

HSC SPONSORED PROJECTS/ DEPARTMENT TRAINING CLICK ERA



Welcome to Click

What will we be learning today?

- Click Workflow
- Navigating the Click Workspace
- Creating a New Funding Submission
- Submitting for Department Review/Department Approvals
- Generating COIs
- Request to Spend Funds
- F&A Splits
- Creating a Follow-on Submission
- Creating a No Cost Extension request
- Creating a Competitive Renewal Submission
- Creating an Ancillary Agreement Submission
- How to get Click help



Roles Available in Click

Role	Description
Research Coordinator (PI)	Given to the PI. Allows the PI to create submissions, submit request to spend funds, request no-cost extensions, view documents, and view the reports tab.
Study Staff (PI Assistants)	Given to individuals who assist the PI with submissions. Allows staff to create submissions, submit request to spend funds, request no-cost extensions, view documents, and view the reports tab.
Department Approver /Chair	Given to the individuals who will be approving the project. Allows DA's to view the submission and Approve, Disapprove, or Reassign Approvers
Sponsored Project Officer, PreAward / SPO	Used only in the Central Office and allows overwrite access and creation of all features

An individual may have multiple roles depending on his or her department's needs.



Before You Get Started...

Click works best in Chrome.

Be sure that pop-ups are allowed in your browser

How to get accounts:

- Email Sean Gonzales at sgonzales@salud.unm.edu, and include your name, email address, and Click role, and Banner ID.
- If you already have an account for COI certifications, we will add the appropriate grant role to your existing account.
- Pls or their Study Staff may email PreAward directly to have an account created



Logging In

You can reach the CLICK site from the SPO/PreAward website: <u>hsc.unm.edu/financial</u> <u>services/preaward</u>

Select "Login to Click ERA"





Logging In

Enter your User Name and Password here:	
HEALTH SCIENCES CENTER Administration	Secure Logon for University of New Mexico Health Sciences Center
UNM HSC Login	HSC NetID
If you are a member of UNM HSC and have a current HSC NetID, please click on	Password
All other, please click on the Non HSC Login button (includes UNM main	
campus).	Logon

- This login screen can also be reached directly at: https://era.health.unm.edu/GrantsCOI/
- If you have problems logging in, please contact one of the administrators below:
 - o Sean Gonzales, <u>SGonzales@salud.unm.edu</u>, 505-272-3495
 - o Danielle Jones, <u>DCRepella@salud.unm.edu</u>, 505-272-4076



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After logging in, users will be directed to their Inbox in the CLICK workspace. This workspace will show a snapshot of the user's most recent projects.

»	My Inbox		F	lome		Grants			COI	Reports		
					1							
Proposal T	ream D	aga far	Study	Stoff								
My Current Action		age for	Sludy	Stall								
		elcome to your	Personal Wor	kspace. From this wo	rkspace you c	can						
Create My Cert		and Founda	ation awards.	Ū	5	, ,				eral Grants, SF424 eSubmiss	· · · ·	· · ·
Create New Funding	g Submission	 Manage yo project work 	ur submissio kspace. Your	first steps will be to co	n your INBOX mplete the Sn	currently require your ac nartForms and use the S	tion. The S UBMIT activ	TATE of the s ity to start the	ubmission determines whic proposal through the revie	h ACTIVITIES will be availabl w process.	le to you once	you click into the
Create Competitiv	ve Renewal	My Grants	My COI	My Deliverables	In Progre	ss Pending	Awarded	Withdray	wn / Not Funded			
Create New Ancillar	ry Agreement											
•												
hortoute		ID	Name		 Date Modified 	State	PI	▼ Date Modified	State	Primary Sponsor	Submission Type	Last State Change
		ID (\$) FP000048		lfredo	Modified 5/7/2018	SPO Review: Pending	PI PI test	Modified 5/7/2018	SPO Review: Pending	Primary Sponsor Abbott Laboratories Inc.		Change 5/7/2018
My Home		FP000048	92 Tortellini A		Modified 5/7/2018 11:54 AM			Modified			Туре	Change
My Home COI Reports		[§] FP000048 [§] FP000049	92 Tortellini A 17 Supercalifi	ragilisticexpialidocious	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM	SPO Review: Pending Changes by Pl Draft	PI test PI test	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM	SPO Review: Pending Changes by Pl Draft	Abbott Laboratories Inc. NIH / National Cancer Institute (NCI)	Type Renewal New	Change 5/7/2018 11:54 AM 5/4/2018 11:48 AM
My Home COI Reports UNM COI Information		FP000048	92 Tortellini A 17 Supercalifi	ragilisticexpialidocious	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM	SPO Review: Pending Changes by Pl	PI test	Modified 5/7/2018 11:54 AM 5/4/2018	SPO Review: Pending Changes by Pl	Abbott Laboratories Inc. NIH / National Cancer Institute (NCI)	Type Renewal	Change 5/7/2018 11:54 AM 5/4/2018
My Home COI Reports UNM COI Information		[§] FP000048 [§] FP000049	92 Tortellini A 17 Supercalifi 65 Madi - Cor	ragilisticexpialidocious	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM 5/1/2018	SPO Review: Pending Changes by Pl Draft Pending Sponsor	PI test PI test Madison	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM 5/1/2018	SPO Review: Pending Changes by Pl Draft	Abbott Laboratories Inc. NIH / National Cancer Institute (NCI)	Type Renewal New	Change 5/7/2018 11:54 AM 5/4/2018 11:48 AM 4/13/2018
My Home COI Reports UNM COI Information		 §) FP000048 §) FP000049 §) FP000048 	92 Tortellini A 17 Supercalifi 65 Madi - Cor 08 Etsdrtyui -	ragilisticexpialidocious ntinuation Continuation	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM 5/1/2018 11:49 AM 4/30/2018 5:02 PM	SPO Review: Pending Changes by Pl Draft Pending Sponsor Review	PI test PI test Madison Lewis	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM 5/1/2018 11:49 AM 4/30/2018	SPO Review: Pending Changes by PI Draft Pending Sponsor Review	Abbott Laboratories Inc. NIH / National Cancer Institute (NCI) NIH / Blueprint for Neuroscience Research NIH / National Cancer	Type Renewal New New	Change 5/7/2018 11:54 AM 5/4/2018 11:48 AM 4/13/2018 12:55 PM 4/27/2018
My Home COI Reports UNM COI Information		 § FP000048 § FP000049 § FP000048 § FP000048 § FP000049 	92 Tortellini A 17 Supercalifi 165 Madi - Cor 108 Etsdrtyui - 103 Etsdrtyui	ragilisticexpialidocious ntinuation Continuation	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM 5/1/2018 11:49 AM 4/30/2018 5:02 PM 4/27/2018 2:56 PM	SPO Review: Pending Changes by PI Draft Pending Sponsor Review Awarded	PI test PI test Madison Lewis PI test	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM 5/1/2018 11:49 AM 4/30/2018 5:02 PM 4/27/2018	SPO Review: Pending Changes by PI Draft Pending Sponsor Review Awarded	Abbott Laboratories Inc. NIH / National Cancer Institute (NCI) NIH / Blueprint for Neuroscience Research NIH / National Cancer Institute (NCI) NIH / National Cancer NIH / National Cancer	Type Renewal New New New	Change 5/7/2018 11:54 AM 5/4/2018 11:48 AM 4/13/2018 12:55 PM 4/27/2018 3:18 PM 4/20/2018
Shortcuts My Home COI Reports UNM COI Information COI Discloser Guide		 § FP000048: § FP000049 § FP000048: § FP000049: § FP000049: 	92 Tortellini A 17 Supercalifi 65 Madi - Cor 08 Etsdrtyui - 03 Etsdrtyui 00 Sean	ragilisticexpialidocious ntinuation Continuation	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM 5/1/2018 11:49 AM 4/30/2018 5:02 PM 4/20/2018 2:56 PM 4/20/2018 1:47 PM	SPO Review: Pending Changes by Pl Draft Pending Sponsor Review Awarded Awarded	PI test PI test Madison Lewis PI test PI test	Modified 5/7/2018 11:54 AM 5/4/2018 2:15 PM 5/1/2018 11:49 AM 4/30/2018 5:02 PM 4/27/2018 2:56 PM 4/20/2018	SPO Review: Pending Changes by Pl Draft Pending Sponsor Review Awarded Awarded	Abbott Laboratories Inc. NIH / National Cancer Institute (NCI) NIH / Blueprint for Neuroscience Research NIH / National Cancer Institute (NCI) NIH / National Cancer Institute (NCI) NIH / Cooperative Human Tissue Network	Type Renewal New New New New	Change 5/7/2018 11:54 AM 5/4/2018 11:48 AM 4/13/2018 12:55 PM 4/27/2018 3:18 PM 4/20/2018 4/20/2018 4/20/2018



