / Postal Code:
Country: USA: UNITED STATES
Phone Number: Fax Number: Email:

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. TYPE OF APPLICANT: Please select one of the following
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision
If Revision, mark appropriate box(es):
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

Is this application being submitted to other agencies? ☒ Yes ☐ No What other Agencies?

9. NAME OF FEDERAL AGENCY: National Institutes of Health
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT: Start Date Ending Date
13. CONGRESSIONAL DISTRICT OF APPLICANT:

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8/22/2016

General Information, page 2

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SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE Page 2

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: [] First Name: [] Middle Name: []
Last Name: [] Suffix: []
Position/Title: []
Organization Name: []
Department: [] Division: []
Street1: []
Street2: []
City: [] County / Parish: []
State: [] Province: []
Country: [] USA: UNITED STATES ZIP / Postal Code: []
Phone Number: [] Fax Number: []
Email: []

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested []
b. Total Non-Federal Funds []
c. Total Federal & Non-Federal Funds []
d. Estimated Program Income []

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: []
b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR ☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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 if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☐ 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. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

Add Attachment [] Delete Attachment [] View Attachment []

19. Authorized Representative

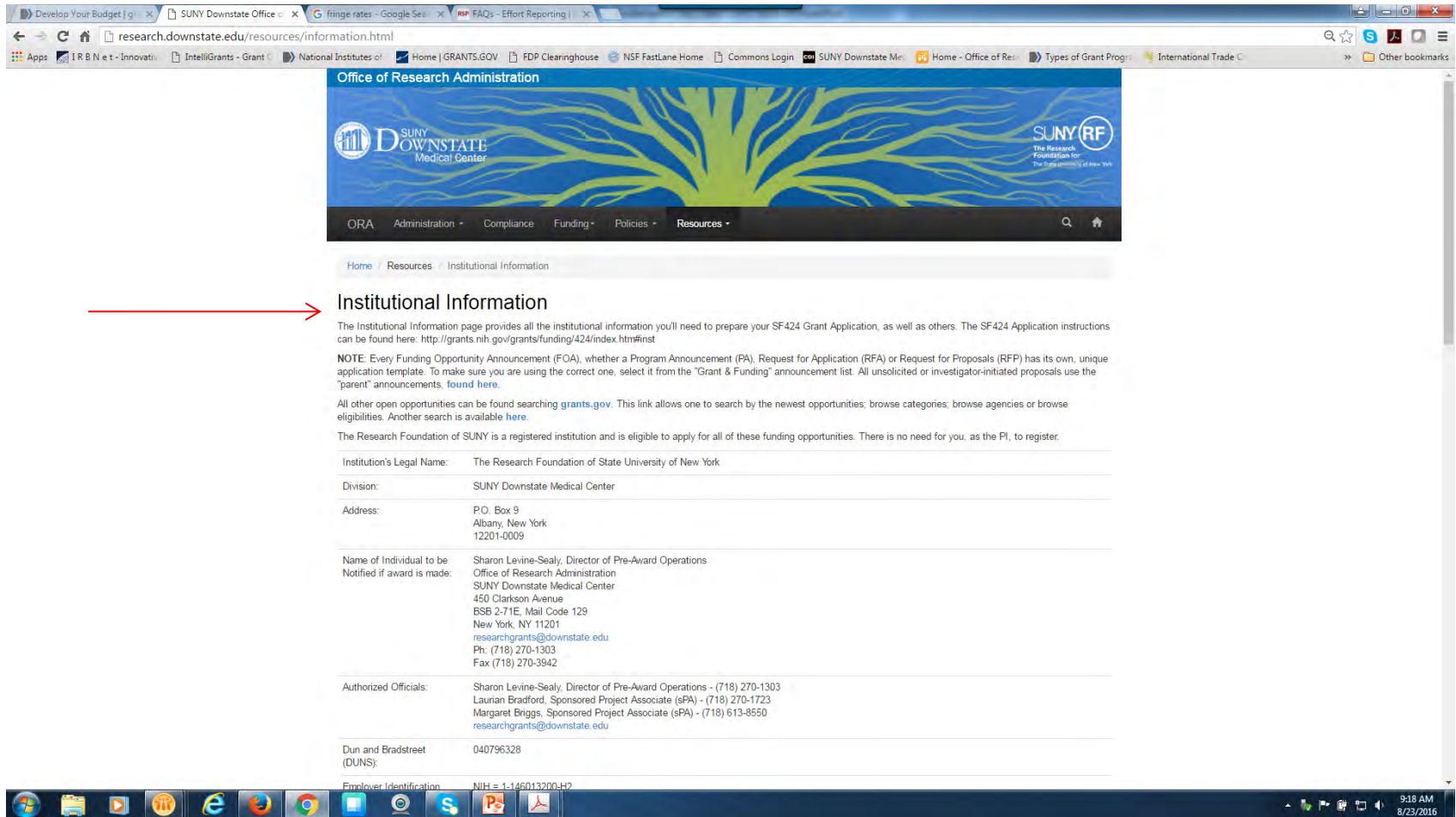
Prefix: [] First Name: [] Middle Name: []
Last Name: [] Suffix: []
Position/Title: []
Organization: []
Department: [] Division: []
Street1: []
Street2: []
City: [] County / Parish: []
State: [] Province: []
Country: [] USA: UNITED STATES ZIP / Postal Code: []
Phone Number: [] Fax Number: []
Email: []

Signature of Authorized Representative [] Date Signed []

Completed on submission to Grants.gov [] Completed on submission to Grants.gov []

1:04 PM 8/22/2016

Where to find grant information?