HEALTH SCIENCES CENTER

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• The **Grants** tab is where funding submissions and ancillary agreements can be searched for and created:

My Inbox		Home	G	rants			COI		Reports		
nding Submission	Grants Shows all funding subr	missions (Grants, Contracts	, etc.), and ancillar	<u>y agreements (</u>	(MTAs, CDAs	. <u>, etc.)</u>					
cillary Agreement	Funding Proposals	Ancillary Agreements	All Projects								
	Filter ² ID	Enter text to set	earch for	Go + Add Fi	lter 🗙 Clear Al	11					
	ID Nar	ne	Owner	State	PI	Submitting Department	Primary Sponsor	Submission Banner Type Fund #		Project Start Date	Project End Date
	(§) FP00004921 Sma	artforms Revision Test	Sanchez, Marisa	Final SPO Review		Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding Submission		9/1/2018	8/31/2019
	FP00004906 Mul	ti Year Test With COIs	Sanchez, Marisa	Awarded		Internal Medicine IM	Abbotsford Foundation	Funding Submission	123654789	3/15/2018	12/31/2021
	FP00004912 view	v test 2	Sanchez, Marisa	Draft		Internal Medicine IM	Abbotsford Foundation	Funding Submission	123654789	3/15/2018	12/31/2021
	(§) FP00004919 Ema	ail Test	Sanchez, Marisa	Disapproved By Department		Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding Submission	1234567	9/1/2018	8/31/2019
	(§) FP00004905 Nev	v Record II	Sanchez, Marisa	Awarded		Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding 12345 Submission	1234567	9/1/2018	8/31/2019
	(\$) FP00004892 Tort	ellini Alfredo	Gonzales Sean	SPO Review: Pending Changes by Pl		Internal Medicine IM	Abbott Laboratories Inc.	Funding Submission		9/1/2018	8/31/2019
	FP00004913 view	v test 3	Sanchez, Marisa	Not Submitted		Internal Medicine IM	Abbotsford Foundation	Funding Submission	123654789	3/15/2018	12/31/2021





To search for an existing record, use the search box to filter results.
 Choose to search Funding Proposals, Ancillary Agreements, or both.

 Click on "Advanced" to add additional search fields. You can then add rows to the Advanced Search until you have all the desired search fields. "%" indicates a wildcard







» My Inbox		Home	(Grants			COI		Reports		
Create New Funding Submission	Grants	Fundi	the Grants tab ng Submission	"							
Create Competitive Renewal Create New Ancillary Agreement	Funding Proposals	ubmissions (Grants, Cont Ancillary Agreement		<u>ry agreements</u>	<u>(MIAS, CDAS, et</u>	<u>(C.)</u>					
	Filter PID	▼ Enter tex	t to search for	Go + Add Fi	ilter 🗱 Clear All						
	ID N	lame	Owner	State		bmitting partment	Primary Sponsor		Banner Sponsor Award Fund # #	Project Start Date	Project End Date
	👔 FP00004921 S	martforms Revision Test	Sanchez Marisa	, Final SPO Review		ernal dicine IM	NIH / National Cancer Institute (NCI)	Funding Submission		9/1/2018	8/31/2019

STOP Only select "New Funding Submission" if this is a brand new project that does not have existing history.

- DO NOT select "New Funding Submission" if your project is a:
- Non-competing Continuation
- Supplement
- Competitive Renewal (an application for a new cycle of funding, e.g., years 6-10 on an NIH R01)
- Ancillary Agreement (Material Transfer Agreement, Confidentiality Agreement, Data Use Agreement, etc.)

Once you've selected the type of submission to create, it cannot be changed. An entirely new record must be completed.



Clicking on "Create a New Funding Submission" will generate a new funding proposal record and display this first page of the smart form:

> 1.1 Proposal Description & Contacts





1.1 Proposal Description & Contacts

1.0	* Short Title of Proposal:
	Smartforms Revision Test
2.0	Full Proposal Title:
3.0	* Program Director / Principal Investigator / Mentor: PI test •••• ••• If a fellowship, please identify the trainee:
	* PI Org ID: 851A



4.0	* Fiscal Monitor:	
	Fiscal Monitor \cdots 📀	If you cannot find the sponsor you need, simply enter their information here and click "SAVE". An
5.0	* Administrative Contact: Study Staff •••• ③	email will be sent to SPO/Pre-Award to update the system.
	Department Accountant:	
6.0	Select Direct Sponsor: NIH / National Cancer Institute (NCI)	me here and click "SAVE":
	Agency Contact Name:	
	Star Lord	
	Agency Contact Phone Number:	
	123-456-7890	
	Agency Contact Email:	
	Starlord@guardians.edu	
	If flow through, select Originating Sponsor:	
	* Select Funding Type:	
	Federal Direct	



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HEALTH SCIENCES

Generating COI's

HEALTH SCIENCES CENTER Administrat		UNM HSC Employees are entered here	Edit: Funding Proposal - FP00004921
You Are Here: (s) Smartforms Revision Te	st	Bave ⊕ Exit A Hide/Show Errors 🔒 Print ← Jump To -	Continue »
	investigators and key personnel that will be Key / Other Significant isplay	involved in this proposal: Role Biosketch Disclosure	DO NOT add the PI or Trainee to this section. ONLY add UNM (Both HSC and Main Campus) to this section
2.0 Identify all non-institution + Add Last Name There are no items to di	nal investigators and personnel that will be in Key / Other Significant isplay	nvolved in this proposal: Non-UNM personnel and Main Campus	ONLY add personnel who are NOT affiliated with UNM to this section (e.g. <u>external</u> personnel)
« Back		Personnel (if they do not have an HSC ID) are entered here. These include all sub- award personnel and consultants.	Continue »



Add <u>ALL</u> personnel, both UNM and non-UNM, <u>except</u> the PI.

Everyone's a Lobo, except when you're not! Be careful to separate UNM and non-UNM personnel.



	Add Institutional Propo 1.0		
Adding		Select Staff Member:	If you cannot find the staff member in the system please choose "Yes" for the question below the selection box, and enter the required information. Entering this information will permanently add the person to the system.
-		If you were unable to locate the institutional Proposal Staff in the Select list above, the individual may not be in the database. Would you like to add the individual at this time? If yes O No Clear	If you receive an error stating that the person already exists. This means that either the person's name was misspelled when you seenched for it, or they may have changed their name (e.g. through
Institutional		* First Name:	marriage). We encourage the liberal use of the wildcard symbol - % - when searching for personnel or
Staff- AKA,		Middle Name:	organizations. So if you are searching for someone named Smith-Jones, but you are not sure if they are in here unde
Stall- AKA,		Crganization:	Smith or Jones (or both), try entering "%Smith%" and "%Jones%" into the search box. This will ensure that you are able to find the person in the system.
UNM			taff members by name. If you
		*Banner ID:	to find your staff member,
personnel			•
		city:	and these fields will appear
		State: - Select One - · · · for you to e	nter the staff member
		Zip Code:	,
CONTRACTOR OF		Country:Select One V Phone:	
0		Fax	
Ranylmen	2.0	• Select Project Role:	Select a Project Role. If a I,luith-PI Submission, Project Role would be "PI"
		If "Other (Specify)" selected, enter the role below:	If the role is not listed, please enter here If Multi-PI submission, please select the collaborating PI's Department
ANC STATISTICS			If Multi-PI submission, please enter the collaborating PI's budget percentage
		Collaborating PI Department (if Mutu-P):	
		Collaborating PI Budget Percentage (if Multi-PI):	
LOBOS	3.0	Attach a Biographical Sketch: None & Usional	All Key and Other Significant Contributors must provide a Blosketch if NIH Submission
	4.0	Attach Current and Pending Support Documentation:	Current and Pending Support Documentation is not usually required. Refer to the Funding Announcement to see if it is required at the time of submission
	4.0	[None] 2 Upload	Announcement to see in this required at the time of additionation
	5.0	* This individual is a:	Annouluement to dee in it is required at the one of domination
		This Individual is a: Senior / Key Person on the proposal Other Significant Contributor on the proposal	Annonicement of deem is a required as the unite of additionation
		* This Individual is a: O Senior / Key Person on the proposal	All Key and Other Significant Contributors must provide a financial disclosure. If you have attached thi



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* Required

OK OK and Add Another Cancel



1.2 General Proposal Information













1.3 Researc	ch Department Determination				
1.0	* Select the Submitting Departme	nt:			
	If PI is not submitting through his O Yes O No <u>Clear</u> Select FAD Category: Research	or her acade	ni c department, has the proper a	The Submitting Department will auto- populate based on the PI's Click record; however it can be updated by clicking "Select" if necessary.	nd/or Center/Institute Director?
2.0	Select the Submitting Division:	± ••••			



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	Charles	Duxford	Integral Medicine IM
	Secondary Approvers:		The approval function allows for
2st	•		departments to select individuals who
	First Name	Last Name	will review and approve each funding
	There are no items to display		submission. The number of approvers
	Tertiary Approvers:		is at the discretion of individual
1st		•	departments and only a primary
	First Name	Last Name	approver is required.
	There are no items to display		
	Division Chief:		
		Discourse to be for	ou enter Secondary and Tertiary Approvers, the

Approvers"- everyone must approve before it is sent to SPO.



1.4 Compliance Review





O App Per O Exe O Not Cle	nding empt t Yet Submitted ear npt and NIH-funded, select the appropriate IRB Exemption Numbers below:	2.0	 * Is the research related to this project approved by the IACUC or pending review? Approved Pending Not Yet Submitted Clear If approved by the IACUC, enter the date of the approval: If IACUC approval is pending, enter the date the protocol was submitted to the IACU
Pei Pei Cexe Noi Cle 2.0 If Exem E1 E2 E3 E4	nding empt t Yet Submitted ear npt and NIH-funded, select the appropriate IRB Exemption Numbers below:		 Not Yet Submitted <u>Clear</u> If approved by the IACUC, enter the date of the approval: If IACUC approval is pending, enter the date the protocol was submitted to the IAC
C Exe Not Cle 2.0 If Exem E1 E2 E3 C E4	empt t Yet Submitted ear npt and NIH-funded, select the appropriate IRB Exemption Numbers below: 2 3 4		 Not Yet Submitted <u>Clear</u> If approved by the IACUC, enter the date of the approval: If IACUC approval is pending, enter the date the protocol was submitted to the IAC
2.0 If Exem E1 E2 E3 E4	t Yet Submitted ear npt and NIH-funded, select the appropriate IRB Exemption Numbers below:		Clear If approved by the IACUC, enter the date of the approval: If IACUC approval is pending, enter the date the protocol was submitted to the IAC
2.0 If Exem Cle L1 E2 E3 E4	ear npt and NIH-funded, select the appropriate IRB Exemption Numbers below: 2 2 3		If approved by the IACUC, enter the date of the approval:
2.0 If Exem	npt and NIH-funded, select the appropriate IRB Exemption Numbers below:		If IACUC approval is pending, enter the date the protocol was submitted to the IAC
If Exem E1 E2 E3 E4	2 2 3	3.0	If IACUC approval is pending, enter the date the protocol was submitted to the IAC
- E2 - E3 - E4	2 3 4	3.0	
□ E3 □ E4	- 3 4	0.0	
<u> </u>			
🗆 E5			
		4.0	IACUC Protocol #, if available:
🗆 E6	6		E
3.0 If appr	roved by the IRB, enter the date of the approval:		
	#		
4.0 IRB Pr	rotocol #, if available:	These	e screens can be updated throughout the proposal and
	۵.	review	w process as new information regarding protocol
5.0 If IRB a	approval is pending, enter the date the protocol was submitted to the IRB:		
	m	amun	oers, approval dates, etc. becomes available.
6.0 Provide	e any additional information that might be useful for this review:		
	,		



1.5 Commitment of Additional Resources

1.0	If the proposal requires any items that require either institutional approval or commitment, identify them below: Hospital personnel
	Renovation, alteration, or unassigned space
	IT Resources (e.g. new applications or databases)
	Purchase or installation of major equipment
	Expanded utility services (e.g. fume hoods, air conditioning)
2.0	If any items are selected above, attach a single document that explains ALL requirements: [None] 1 Upload



3.1 Federal Grant Information (Non-Grants.gov Submission)

1.0	Enter the opportunity number and CFDA num	ber below:
	Opportunity ID:	Choose the Opportunity
	CFDA Number:	ID if Applicable (e.g. PA- 16-161)
	CompetitionID:	
2.0	Opportunity Title:	
3.0	Agency Name: [None] •••	



ID	Name
O C06	Research Facilities Construction Grant
O D43	International Training Grants in Epidemiology
O D71	International Training Planning Grant
O D71/U2R	International Training Cooperative Agreement
O DP1	Director's Pioneer Award Program
O DP2	NIH Director's New Innovator Award Program
O DP3	Type 1 Diabetes Targeted Research Award
O E11	Grants for Public Health Special Projects
O F05	International Research Fellowships (FIC)
O F30	Individual Predoctoral NRSA for MD/PhD Fellowship
O F31	Ruth L. Kirchstein National Research-Predoctoral Individual
O F32	Ruth L. Kirchstein National Research Service Award for Individual Postdoctoral F
O F33	Ruth L. Kirchstein National Research Service Awards for Experienced Scientists
O F34	MARC (NRSA) Faculty Fellowships
O F37	Medical Informatics Fellowships
O F38	Applied Medical Informatics Fellowships
O G07	Resources Improvement Grant
O G08	Resources Project Grant
O G11	Extramural Associate Research Development Award (EARDA)



3.3 Federal Grant Program Income

1.0		ere be program income No <u>Clear</u>	e?		
		If yes, provide program	m income details:		
		+ Add			
		Period	Source	Amount	
		There are no items to	display		



4.0 Submiss	Sion Dates Click requires that the "Application			
1.0	Application submission deadline:			
	6/1/2018 BEFORE the			
	"Expected Start Date"			
2.0	PreAward / SPO submission deadline: 5/18/2018 If submission to PreAward is AFTER this date, select YES if you have an <u>approved timeline waiver</u> from Dr. Larson (or the Dean of the College of Nursing/Pharmacy/College of Popula Health): O Yes No <u>Clear</u>	tion		
	Upload Timeline Waiver (Required if After Submission Deadline):			
	+ Add			
	Name 🔨 Version			
	There are no items to display			
3.0	* Expected Start Date:			
	9/1/2018			
	If you are submitting your proposal to Pre-Award AFTER the standard due dates (10 business days prior on NIH proposals, 5 business days prior on non-NIH proposals) the system will require you to upload a timeline waiver from Dr. Larson.			



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3.0	* Do you have subawardee(s)? ● Yes O No <u>Clear</u>		
4.0	Subawardee Information	ľ	f you have sub-awardees, additional
	+ Add	i	nformation should be included on the
	Subawardee Total Per Subawardee All F	Periods	oudget page.
	There are no items to display	S	elect "Add"
	Total subaward value for all subawardees for all periods: \$0.00		
Add Sub	awardCost		
			Begin typing your sub-awardee
Sub-awa	ardee Name:		name and select
			If it does not appear, type it in the
If S	ub-awardee not found, leave above field blank and enter name here:		blank field.
Subawa	rd Dollars (\$'s):		Select "Add" to input budget
+ Add	∕←		information.
Period	Number Amount Per Subawardee Per Period		
Therea	are no items to display		Add more sub-awardees using "OK
Total Pe	r Subawardee All Periods:		and Add Another"
\$0.00			Once finished, select "OK"
			Once ministred, select OK
* Requir	ed OK OK and Add Another	Cancel	