The screenshot shows a web browser window with the URL research.downstate.edu/resources/information.html. The page is titled "Office of Research Administration" and features a blue header with a green tree graphic. A red arrow points to the "Institutional Information" link in the breadcrumb trail. The main content area provides details about the institution's legal name, division, address, and authorized officials.

Institutional Information

The Institutional Information page provides all the institutional information you'll need to prepare your SF424 Grant Application, as well as others. The SF424 Application instructions can be found here: <http://grants.nih.gov/grants/funding/424/index.htm#inst>

NOTE: Every Funding Opportunity Announcement (FOA), whether a Program Announcement (PA), Request for Application (RFA) or Request for Proposals (RFP) has its own, unique application template. To make sure you are using the correct one, select it from the "Grant & Funding" announcement list. All unsolicited or investigator-initiated proposals use the "parent" announcements, [found here](#).

All other open opportunities can be found searching [grants.gov](#). This link allows one to search by the newest opportunities; browse categories; browse agencies or browse eligibilities. Another search is available [here](#).

The Research Foundation of SUNY is a registered institution and is eligible to apply for all of these funding opportunities. There is no need for you, as the PI, to register.

Institution's Legal Name:	The Research Foundation of State University of New York
Division:	SUNY Downstate Medical Center
Address:	P.O. Box 9 Albany, New York 12201-0009
Name of Individual to be Notified if award is made:	Sharon Levine-Sealy, Director of Pre-Award Operations Office of Research Administration SUNY Downstate Medical Center 450 Clarkson Avenue BSB 2-71E, Mail Code 129 New York, NY 11201 researchgrants@downstate.edu Ph: (718) 270-1303 Fax: (718) 270-3942
Authorized Officials:	Sharon Levine-Sealy, Director of Pre-Award Operations - (718) 270-1303 Laorian Bradford, Sponsored Project Associate (sPA) - (718) 270-1723 Margaret Briggs, Sponsored Project Associate (sPA) - (718) 613-8550 researchgrants@downstate.edu
Dun and Bradstreet (DUNS):	040796328
Employer Identification:	NIH = 1-146013200-H7

<http://research.downstate.edu/resources/information.html>

Cover Page Supplement

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PHS 398 Cover Page Supplement OMB Number: 0925-0001
Expiration Date: 10/31/2016

[View Burden Statement](#)

1. Human Subjects Section

Clinical Trial? ☐ Yes ☐ No

*Agency-Defined Phase III Clinical Trial? ☐ Yes ☐ No

2. Vertebrate Animals Section

Are vertebrate animals euthanized? ☐ Yes ☐ No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines? ☐ Yes ☐ No

If "No" to AVMA guidelines, describe method and provide scientific justification

3. Program Income Section

*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)

4. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells? ☐ Yes ☐ No

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/research/registry/>. 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:

☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s) (Example: 0004):

Cover Page Supplement (cont.)

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PHS 398 Cover Page Supplement

5. Inventions and Patents Section (RENEWAL) ←

*Inventions and Patents: Yes ☐ No ☐

If "Yes" then answer the following:

*Previously Reported: Yes ☐ No ☐

6. Change of Investigator / Change of Institution Section ←

☐ Change of Project Director / Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

☐ Change of Grantee Institution

*Name of former institution:

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Other Project Information

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Find

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

1. Are Human Subjects Involved? ☒ Yes ☐ No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? ☐ Yes ☐ No

If yes, check appropriate exemption number. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

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

IRB Approval Date:

Human Subject Assurance Number:

2. Are Vertebrate Animals Used? ☒ Yes ☐ No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date:

Animal Welfare Assurance Number:

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

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? ☐ Yes ☐ No

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

4.d. If yes, please explain:

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

5.a. If yes, please explain:

6. Does this project involve activities outside of the United States or partnerships with international collaborators? ☐ Yes ☐ No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments ☐

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8/22/2016

Performance site locations

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7 / 9 80% Find

View Burden Statement

OMB Number: 4040-0010
Expiration Date: 9/30/2016

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.

Project/Performance Site Primary Location

Organization Name: [Redacted]

DUNS Number: [Redacted]

* Street1: [Redacted]

Street2: [Redacted]

* City: [Redacted] County: [Redacted]

* State: [Redacted]

Province: [Redacted]

* Country: USA: UNITED STATES

* ZIP / Postal Code: [Redacted] * Project/Performance Site Congressional District: [Redacted]

Project/Performance Site Location 1

☐ 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: [Redacted]

DUNS Number: [Redacted]

* Street1: [Redacted]

Street2: [Redacted]

* City: [Redacted] County: [Redacted]

* State: [Redacted]

Province: [Redacted]

* Country: USA: UNITED STATES

* ZIP / Postal Code: [Redacted] * Project/Performance Site Congressional District: [Redacted]

Clear Entry Next Site

Additional Location(s) [Redacted] Add Attachment Remove Attachment View Attachment

1:28 PM 8/22/2016

Senior/Key Person Profile

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Find

OMB Number: 4040-0001
Expiration Date: 6/30/2016

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title: Department:
Organization Name: Division:
* Street1:
Street2:
* City: County/ Parish:
* State: Province:
* Country: USA: UNITED STATES * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:
Credential, e.g., agency login:
* Project Role: Other Project Role Category:
Degree Type:
Degree Year:
* Attach Biographical Sketch Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

PROFILE - Senior/Key Person 1

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
Position/Title: Department:
Organization Name: Division:
* Street1:
Street2:
* City: County/ Parish:
* State: Province:
* Country: USA: UNITED STATES * Zip / Postal Code:
* Phone Number: Fax Number:
* E-Mail:
Credential, e.g., agency login:
* Project Role: Other Project Role Category:
Degree Type:
Degree Year:
Attach Biographical Sketch Add Attachment Delete Attachment View Attachment
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment

Choose Entry

Next Person

To ensure proper performance of this form, after adding 20 additional Senior/Key Persons, please save your application, close the Adobe

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8/22/2016

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Research Plan

appPA-16-160-cidFORMS-D.pdf - Adobe Acrobat Pro

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9 / 9 80% Find

[View Burden Statement](#)

PHS 398 Research Plan OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction

1. Introduction to Application (Resubmission and Revision) [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Research Plan Section

2. Specific Aims [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

3. *Research Strategy [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

4. Progress Report Publication List [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Human Subjects Section

5. Protection of Human Subjects [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

6. Data Safety Monitoring Plan [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

7. Inclusion of Women and Minorities [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

8. Inclusion of Children [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Other Research Plan Section

9. Vertebrate Animals [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

10. Select Agent Research [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

11. Multiple PD/PI Leadership Plan [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

12. Consortium/Contractual Arrangements [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

13. Letters of Support [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

14. Resource Sharing Plan(s) [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

15. Authentication of Key Biological and/or Chemical Resources [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Appendix

16. Appendix [Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Authentication of Key Biological and/or Chemical Resources
• Add Attachment:
Attach PDF formatted file. See funding opportunity announcement and agency-specific instructions for additional guidance.

1:37 PM
8/22/2016

The end

...

Just kidding!

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1 / 9 80% Find

GRANTS.GOV **Grant Application Package** [Print](#) [Cancel](#)

Opportunity Title: NIM Research Project Grant (Parent R01)

Offering Agency: National Institutes of Health

CFDA Number:

CFDA Description:

Opportunity Number: PA-16-160

Competition ID: PCEMS-D

Opportunity Open Date: 04/17/2016

Opportunity Close Date: 08/07/2016

Agency Contact: eRA Service Desk Monday to Friday 7 am to 6 pm ET <http://grants.nih.gov/support/>

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

Select Forms to Complete

Mandatory [Save](#) [Save & Submit](#) [Check Package for Errors](#)

[SF424 \(R & R\)](#)

[PHS 398 Cover Page Supplement](#)

[Research And Related Other Project Information](#)

[Project/Performance Site Location\(s\)](#)

[Research and Related Senior/Key Person Profile \(Expanded\)](#)

[PHS 398 Research Plan](#)

Optional

☐ [Research & Related Budget](#) ←

☐ [R & R Subaward Budget Attachment\(s\) Form 5 YR 30 ATT](#)

☐ [PHS 398 Modular Budget](#)

☐ [PHS 398 Inclusion Enrollment Report](#)

☐ [PHS Assignment Request Form](#)

Instructions

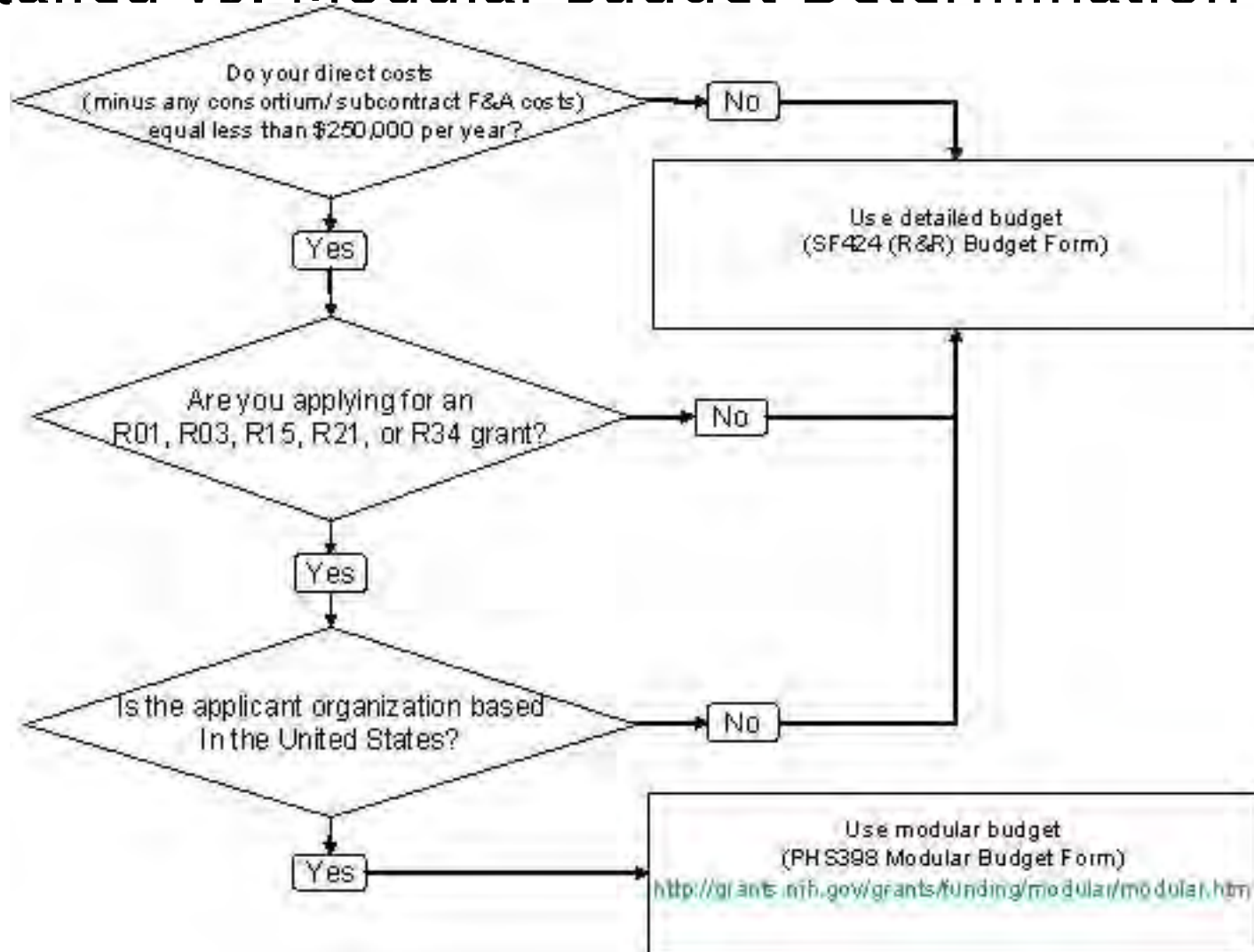
[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