9.0 Expo	ort Control Screening Questions Form	
oes th	is project contain any of the following:	
1.0	* Export Control: O Yes No Clear	Please select "Yes" if your project references an Export Control clause.
2.0	* Does This Project Involve Select Agents or Select Toxins <u>Of Any Amount</u> : O Yes No <u>Clear</u>	A "Select Agent" is one in which poses a severe threat to both human and animal health, to plant health, or to animal and plant products. Click here for a list of government identified agents: http://www.selectagents.gov/SelectAgentsandToxinsList.html
3.0	* Foreign National: O Yes No <u>Clear</u>	A "Foreign National" is identified as "an individual who is not a United States citizen, a permanent resident alien of the United States, a lawilly-admitted temporary resident alien or refugee, or other protected individual as defined by 8 U.S.C.1324b(a)(3). For purposes of Export Controls, individuals on a student visa or H1 visa (including foreign visiting faculty) are considered foreign nationals.
4.0	* Has Dual Citizenship: O Yes No Clear	An individual who is a citizen of two or more nations
5.0	* Has Foreign Collaborators: O Yes No Clear	Foreign collaboration can be defined as "an alliance incorporated out to carry on the agreed task collectively with the participation (role) of resident and non-resident entities."
6.0	* Has Restrictions On Publications: O Yes No Clear	Any restriction on publication of information resulting form research, other than limited prepublication reviewery research sponsors to prevent inadvertent diunging of propnetary information or to insure that publication will not compromise patent right of the sponsor
7.0	* Has Foreign Owned Funding: O Yes No Clear	Foreign owned funding is a business or other entity not incorporated in the U.S. and foreign governments
8.0	* Involves Foreign Travel: O Yes No Clear	Traveling patside of the United States for the purpose of this project
9.0	* Has Proprietary Information: O Yes No Clear	Information that is not public knowledge and that is viewed as the property of the folder
10.0	* Contains FAR Clause 48 CFR 1852.223-74 - Drug and Alcohol-Free Workforce?: O Yes • No Clear	Provides therine Institution implement an employee assistance program, training, policy, drug testing, and provisions for treatment for every employee of the Institution
11.0	* Has Security File (TCP): O Yes O No Clear	To protect technical information which is specifically not identified under EAR as fundamental research or as educational information
	Download, complete and sign the Export Control Exclusion Screening Form (ECES) if any of the above were answered Yes: http://hsc.upr.redu/financialservices/preaward/common/forms/export-control-screening-form.pdf	Please download for most current version.
	Attach completed ECES form here: [None] 2 Upload	Upload completed (including Pl Signature) form here

0.0 Events Control Concentions Overstiens For

If <u>any</u> of the Export Control Screening questions are answered "Yes", upload the completed and signed Export Control Screening Exclusion form. The completed form can be uploaded here by clicking "Add". You can access the latest version of the form by clicking on the link and downloading it from the SPO/PreAward website.



You Are Here	x: 🛐 Smartforms Revision Test				
« Back	🖺 Save 🖙 Exit 🛕 Hide/Show Errors 🖶 Print 🥐 Jump To 🕶				
10.0 Addition VA MOU:					
1.0	* Does the PI have a joint appointment with the Veterans Administration: O Yes No <u>Clear</u>				
1.1	If yes, will funding be coming through a NIH Direct Award or NIH flow through subaward: O Yes O No Clear				
1.2	If both questions are yes, please complete and upload VA MOU form: <u>http://hsc.unm.edu/financialservices/preaward/common/forms/va-mou-form.pdf</u>				
	[None] 1 Upload				
Building Mod	Building Modification:				
2.0	* Are building renovations or improvements proposed in this project: O Yes No Clear				
2.1	If yes, please complete and upload a Building Modification Request Letter a sample letter can be found at: http://hsc.unm.edu/financialservices/preaward/common/forms/building-renovations-approval-memo.doc [None]				



11.0 Misc Submission Information 1.0 Does the project include Consultants: O Yes No Clear 2.0 If NIH or NIH flow through, please indicate the NIH Mechanism: R NIH Activity Number: 3.0 01 If your Direct or Originating Sponsor is NIH, 2.0 and 3.0 are required.

If you are unsure whether or not your proposal includes Consultants, please refer to the SPO/Pre-Award website for additional information (http://hsc.unm.edu/financialservices /preaward/contracts-grants/subawards/index.html) or contact your **SPO/Pre-Award officer for** clarification.


Creating a New Funding Submission

1.0 Misc Sub	mission Information
1.0	* Does the project include Consultants: O Yes INO Clear
2.0	If NIH or NIH flow through, please indicate the NIH Mechanism:
3.0	NIH Activity Number:
4.0	* Does this project include UNM Collaborators from a campus other than your own?: O Yes O No Clear
5.0	If Yes, Select all collaborating campuses:
	ID .
	Branch Campus
	HSC / College of Nursing
	HSC / College of Pharmacy
	HSC / College of Population Health
	HSC / Health Sciences Library and Informatics Center
	HSC / School of Medicine
	Main Campus
	Other

If your proposal includes Main Campus activities, be sure to include a Main Campus/HSC F&A Split Activity located on the dashboard of your record- even if the F&A is 0%!

Your form will need:

- Detailed budget showing the categories & dollar amounts going to Main Campus and HSC
- Route to SPO





	🖺 Save 🕩 Exit 🛕 Hide/Show Errors 🔒 Print 🎓 Jump To 🗸	Finish
.0 Completion Instructions:		
1.0 Congratulations! You have completed the SPO required information In the toolbar, select "Hide / Show Errors" to validate that this form is Select "Finish" in the lower right hand corner if you are ready to initia		
K Back	B Save I Exit ▲ Hide/Show Errors 🖶 Print 🏕 Jump To 🗸	Finish

Hooray! You've completed the Smart Forms. Don't forget to click "Finish" as the final step!





Draft State





Draft State

CumCAL TRIALS: Agreement: INOTE: Documents uploaded here will immediately move to a <u>non-public</u> section of the system upuralimeter one to see them once you click "OK") + Add There are to items to uspay CUINCAL TRIALS: Protocol:	application materials in the appropriate
(NOTE: Documents uploaded here will immediately move to a <u>non-public</u> section of the system - you will not be able to see them once you click "OK") #Add Name	section and click "OK"
There are no items to display Proposal: #Add	
Name 4/5a3adcd487fe2e7485de8df5b210ff-kermil-the-frog-funny-faces (2).jpg	0
RFA or Application Guidance:	
There are no items to display Progress Report: + Add	
Name There are no items to display	
Lust in Time Info: + Add Name	
There are no items to display Internal Budget Worksheet (IBW): + Add	
Name There are no items to display	
F&A Waiver:	
Name There are no idsplay Mise Documents:	
Ass Name There are no items to display	
	CK Great



Draft State

UNM Electr TH SCIENCES CENTER Admi	ronic Research nistration		_					Hello, Study Staff •
»	My Inbox	Home	C	Grants		COI	Reports	
Smartforms	s Revision Test						FP00004	921 Funding Submission
Current State	Project Information	Review Status	SPO Additional Documents	COI Status				
Draft								
	PROPOSAL IN	IFORMATION		BUDGET TOTA	LS			
Edit Funding Su		PI test		Starting Date:	9/1/2018			
Printer Vers	Submitting Depa	rtment/Division: Internal	Medicine IM	Number of Period	ls: _{0.7}			
	Specialist:	Marisa	Sanchez	Current Period:	1			
View Differe	nces Sponsors:	NIH / N	ational Cancer Institute (NCI)	Total Direct:	\$100,000			
	SF-424:			Total Indirect:	\$51,500	When your applica	tion	
View Smartform	Progress Banner Fund #:	12345	-	Total:	\$151,500	is finalized, select		
	Sponsor Award	t : 12345					lie	
My Activities						"Submit for		
Copy as a NEW P	roposal SPO Proposal	Comments				Department Review	w"	
Submit For Depar						Activity		
	RTSF Informa	tion						
Request FA Split								
🚯 RTSF	Current RTSF							
Proposal Commer	nts Date Created Sub	mitted Funds Amount Fu	Inds Start Date Funds End Date	e PI Approved De		Will Fund Dean Will Fund		
Department Docu	ments Historic RTSFs							



Submit for Department Review

Submit For Department Review

Endorsements:

As PI I agree to that all information contained within the application/proposal is true, complete and accurate, and acknowledge I as the PI, am responsible for its content. I and the Department this is filed under hereby accept all responsibility for cost share commitments, F&A split agreement(s), authorizations for use of UH, MIND Imaging, Cancer Center, and Library facilities, curriculum changes, the cost of required building modifications, and coordination with other UNM departments, consultants, collaborators, and subcontractors, involved with this project. I and the Department accept all financial responsibility for the budget, including allowing the set up and use of MULTI-YEAR (project period) index numbers on awards that are dependent on accepted progress reports and incremental funding. I agree to secure HRRC/IRB and/or ARF/IACUC approvals / renewals prior to research and expenditures. I agree that as PI I am responsible for monitoring and certifying effort of personnel on this award in compliance with the sponsor's and UNMHSC's policies. I agree that all potential FCOI's have been disclosed and potential new FCOI situations will be immediately reported to the COI committee. I agree to work with industrial security to develop a compliance plan for export control, if applicable, and to fully disclose any potential export control situations including, to the best of my knowledge, disclosing dual and foreign citizenship of myself and personnel on this award. As the PI, I fully accept responsibility for appropriate scientific conduct of the project, submission of the required progress reports, NIH Pub Med Central filings, clinicaltrial.gov registration, compliance with federal regulations prohibiting debarred/suspended personnel from participating on federally funded projects, and hereby acknowledges that any false, fictitious, or fraudulent statements or claims made in this proposal/application may ubject myself as the PI to criminal, civil, scientific misconduct sanctions, and/or administrative penalties.

Note on the sideline: If you do not agree or do not understand anything in this statement, please communicate your questions to the HSC Vice Chancellor for Research, 2-6950, the HSC Compliance Office, 2-2588, or other compliance unit or an HSC Institutional Officer, prior to your acceptance.

OK

Cancel

One of the following options must be selected:

As PI/PD for this submission, I approve the above endorsements:

As a member of this proposal team, I will obtain the PI/PD's signature for the endorsements:

When the PI is ready to Submit to Department for approval, PI or Study Staff will be required to agree to endorsements regarding the validity of the proposal. This is similar to what the PI agrees to when signing the Proposal Data Sheet. Select "PI" or "Proposal Team" and then click the "OK" button



Notification to Department Approvers

After the PI/Study Staff route the proposal for Department Review, the designated Department Approver will receive this email notification

Funding Proposal Number: FP00000233

PI Name: Bunny Flowers

Department: Internal Medicine IM

Project Title: Sample Proposal Cupcake

Due Date: 4/1/2016

Dear Department Reviewer:

This funding proposal has successfully been submitted by the PI for Department Review and Approval. You have been designated by your Department to verify all information and take action as appropriate.

1) Please click here Sample Proposal Cuprake to log in to review the Funding Proposal above.

2) Click on "View Funding Proposal" in the upper left hand menu. If the information is to your department's satisfaction, you have the following options:

- Request Changes from PI: Requires the PI to make changes or corrections before Funding Proposal is submitted to Sponsored Projects
 Office (SPO) / PreAward. If you have questions regarding the submission, or require changes from the PI, please select this option which
 is located under "My Activities" in your workspace.
- Approve: Routes Funding Proposal to SPO / PreAward for review
- Disapprove: Withdraws the Funding Proposal at the Departmental level

Once you have approved this funding proposal, it will be routed to SPO / PreAward for final review, approval / signature, and/or submitted electronically.

Please note, the Funding Proposal must be submitted to SPO / PreAward for approval 5 Business Days prior to the Sponsor Submission Deadline.

Click on the link to be taken to the proposal pending for review and approval. The Department Approver may also log into Click, and search by the FP#.



Notification to Department Chair

Principal Investigator: Bunny Flowers

Sponsor: NIH / National Institutes of Health

Project Title: Sample Proposal Cupcake

Budget Periods:

Period Number

There are no items to display

Start Date 7/1/2016 Requested Amount \$151,500.00

If the Department Chair is not the Primary Approver, s/he will also receive a notification email when the proposal is submitted for Department Review.

This email is for FYI purposes only.

Department Approvers:

Primary: Charles Duxford There are no items to display

Secondary:

There are no items to display

Tertiary:

There are no items to display

scatanach@salud.unm.edu

Dear Department Chair,

The proposal referenced above has been submitted to your authorized Department Approver for review and submission to the HSC Sponsored Projects Office/PreAward.

If you did not authorize the person(s) above to approve submissions on your behalf, please contact your assigned Sponsored Project Officer (Danielle Jones).

If you have further question regarding this proposal, please contact the department approver referenced above.



Department Approver

»	My Inbox	:	Home		Grants		COI	
Smartfo	rms Revision	Test						
COI CERTS	NCOMPLETE							
There are Confl	ict of Interest certifications	associated with this proje	ect that are incomplete. The		-		ver can view	
Current State		Project Information	Review Status COI		-	roposal/S	mart Forms	
Depart	ment Review			her	re			
		PROPOSAL INFO	RMATION		BUDGET TOTA	LS		
View Fund	ling Submission	PD/PI:	PI test		Starting Date:	9/1/2018		
Print	er Version	Submitting Departme	ent/Division: Internal Medicir	ne IM	Number of Period	ls: _{0.7}		
		Specialist:	Marisa Sanche	Z	Current Period:	1		
View	Differences	Sponsors:	NIH / National (Cancer Institute (NCI)	Total Direct:	\$100,000		
		SF-424:			Total Indirect:	\$51,500		
View Sma	rtform Progress	Banner Fund #:	12345		Total:	\$151,500		
		Sponsor Award #:	12345			\$151,500		
My Activities	3							
Approve		SPO Proposal Cor	nments					
Request Ch	anges							
Disapprove		RTSF Information	1					
		Current RTSE	-					



Department Approver

Approve

By selecting "OK" at the bottom of this form, this proposal will be submitted to the Sponsored Programs Administration Office for review. Please add any comments you may have regarding the approval of this proposal below:

Comments	(Optional)):
----------	------------	----

Attachments	Α	tta	ch	m	en	ts:	
-------------	---	-----	----	---	----	-----	--

Add

100						
name		des	scriptio	on		
There	are	no	items	to	disp	lay

OK Cancel

- At this point the Department Approver is Approving the record. Essentially they are verifying that the information is correct.
- If there are multiple approvers, then they will all need to approve.
- The comment box is for the approver to make any necessary notes for SPO to see.
- Once approved it is routed to SPO for review.



Notification to PI

Dear Dr. Flowers,

Funding Proposal Number: FP00000233

Title: Sample Proposal Cupcake

The funding proposal above has been approved by the Department Approver and has now been submitted to Sponsored Projects Office (SPO) / PreAward for review and submission if applicable.

SPO / PreAward (Danielle Jones) will be contacting you within 2 business days or less to discuss their review.

Thank you

You can find additional instruction on the Sponsored Projects Office / PreAward website: <u>http://hsc.unm.edu/financialservices/preaward/</u> If you have any questions, please contact the Sponsored Programs Administration / PreAward : (505) 272-6264 or <u>HSC-preaward@salud.unm.edu</u>

Warning: This is a private message for institution employees only. If the reader of this message is not the intended recipient you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.



Once the department approver(s) have submitted the proposal to SPO/ Pre-Award, the PI will receive this notification.

If SPO has changes to request, they will return the proposal back to the PI/Study staff.



HEALTH SCIENCES CENTER Administration



SPO Requests Changes	
Please describe the changes you are requesting: Department Review Required: 🔲 🗲	SPO/Pre-Award can require that the Department Reviewer approve again, but it is not mandatory.
Comments:	
Attachments (Optional): Add name description There are no items to display	
	OK Cancel



If SPO returns the proposal for changes, the PI will receive this email.

Funding Proposal: FP00000144

Project Title: Sample Proposal Banana

Sponsor: NIH / Consortium for Preclinical Assessment of Cardioprotective Therapies (CAESAR)

Dear Dr. Flowers

Thank you for submitting the above referenced Funding Proposal! In order to make your proposal as successful as possible, our office has identified some potential issues/questions/or missing items that need to be addressed prior to moving forward.

1) Log in here to view your funding proposal: Sample Proposal Banana

2) Click on "Proposal Comments" tab on your workspace to view details. If you do not see any details in this area, it is possible Danielle Jones has emailed your review seperately.

Thank you, PreAward / SPO Staff

You can find additional instruction on the Sponsored Projects Office / PreAward website: <u>http://hsc.unm.edu/financialservices/preaward/</u> If you have any questions, please contact the Sponsored Programs Administration / PreAward : (505) 272-6264 or <u>HSC-</u>preaward@salud.unm.edu

Warning: This is a private message for institution employees only. If the reader of this message is not the intended recipient you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.



Smartforms Revision Test

COI CERTS INCOMPLETE

There are Conflict of Interest certifications associated with this project that are incomplete. The project cannot be awarded until all COIs have been completed.