12:46 PM 8/22/2016

Detailed vs. Modular Budget Determination



Internal Budget Template

Submission-Budget - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Add-Ins Acrobat

A15

DMC Budget Template Fiscal Year is July 1 - June 30

		FY16	FY17	FY18	FY19	FY20	FY21	FY22		YR 1	YR 2	YR 3	YR 4	YR 5
F&A	61.50%	61.50%	61.50%	61.50%	61.50%	61.50%	61.50%	61.50%	# FY16 Months in YR	3	61.50%	61.50%	61.50%	61.50%
Fringe Benefit-RF	44.00%	45.50%	46.50%	47.50%	48.00%	49.00%	49.00%	49.00%	# FY17 Months in YR	9				
Fringe Benefit-State	53.58%	54.61%	56.50%	56.16%	60.41%	60.41%	60.41%	60.41%	must = 12	12				
NIH Salary Cap (base salary in any year many not exceed) =						\$185,100			Annual Salary Increase % =	2%	1.02			
Allowable F&A Rate=	61.50%								Annual Other Costs Increase % =	9%				

Project Period:

SUMMARY BUDGET

Name	State Personnel (State Fringe)	Cal Mo	% Effort	Base Sal	Sal Req	F/B	Total	Year 01	Year 02	Year 03	Year 04	Year 05	Total
Investigator	0.00	0.00%	123,999	0	0	0	0	0	0	0	0	0	0
Investigator	0.00	0.00%	86,600	0	0	0	0	0	0	0	0	0	0
Investigator	0.00	0.00%	171,200	0	0	0	0	0	0	0	0	0	0
Study Coordinator	0.00	0.00%	125,000	0	0	0	0	0	0	0	0	0	0
Lab Technician	0.00	0.00%	50,000	0	0	0	0	0	0	0	0	0	0
Postdoc	0.00	0.00%	56,000	0	0	0	0	0	0	0	0	0	0
TBD	0.00	0.00%	21,000	0	0	0	0	0	0	0	0	0	0
TBD	0.00	0.00%	21,000	0	0	0	0	0	0	0	0	0	0

Name	RF Personnel (RF Fringe)	Cal Mo	% Effort	Base Sal	Sal Req	F/B	Total	Year 01	Year 02	Year 03	Year 04	Year 05	Total
Study Coordinator	0.00	0.00%	53,000	0	0	0	0	0	0	0	0	0	0
Research Nurse	0.00	0.00%	75,000	0	0	0	0	0	0	0	0	0	0
Lab Technician	0.00	0.00%	40,000	0	0	0	0	0	0	0	0	0	0
Postdoc	0.00	0.00%	86,000	0	0	0	0	0	0	0	0	0	0
Graduate Student	0.00	0.00%	30,000	0	0	0	0	0	0	0	0	0	0
Graduate Student	0.00	0.00%	30,000	0	0	0	0	0	0	0	0	0	0
TBD	0.00	0.00%	21,000	0	0	0	0	0	0	0	0	0	0

Total Salary & Fringe

OTPS:	Unit Price	Quantity	How Often	Year 01	Year 02	Year 03	Year 04	Year 05	Total
Patient Care Costs (include Ancillary tests, exclude professional fees)	0	0	0	0	0	0	0	0	0
Subject Travel	0	0	0	0	0	0	0	0	0
Subject Remuneration	0	0	0	0	0	0	0	0	0
Tuition	0	0	0	0	0	0	0	0	0
Equipment	0	0	0	0	0	0	0	0	0
Travel/Meetings	0	0	0	0	0	0	0	0	0
Animals costs	0	0	0	0	0	0	0	0	0
Supplies	0	0	0	0	0	0	0	0	0
Publication Costs	0	0	0	0	0	0	0	0	0
Consultant Services	0	0	0	0	0	0	0	0	0
Subcontracts	0	0	0	0	0	0	0	0	0
Equipment Rental/User Fees	0	0	0	0	0	0	0	0	0
Alterations/Renovations	0	0	0	0	0	0	0	0	0
Other Expenses	0	0	0	0	0	0	0	0	0
Total OTPS	0	0	0	0	0	0	0	0	0

Sheet1 Sheet2 Sheet3

Ready

5:56 PM 8/23/2016

Tips for Preparing Your Budget:

- 1) Only information in yellow highlighted areas should be entered.
- 2) Gray shaded areas are auto-populated; please do NOT touch these cells
- 3) Please do NOT delete any rows or columns
- 4) The Fiscal Year runs from July 1 through June 30
- 5) Enter the Project Period first to determine the number of months in each Fiscal Year
- 6) Depending upon project period, enter the number of months in cell M4 and M5. REMEMBER: This number must equal 12
- 7) Cost share is strongly discouraged and cannot be applied to RF personnel
- 8) The roles of personnel are suggestions only. Please change to fit your project
- 9) The salaries listed in the Base Sal column are examples only and should be revised to match the Institutional Base Salary (IBS) of your project team. If you don't know these numbers, please ask your Sponsored Programs Associate in Pre-Award to provide them
- 10) Professional Fees should be included in the "other" category
- 11) the cost of equipment should be for the actual equipment only. Maintenance fees, installation, S&H costs should be included in the "other" category
- 12) Graduate Students do not take fringe
- 13) MTDC assumes 1 subcontract (remove \$25,000 if no subcontracts); add \$25,000 for each subcontract per institution

The Budget

- ▶ What is considered direct vs indirect?
- ▶ What are fringe benefit rates?
- ▶ What F&A should be used?
- ▶ Is there a budget cap in the FOA?
- ▶ Will the direct costs be \$500,000 or more?
 - Will prior approval be required from NIH?

<http://research.downstate.edu/resources/information.html>

<http://research.downstate.edu/policies-downstate.html>



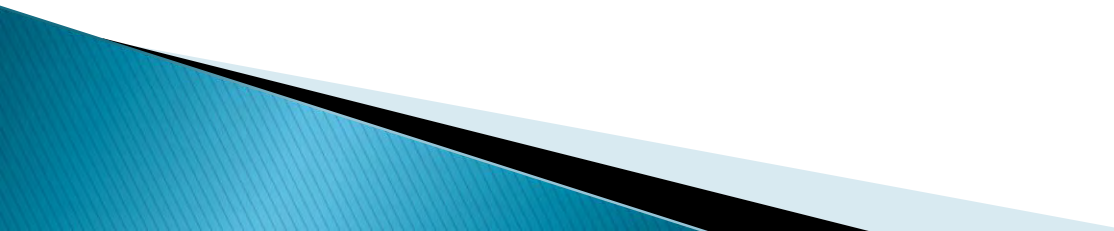
The Budget (cont.)

- ▶ Should identify all costs necessary and reasonable
- ▶ Should define all allowable costs
 - Research Costs vs. Standard of Care
 - Patient Care Costs vs. Subject related Costs
 - Research Personnel vs. Professional Fees
 - Consortium vs. Contractor
 - Research Pharmacy
 - Data Safety Monitoring Board members and travel

<http://research.downstate.edu/resources/information.html>



Budget Items and Preparation

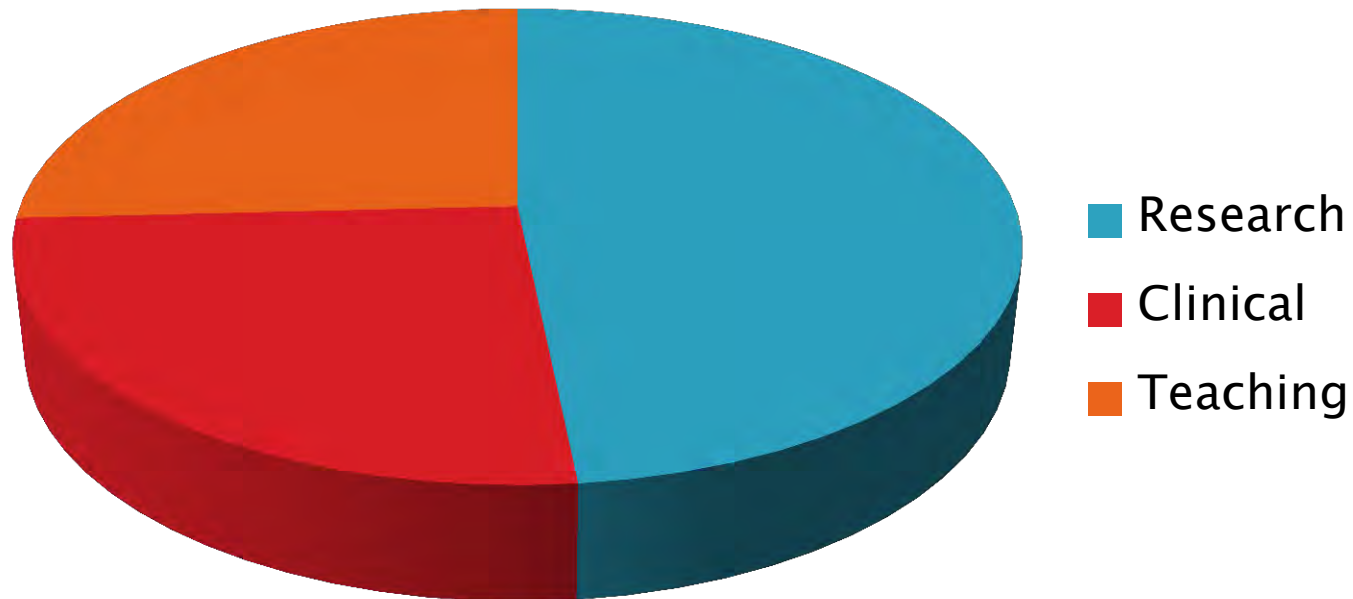
- ▶ Salary and Fringe
 - ▶ Consultants
 - ▶ Equipment & Supplies
 - ▶ Animals
 - ▶ Travel
 - ▶ Consortium / Subawards
 - ▶ Patient Care Costs
 - ▶ Other Costs, includes:
 - Study Subject Costs
 - Pharmacy
 - Publication costs
 - Advertising
 - Professional Fees
 - ▶ Facilities & Administrative (F&A)
- 