Current State	Project Information	Review Status	SPO Additional Documents	COI Statu	IS	
SPO Review: Pending Changes by Pl	PROPOSAL INFO	RMATION		BUDGET TO	TALS	
Edit Funding Submission	PD/PI:	PI test		Starting Date:	9/1/2018	
	Submitting Departme	ent/Division: Internal	Medicine IM	Number of Peri	ods: 0.7	
Printer Version	Specialist:	Marisa	Sanchez	Current Period	1	
	Sponsors:	NIH / N	ational Cancer Institute (NCI)	Total Direct:	\$100,000	
View Differences	SF-424:	SF-424:			\$51,500	
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Add Study Team Members	RTSF Information	by the " button.	· ·	to SPO"		Will Fund∫Dean Will Func



Conflict of Interest Disclosures

There are Conflict of Interest certification	ns associated with this project that	t are incomplete. The project cannot be aw	arded until all COIs	have been complet	ed.		>	
Current State	Project Information Re	view Status SPO Additional Documen	ts COI Status	R R	R		COIs are gen proposal is s	erated when the
SPO Review: Pending Changes by PI	PROPOSAL INFORMA	TION	BUDGET TOTA	ALS			Department	Review. All persor
Edit Funding Submission	PD/PI:	PI test	Starting Date:	9/1/2018			•	he project- includi rsonnel, consultar
Printer Version	Submitting Department/Div		Number of Period	ds: _{0.7}			-	ents- need to comp
	Sponsors:	Marisa Sanchez	Total Disease				COI	
View Differences	SF-424:	NIH / National Cancer Institute (NCI	Total Indirect:	\$100,000				
	Banner Fund #:	12345	Total:	\$51,500	\mathbf{A}			
View Smartform Progress	Sponsor Award #:	12345	_	\$151,500	\			_
My Activities					Clie	ck on the "C	OI Status" tab	
Add Study Team Members	SPO Proposal Comme	<u>nts</u>			for	additional	information	
Request FA Split								
	RTSF Information							



Conflict of Interest Disclosures

	»	My Inb	ох	Home	Gra	ants	COI	Reports	
S	martf	orms Revisio	on Test					FP00004921 Fund	ding Submission
	COI CERT	S INCOMPLETE							
Th	ere are Co	nflict of Interest certificatio	ons associated with	h this project that are incomplete.	The project cannot be awarded	l until all COIs have bee	en completed.		
Cu	rrent Sta	ite	Project Inform	nation Review Status	SPO Additional Documents	COI Status			
	S	PO Review	COI Disclosu	re Certification Status for Year N	umber: 1				
	View Fu	Inding Submission		losure Certfications:			-		
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Му	Activiti	es	History	Proposed Budget Information	SF424 Summary Neg	potiation Comments	Proposal Comments		
ę		y Team Members		Activity			Author	✓ Activity Date	
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	RTSF		(T)	Changes Deguasted By	he "Project State PI/Staff membe		Gonzales, Sean	5/22/2018 9:46 AM	
				yet	completed thei closure.				



Adding Personnel

You can update the project My Activities personnel at any time by Request NCE clicking on "Add Study Team Members". This will generate Copy as a NEW Proposal **COI disclosures for any new** team members. Create Follow-On Submission Add Study Team Members To Add study personnel click the Add Study Team Members in My Activities. Request FA Split 🚯 RTSF A pop up should appear and you'll choose institutional or Proposal Comments non-institutional personnel (be sure to click OK once all Attach Award Budget Sheet personnel are added). Department Documents

	S Execute "Add Study Te	- 0	×			
	https://era.health	.unm.edu/GrantsCOI/sd/ResourceAdmin	istration/Activity/fo	orm?ActivityType=	com.webridge.entity.E	ntit
	Add Study Team					
	Ŭ	or Add Additional	Personn	el		
1	Change Institutio	nal Personnel Below:				
	Last Name	Key / Other Significant	Role	Biosketch	Disclosure	
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<u> </u>	Change Non-Insti	itutional Personnel Below:				
	+ Add					
	Last Name	Key / Other Significant	Role	Biosketch	Disclosure	
/	There are no iter	ns to display				
					OK Cano	el



Adding Personnel

Add FP_AdditionalPersonnel	
Add Institutional Proposal Staff	
1.0 Select Staff Member: Sean Gonzales ••• •• •• ••• ••• ••• ••• ••• ••• •••	If you cannot find the staff member in the system please choose "Yes" for the question below the selection box, and enter the required information. Entering this information will permanently add the person to the system. <i>If you receive an error stating that the person laready exists:</i> This means that either the person's name was misspelled when you searched for it, or they may have changed their name (e.g. through marriage). <i>We encourage the liberal use of the wildcard symbol</i> - % - <i>when searching for personnel or organizations.</i> So if you are searching for someone named Smith-Jones, but you are not sure if they are in here under Smith or Jones, to thy entering "%Smith%" and "%Jones%" into the search box. This will ensure that you are able to find the person in the system. If you are unable to find them, and are still getting the error, contact the Sponsored Projects Office at (505)272-6264
2.0 * Select Project Role: Co-Investigator If "Other (Specify)" selected, enter the role below: Collaborating PI Department (<i>If Multi-Ph</i>): Collaborating PI Budget Percentage (<i>If Multi-Pl</i>):	Select a Project Role. If a Multi-PI Submission, Project Role would be "PI" If the role is not listed, plese enter here If Multi-PI submission, please select the collaborating PI's Department If Multi-PI submission, please enter the collaborating PI's budget percentage
3.0 Attach a Biographical Sketch: [None] 2 Upload	All Key and Other Significant Contributors must provide a Biosketch if NIH Submission
4.0 Attach Current and Pending Support Documentation: [None] 2 Upload	Current and Pending Support Documentation is <u>not usually</u> <u>required</u> . Refer to the Funding Announcement to see if it is required at the time of submission
5.0 * This individual is a: Senior / Kay Person on the proposal Other Significant Contributor on the proposal Other Personnel Clear	
6.0 Attach a completed Financial and Intellectual Interest Disclosure Form if Senior / Key proposal personnel. [None] 🛓 Upload	All Key and Other Significant Contributors must provide a financial disclosure. If you have attached this form on the prior screen under COI Disclosure, you do not need to do so here.



Removing Personnel





F&A Splits

When the project is Spread across more than 1 campus(e.g. Main Campus, SOM, College of Nursing, etc..) a F&A split is required. This Activity initiates the F&A Split and has replaced the forms.

Smartforms Revisio	n Test					FP00	004921 Fu	nding Submissio
Current State	Project Information	Review Status	SPO Addition	al Documents	SPO Cor	nfidential	COI Status	
Draft								
Dian	PROPOSAL INFO	RMATION		В	UDGET TO	TALS		
Edit Funding Submission	PD/PI:	PI test			tarting Date:	9/1/2018		
Printer Version	Submitting Departme	ent/Division: Internal	Medicine IM	N	lumber of Per	iods: 0.7	-	
Filler version	Specialist:	Marisa	Sanchez	С	urrent Period	: 1	-	
View Differences	Sponsors:	NIH / N	ational Cancer Ins	titute (NCI)	otal Direct:	\$100,000	-	
	SF-424: Banner Fund #:			Т	otal Indirect:	\$51,500	-	
View Smartform Progress		12345		Т	otal:	\$151,500	-	
Ay Activities	Sponsor Award #:	12345						
Administration SPO Administration	<u>SPO Proposal Cor</u>	<u>nments</u>						
Copy as a NEW Proposal	RTSF Information	<u>1</u>						
Submit For Department Review	Current RTSF							
Dequest EA Split	Date Created Submitte	ed Funds Amount Fu	nds Start Date Fu	nds End Date	PI Approved	Department Ch	air Will Fund	
Request FA Split	No							
3 RTSF	Historic RTSFs							
Negotiation Comments (Activity Log) Proposal Comments	Was Date Approved Create		nds Fun nount Date		Funds End Date	Department Fund	Chair Will	Dean Will Fund
	There are no items to o	display						



Creating a New Funding Submission

- A pop-up window will appear for you to enter all of your F&A Split info:
 - Remember, you will enter information for ALL splits on this screen, both HSC & Main Campus

F&A S	plit			
This act	ivity will initiate an F&A	A split and forward it to SPO for	approval	
Please enter	the appropriate info below and click "(OK" after reading the disclaimer.		
Primary Spo FP Number:		Geneveve Treatment of the Vaginal Introitus to Eva	aluate Safety and Efficacy	
* Start Date:	5/21/2018			
* End Date:	5/20/2019			
* HSC Budg	et Details:			
+ Add				
	Revision Test Justification.pdf		0.02	
	Revision Test Justification.pdf		0.02	
L Upload I			0.02	
Lupload I	Revision Test Justification.pdf		0.02	
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Execute "Request FA Split" on FP00004382 - Google Chrom



Creating a F&A Split



F&A Split

This activity will initiate an F&A split and forward it to SPO for approval

Please enter the appropriate info below and click "OK" after reading the disclaimer.

Principal Investigator:Gena Dunivan Primary Sponsor:Viveve, Inc FP Number:FP00004382 Project Title:Protocol VI-15-01: VIVEVE II: Viveve Geneveve Treatment of the Vaginal Introitus to Evaluate Safety and Efficacy

* Start Date:	5/21/2018	
* End Date:	5/20/2019	

* HSC Budget Details:

+ Add		
2 Upload Revision Test Justification.pdf	0.02	

Main Campus Budget Details:

+ Add

Upload Revision	Test Justification Main Campus.pdf	

```
0.02
```

* Schools: + Add				
	School	Amount (Direct Costs)	Percentage	
C Update	HSC / College of Nursing	\$50,000.00	10	8
C Update	HSC / School of Medicine	\$425,000.00	85	
🕼 Update	Main Campus	\$25,000.00	5	
	al: \$500,000.00 al: \$500,000.00 p: \$0.00			

Disclaimers:

 We, the undersigned, do hereby agree to the use to the percentages stated below for the purposes of calculating the base for F&A cost allocation upon award. This agreement is good for 1 grant cycle, or until a new request is submitted.