Personnel Costs -- Institutional Base Salary (IBS)

- ▶ Institutional Base Salary (IBS) consists of:
 - Base Salary plus
 - Guaranteed additional “Also-Receives”
- ▶ Salaries are maintained and updated in Human Resources
 - State salaries
 - Research Foundation salaries
- ▶ The amount of salary that can be compensated from sponsored projects cannot exceed an individual’s guaranteed annual salary, the IBS

Personnel -- Effort

Overall Effort



<http://research.downstate.edu/policies-downstate.html>

Personnel Costs

Cost Share or Matching Funds

- ▶ When an institution shares a portion of the cost of a sponsored project
 - Mandatory
 - Voluntary Committed
 - Voluntary Uncommitted (VUCS)
- ▶ Matching Funds – when an institution is required to solicit additional project costs by a third-party, as identified in the FOA

<http://research.downstate.edu/policies-downstate.html>



Personnel Costs

Cost Share or Matching Funds

- ▶ **Mandatory cost share:**
 - Proposals should include the minimum amount of cost sharing necessary, in order to meet the sponsor's requirements
- ▶ **Voluntary committed cost share:**
 - Is strongly discouraged
- ▶ **As you develop your budget, keep cost sharing in mind**

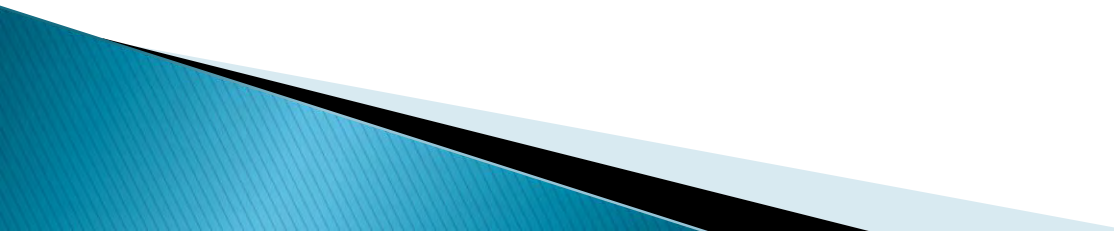
<http://research.downstate.edu/policies-downstate.html>



Equipment and Supplies

- ▶ Equipment – each individual item must be \$5,000 or more. These items are excluded from the MTDC base when calculating F&A
- ▶ Supplies – each item must be project specific, e.g. binders, study materials, etc. The purchase of pens, paper and the like should not be requested from a sponsored project
- ▶ <http://research.downstate.edu/policies-downstate.html>

Consulting Costs

- ▶ The consultant must be a non-University employee
 - ▶ A consultant agreement should be put in place
 - ▶ The consultant will need to provide confirmation of FCOI prior to award
- 

Consortiums / Subcontracts

- ▶ An agreement typically issued through Sponsored Projects, whereby the research project is carried out by the grantee and one or more other organizations. The grantee must perform a substantive role in the conduct of the planned research and not merely serve as a conduit of funds to another party or parties.
- Research Foundation Central issues subcontracts for DMC
- Budget consists of DC & IC
- Grantee collects IC on the 1st \$25,000

Contract / Service Agreement

- ▶ An agreement typically issued through Procurement whereby the grantee is purchasing a service from another institution (i.e. assays, scans, etc)
 - Research Foundation Central issues service agreements for DMC
 - Budget consists of a total cost, inclusive of IC
 - Grantee collects IC on the entire amount

The Decision Tree ... and the UG

RF-Subrecipient-vs.-Contractor-Decision-Tree.pdf - Adobe Acrobat Pro

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1 / 2 Find

SUNY RF
The Research Foundation for
The State University of New York

**Subrecipient vs. Contractor
Decision Tree**

Are funds being paid to an organization or business (entity) rather than to an individual?

Yes _____ No _____

Is the entity contributing to the scholarly and/or scientific conduct of the project?

No _____ Yes _____

CONTRACTOR - Process through Purchasing

Does the entity's portion of the project require use of discretion and unique expertise or does the entity have responsibility for programmatic decision making?

Yes _____ No _____

Does the entity provide similar goods or services that are within their normal business operations to many different purchasers?

Yes _____ No _____

CONTRACTOR - Process through Purchasing

Must the RF Project Director verify the entity's satisfactory performance before payment is made?

Yes _____ No _____

SUBRECIPIENT - should be paid via a subaward agreement

CONTRACTOR - Process through Purchasing

Final decision: _____ Date: _____

Signature of Reviewer: _____ Printed Name: _____

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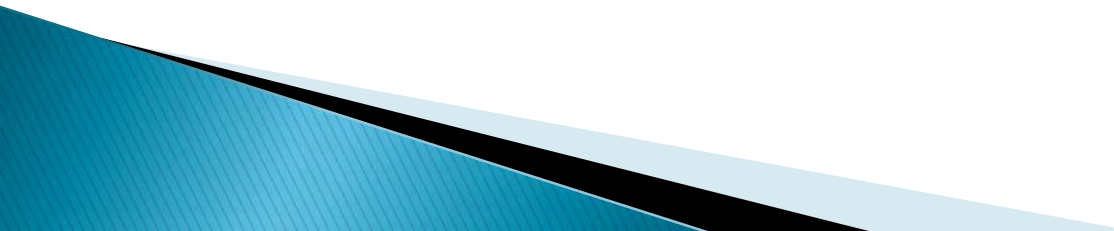
Facilities & Administrative Costs/ Indirect Costs

- ▶ Costs incurred by the Grantee for joint or common objectives and cannot be identified specifically to a grant or project
- ▶ Rate is based on a negotiated DHHS rate agreement

<http://research.downstate.edu/resources/information.html>



Modified Total Direct Cost (MTDC)

- ▶ Consists of all direct costs except for:
 - equipment
 - capital expenditures
 - patient care costs (e.g. tests not SOC in hospital setting)
 - participant costs (for NSF applications only)
 - tuition reimbursement
 - rental costs of off-site facilities
 - scholarships, fellowships (mostly NSF)
 - the portion of each subcontract in excess of \$25,000
- 

Back to the Budget pages...