 This form allocated the percentage split between HSC School/College & HSC Campus. The normal distribution to the VP for Research Main or Chancellor for Health Sciences will still apply



Creating an F&A Split

Upload your budget breakout & justification (HSC is required; Main Campus required if appropriate

F&A	Split
-----	-------

This activity will initiate an F&A split and forward it to SPO for approval

Please enter the appropriate info below and click "OK" after reading the disclaimer.

Principal Investigator:Gena Dunivan Primary Sponsor:Viveve, Inc FP Number:FP00004382 Project Title:Protocol VI-15-01: VIVEVE II: Viveve Geneveve Treatment of the Vaginal Introitus to Evaluate Safety and Efficacy

* Start Date:	5/21/2018	
* End Date:	5/20/2019	**

*	HS	sc	В	udg	et C)eta	ils:
		-					

+ Add	

2 Upload Revision Test Justification.pdf

Main Campus Budget Details:

+ Add

Upload Revision Test Justification Main Campus.pdf

* Schools:

|--|

School C Update HSC / College of Nursing

Update HSC / School of Medicine

I Update Main Campus

School total: \$500,000.00 Budget total: \$500,000.00 Remaining: \$0.00

Disclaimers:

 We, the undersigned, do hereby agree to the use to the percentages stated below for the purposes of calculating the base for F&A cost allocation upon award. This agreement is good for 1 grant cycle, or until a new request is submitted.

Amount (Direct Costs)

\$50,000.00

\$425,000.00

\$25,000.00

This form allocated the percentage split between HSC School/College & HSC Campus. The normal distribution to the VP for Research Main or Chancellor for Health Sciences will still apply



Remember: Your justification must make it clear how the direct costs categories are going to be distributed between each school/campus

0.02

10

85

5

Creating a F&A Split

🗋 Execute "Request FA Split" on FP00004382 - Google Chrome

https://unmstage2.huronclick.com/GrantsCOIStage/sd/ResourceAdministration/Activity/form?ActivityType=com.we... Q

Request FA Split

F&A Split

This activity will initiate an F&A split and forward it to SPO for approval

Please enter the appropriate info below and click "OK" after reading the disclaimer.

antinator Cana Duni

* Start Date:	5/21/2018	
* End Date:	5/20/2019	

Click on "Add Schools" to add all schools and campuses that are part of the split

Primary Spo P Number:	restigator: Gena Dunivan insor: Viveve, Inc FP00004382 :Protocol VI-15-01: VIVEVE II: Viveve Gene	eveve 1	reatment of the Vaginal Introitus to Evaluate Safety and Eff	īcacy		
Start Date:	5/21/2018					
End Date:	5/20/2019	#				
HSC Budg	et Details:					
+ Add	Revision Test Justification.pdf			0.02		
				0.02		
Aain Campu + Add	is Budget Details:					
2 Upload R	tevision Test Justification Main Campus.pd	lf			0.02	
Schools:						
+ Add						
	School		Amount (Direct Costs)		Percentage	
C# Update	HSC / College of Nursing		\$50,000.00		10	

85 HSC / School of Medicine \$425.000.00 C Update Main Campus \$25,000.00 5 C Update

School total: \$500,000.00 Budget total: \$500,000.00 Remaining: \$0.00

Disclaimers:

1. We, the undersigned, do hereby agree to the use to the percentages stated below for the purposes of calculating the base for F&A cost allocation upon award. This agreement is good for 1 grant cycle, or until a new request is submitted.

2. This form allocated the percentage split between HSC School/College & HSC Campus. The normal distribution to the VP for Research Main or Chancellor for Health Sciences will still apply



 \times

F&A Splits

Select the appropriate school or campus from the dropdown, then enter the amount of direct costs that organization will be receiving.

 NOTE: This must match what is listed in your uploaded budget justification(s).

Add FP_FaSplit-School - Google Chrome	_		×
https://unmstage2.huronclick.com/GrantsCOIStage/sd/CommonAdministration/Choosers/Entity/Custom	DataTy	/pe/D	Q
Add FP_FaSplit-School			
Add School * Organization: * Amount (Direct Costs): \$0.00			
* Required OK OK and Add	Another	Can	cel



F&A Splits

- The system will calculate your percentages based on the breakout you've entered and what's on your Smartform budget screen.
- Once you've entered your information for all schools/campuses, you're ready to submit!





Review Status of Your F&A Split

Your F&A Split request will be routed for approvals.

 You will receive an email if any changes are requested, or any clarifying information is required; otherwise, you will receive a notification when your request is approved.

You can check the status of your request by going to the "Review States" tab on the main page of your FP:

Smartforms Revision	n Test			FP	00004921 Funding	g Submission
Current State	Project Information	Review Status	SPO Additional Documents	SPO Confidential	COI Status	
	F&A Splits Current F&A Spl Is Submitted Is SPO A		mpus Approved Is Vice Chance	llor Approved Is Appr	oved by All Start D	ate End Date



- The first step in starting a Request to Spend Funds is to make sure you have an open record in Click. <u>This record must match the</u> <u>dates that you are requesting to</u> <u>spend funds in.</u>
- Unless you are processing a No-Cost Extension RTSF, you will need a record in one of the following states:
 - × Draft
 - × Department Review
 - SPO Review
 - Final SPO Review
 - Pending Sponsor Review
 - Prepare for Award
 - × Award QC
- If you are processing a No-Cost Extension RTSF, you will need to find your current Awarded record



Need help finding the right record? Contact Pre-Award!



 After you find your open record (or create a new record!) you will click on the "RTSF" Activity:

	»	My Inbo	x	Home	G	rants		COI	Reports		
S	Smartfo	orms Revisior	n Test						FP000	004921 Funding Submissio	on
	COI CERTS						_				
Т	here are Cor	flict of Interest certification	is associated with this project	that are incomplete. The p	project cannot be award	ed until all COIs ha	ve been complet	ted.			
Cu	urrent Sta	te	Project Information	Review Status SPO	Additional Documents	COI Status					
	SI	PO Review									
	View Fu	nding Submission	PROPOSAL INFOR			UDGET TOTAL tarting Date:					
				PI test		umber of Periods	9/1/2018				
	Pri	nter Version	Specialist:	Marisa Sanchez		urrent Period:	1				
	Viev	w Differences	Sponsors:			otal Direct:	\$100,000				
			SF-424:		T	otal Indirect:	\$51,500				
	View Sm	artform Progress	Banner Fund #: Sponsor Award #:	12345	Т	otal:	\$151,500				
М	y Activiti	es		12345							
	Add Study	/ Team Members	SPO Proposal Com	nents							
	Request F		-								
F	a) RTSF		RTSF Information								
_	Proposal	Comments	Current RTSF								
				Funds Amount Funds Star	rt Date Funds End Date		artment Chair Wi	III Fund Dean Will Fund			
	Departme	nt Documents	No								



A pop-up screen will appear where you will enter the project

O Funds Start Date: The anticipated date the funds will start

O<u>Funds End Date: The anticipated end date that you will require</u> the stated funds

O<u>Type of Award: Indicates whether the project is a grant or type of contract</u>

O<u>Amount Requested: The estimated amount you will require</u> <u>during the period stated</u>

OPI Justification: The reason for the RTSF Request – if a MSU or NCE, will indicate that here

O<u>Department Chair (or Designated First Level Approver): Enter</u> the first level approver here. Some Departments have delegated the Chair authority to the Department Administrator – this decision will be up to your Chair. Please keep in mind, the person indicated here will need to log in and approve the RTSF after the <u>PI Approves.</u>

ODEAN (or Designated Second Level Approver): You will enter your Dean in this section. If the Chair Approves but doesn't have the funding, the decision will move to the next level of approval, which is the Dean. In most cases, the approval does not reach this point.

RTSF

Please enter all information below in order to begin the RTSF process

* Funds Start Date:	
02/1/2016	
* Funds End Date:	
03/31/2016	
* Type of Award:	
Grant to UNM 🗸	
* Amount Requested:	_
\$60,000	
* PI Justification:	
MSU - Salary Allocation Purpose	~
	~
	*
* Department Chair (Or Designated First-Le	vel Approver):
King Arthur Select Clear	comprovery.

* Dean (Or Designated Second-Level Approver): Queen Elizabeth Select... Clear

In rare cases, your Chair & Dean may be the same person.