Personnel

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10 / 13 100% Find

RESEARCH & RELATED BUDGET - Budget Period 1 Delete Period OMB Number: 4040-0001
Expiration Date: 6/30/2016


ORGANIZATIONAL DUNS: Enter name of Organization:

Budget Type: ☒ Project ☐ Subaward/Consortium Budget Period: 1 Start Date: End Date:

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)	
						Cal.	Acad.	Sum.				
<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"/>

Project Role:




Additional Senior Key Persons: Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<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"/>



Total Number Other Personnel

Total Other Personnel

Total Salary, Wages and Fringe Benefits (A+B)

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Budget ... Equipment, Travel & Participant Support Costs

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11 / 13 100% Find

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

Equipment Item	Funds Requested (\$)
<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Equipment"/>	
Additional Equipment: <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Total funds requested for all equipment listed in the attached file <input type="text"/>	
Total Equipment <input type="text"/>	

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	
Total Participant/Trainee Support Costs	<input type="text"/>

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Budget ... Other Direct Costs (plus our Indirect)

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12 / 13 100% Find

F. Other Direct Costs Funds Requested (\$)

1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8.	
9.	
10.	
Total Other Direct Costs	

G. Direct Costs Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
Add Additional Indirect Cost			
Total Indirect Costs			

Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

J. Fee Funds Requested (\$)

K. Budget Justification

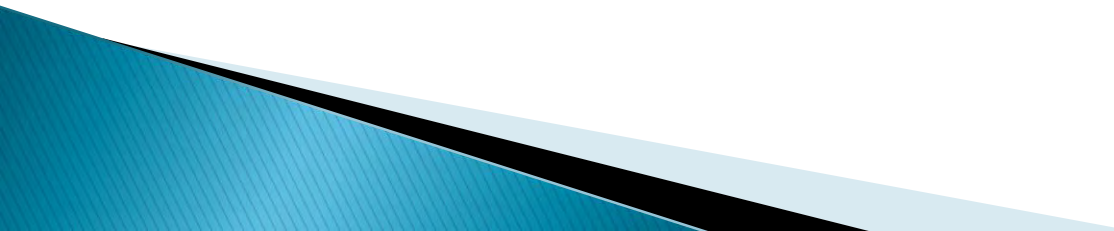
(Only attach one file.)

Add Attachment Delete Attachment View Attachment

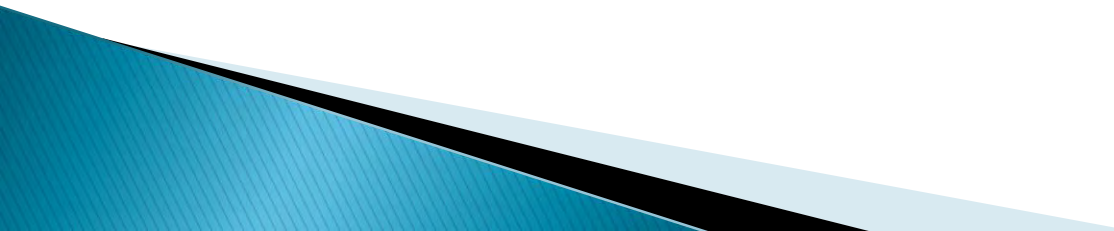
Add Period

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The Budget Justification

- ▶ Is a detailed narrative of the budget
 - ▶ Every line item should be justified
 - ▶ It should follow in the same order as the budget
 - ▶ It should only include DMC costs, except for the consortium
- 

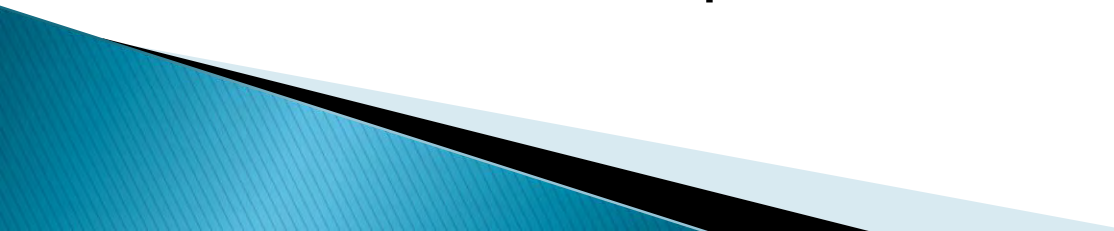
Other grant budgets...

- ▶ Every sponsor is slightly different though all are similar
 - ▶ Follow the FOA and download the application package and instructions
 - ▶ All sponsor instructions are online
- 

Plan way ahead of sponsors deadline

- ▶ Must get the proposal to ORA at least five business days before the sponsor's deadline!
- ▶ Must have the Proposal Tracking form from PI and approvals from all academic offices involved with the proposal (science, resources, space, faculty)
- ▶ Must have Cost Share documentation from PI for self and all other faculty where cost share is applicable, as well as approvals from all academic offices involved with the proposal
- ▶ All Financial Conflict of Interest (FCOI) annual disclosures must be filed annually in COI-SMART, effective October 2014, for your SPA to submit the proposal. A transactional questionnaire must be filed for each application.
 - <http://research.downstate.edu/compliance.html>

What the sPA reviews...

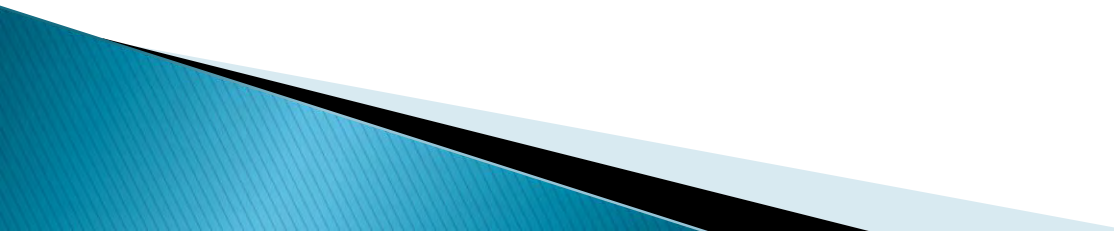
- ▶ All the components of the grant application
 - ▶ The FOA
 - ▶ The consortium paperwork (if applicable)
 - ▶ FCOI documentation
 - ▶ Internal paperwork: The Signature Worksheet and
▶ Cost Share Template
- 

Financial Conflict of Interest

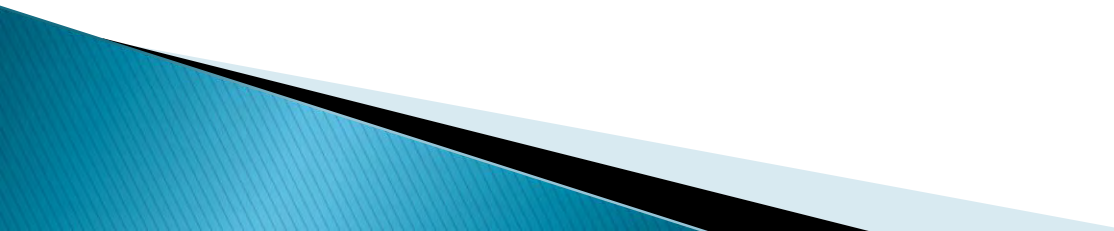
- ▶ "The public trust in what we do is just essential, and we cannot afford to take any chances with the integrity of the research process."

— Dr. Francis Collins, Director, NIH

FCOI – The Ruling

- ▶ Public Health Service (PHS) regulations govern:
 - Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought (42 C.F.R. Part 50, Subpart F)
 - Responsible Prospective Contractors (45 C.F.R. Part 94)
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2011 Key Changes to FCOI policy

- ▶ Definition of Significant Financial Interest (SFI)
 - ▶ Extent of Investigators' disclosure of information to Institutions regarding their SFIs;
 - ▶
 - ▶ Institutions' management of identified Financial Conflicts of Interest (FCOI);
 - ▶ Information reported to the PHS funding component (e.g., NIH);
 - ▶ Information made accessible to the public (i.e., Institutions' FCOI policy and FCOIs of Senior/Key personnel)
 - ▶ Investigator training
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FCOI – what it really means

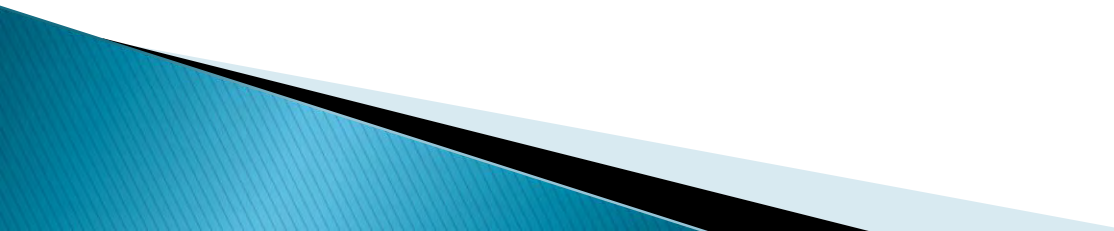
- ▶ Must have a policy publicly available
- ▶ Must have ALL investigators complete an annual FCOI disclosure
- ▶ Must have ALL investigators complete an additional FCOI disclosure for each new research project
- ▶ Must report to any conflicts and management plans to the federal government

<http://downstate.edu/coi/>



Communicate with your Sponsored Programs Associate (sPA)

► Ask for help

- Need assistance with the requirements of an FOA?
 - Need salary and fringe costs for budget personnel?
 - Need help determining subcontract compliance?
 - Need help with the budget?
 - With anything else? CALL US, we're here to help
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Resources

- ▶ Office of Research Administration
 - <http://research.downstate.edu/>
- ▶ Pre-Award division
 - <http://research.downstate.edu/administration/pre-award.html>
- ▶ Post-Award division
 - <http://research.downstate.edu/administration/post-award.html>
- ▶ Forms
 - <http://research.downstate.edu/resources/forms.html>
- ▶ Policies
 - <http://research.downstate.edu/policies-downstate.html>
- ▶ Funding Opportunities
 - <http://research.downstate.edu/funding/funding-opportunities.html>
- ▶ Institutional Information
 - <http://research.downstate.edu/resources/information.html>

External Resources

- ▶ CDC – List of Select Agents

- <http://www.cdc.gov/od/sap/docs/salist.pdf>

- ▶ NIH instructions for Appendices

- <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-11-080.html>

- <http://www.cdc.gov/od/sap/docs/salist.pdf>

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