- Once you have completed the information, click "Ok"
- The PI will receive this notification to log in and approve the request

Dear Dr. Bradfute,

Marisa Sanchez has initiated a Request to Spend Funds on your behalf. Please log in to here (Danielle Test Avocado) to view the Request to Spend Funds information.

- 1. Select the RTSF PI Approval Activity on the left hand menu.
- 2. Review the information carefully. If you approve, select "Yes" and click "OK" If you do not agree with the information provided, please select "No" to the certification question and the Request to Spend Funds request will return to the person who initiated it for changes.
- 3. After you certify the RTSF information is accurate, your Department Chair/Center Director will receive a notification to review/approve your request.
- 4. Once all approvals have been obtained, your Contract & Grant Accounting Fiscal Monitor will set-up your account in Banner and email your Index.

If you have any questions regarding the RTSF information, please contact your Department Assistant.

If you have any questions regarding the RTSF Electronic Process, please contact your assigned Sponsored Projects Officer (Kayla Hammond).

Thank you



 After logging in, the PI will click on the "RTSF – PI Approval" Activity

» My Inbox	¢	Hom	e		Grants		COI	Reports	
Smartforms Revisior	n Test							FP00004921 Fund	ing Submission
COI CERTS INCOMPLETE									
There are Conflict of Interest certification	s associated with	this project that are inc	omplete. Th	ne project cannot be awa	rded until all COIs ha	ave been co	mpleted.		
Current State	Project Inform	ation Review Sta	tus S	PO Additional Document	s COI Status				
SPO Review									
	PROPOSA	L INFORMATION			BUDGET TOTA	LS			
View Funding Submission	PD/PI:	F	PI test		Starting Date:	9/1/2018			
Printer Version	Submitting	Department/Division:	nternal Medi	icine IM	Number of Periods	• 0.7			
	Specialist:	1	Marisa Sancl	hez	Current Period:	1			
View Differences	Sponsors:	1	NIH / Nationa	al Cancer Institute (NCI)	Total Direct:	\$100,000			
	SF-424:				Total Indirect:	\$51,500			
View Smartform Progress	Banner Fun		2345		Total:	\$151,500			
My Activities	Sponsor Aw	ard #:	2345						
Add Study Team Members	<u>SPO Propo</u>	sal Comments							
I RTSF - PI Approval	RTSF Info	mation							
Proposal Comments	Current RTS	SF							
Department Documents		Submitted Funds Amo Yes \$100,000.0			ate PI Approved Dep	artment Cha	air Will Fund Dean Will Fund		



- A pop-up screen will appear for reviewing the project information.
- If all the information looks accurate, select "Yes" and "Ok" to Approve. Once you select OK, a notification will be sent to the Department Chair/Delegated Approver to log in and review/approve the project.
- If any information looks inaccurate, select "No" and "Ok" and the request will be routed back to the study staff for re-work

RTSF - PI Approval

Please Verify That All of the Information Below is Correct, and Check the Appropriate Radio Button to Indicate Approval

Proposal Information

PI Name-Sean Gonzales Proposal Number: FP00002607 Department: University of New Mexico Health Sciences Center PI's Org Code:851x Funding Agency:NIH / National Eve Institute (NEI) Project Title:jjj Current Banner Fund Number (If Applicable): Anticipated Award Information Anticipated Project Start Date: 4/21/2017 Anticipated Project End Date:4/20/2018 RTSF Information Funds Start Date:4/28/2017 Funds End Date:5/27/2018 Funds Amount:\$1,000,000.00 **PI Justification:** I like \$\$\$ If I Am NOT The PI Listed Above, I Certify That I Have The PI's Authorization To Approve This RTSF: * I Certify That All Information Contained Above is True and Correct: • Yes • No Clea Cancel This RTSF (For Erroneously Entered Requests):

OK Cancel



• After you click "OK" the following notification will be sent to the Department Chair/Delegated Approver:

Dear Department Chair,

Steven Bradfute has approved a Request to Spend Funds. Please log in to here (Danielle Test Avocado) to review/approve the Request to Spend Funds.

- 1. Select the RTSF Department Chair Review Activity on the left hand menu.
- 2. Review the information carefully. You will have three options to choose from:
 - 1. In the event that the award above is not received, or does not coincide with the period of performance identified above, I will provide funding for any losses incurred as a consequence of the approval of this request. (This selection will send the request to the HSC Sponsored Projects / Pre Award Office)
 - 2. I am unable to provide funding for losses incurred as a consequence of the approval of this request. However, I endorse the request and recommend its approval by the Dean. (this selection will send the request to the Dean for approval)
 - $3, \quad \mbox{Request} \mbox{ to Spend Funds is Disapproved. (This request will withdraw the RTSF)}$
- 3. After making your selection, the RTSF will be routed accordingly.

If you have any questions regarding the RTSF information, please contact the Principal Investigator (Steven Bradfute).

If you have any questions regarding the RTSF Electronic Process, please contact your assigned Sponsored Projects Officer (Kayla Hammond).

Thank you



The Department **Chair/Delegated Approver has 3 options:**

- To guarantee expenditure funding Ο if the project is not received (the **RTSF** will be routed to Pre-Award for approval)
- Approve the request, but ask the Ο Dean to fund expenditures if project funding is not received (the **RTSF** will be routed for Dean approval)
- **Disapprove the request (the project** Ο will be withdrawn from the system and the RTSF will have to be reinitiated)

RTSF - Department Chair Review

Please Review Request to Spend Funds Below and Indicate Your Decision

Principal Investigator	Steven B	radfute				
Proposal Number	FP00000	014				
Department	Internal I	Internal Medicine IM				
PI's Org Code	851H					
Funding Agency	NIH / Na	tional Cancer Institute (NCI)				
Project Title	Danielle 1	Test Avocado				
Type of Award	Grant to	UNM				
Award Cycle	Funding S	Submission				
Fund/Index Number	36521					
Anticipated Award Start D	ate 7/1/2015	5				
Anticipated Award End Da	ite 6/30/201	17				
Anticipated Funds:						
Period Number	Start Date	Requested Amount				
View 2	7/1/2016	\$150,000.00				
View 1	7/1/2015	\$75,000.00				
Requested Funds Start Da	ite 2/1/2016	5				
Requested Funds End Dat	e 3/31/201	16				
Requested Funds Amount	\$60,000.	00				
Admin Contact Name	Marisa Sa	anchez				
Admin Contact Email	marsanch	hez@salud.unm.edu				
PI Justification	MSU - Sa	alary Allocation Purpose				
* Department Chair Dec	ision:					

- View In the event that the award above is not received, or does not coincide with the period of performance identified above, I will provide funding for any losses incurred as a consequence of the approval of this request
- View I am unable to provide funding for losses incurred as a consequence of the approval of this request. However, I endorse the request and recommend its approval by the Dean.
- View Request to Spend Funds is Disapproved


Request To Spend Funds

 If the Department Chair/Delegated Approved chooses to route for Dean approval, the Dean will receive the following notification:

Dear Dean,

Department Chair has sent a Request to Spend Funds for your review/approval. Please log in to here (link to proposal) to view the Request to Spend Funds.

- 1. Select the RTSF Dean Review Activity on the left hand menu.
- 2. Review the information carefully. You will have two options to choose from:

Option 1: The Department Chair has endorsed this request but is unable to provide funding for losses incurred as a consequence of the approval of this request. I concur with the Department Chair's recommendation and will provide such funding if required. (This selection will send the request to the HSC Sponsored Projects / PreAward Office for approval)

Option 2: The Dean's Office does not have available funds to cover. The request is denied. (This selection will withdraw the RTSF)

3. After making your selection, the RTSF will be routed accordingly.

If you have any questions regarding the RTSF information, please contact the Principal Investigator (name here) and/or Department Chair (name here).

If you have any questions regarding the RTSF Electronic Process, please contact your assigned Sponsored Projects Officer (name here).

Thank you



Request To Spend Funds

RTSF - Dean Review

The Dean has 2 options:

- To guarantee expenditure 0 funding if the project is not received (the RTSF will be routed to Pre-Award for approval)
- **Disapprove the request** Ο (the project will be withdrawn from the system and the RTSF will have to be re-initiated)

Please Revie	ew Req	uest to Spend Funds Below and Indicate Your
		Decision
Principal Investigator	Steven Br	adfute
Proposal Number	FP000000	14
Department	Internal M	Iedicine IM
PI's Org Code	851H	
Funding Agency	<u>NIH / Nati</u>	ional Cancer Institute (NCI)
Project Title	Danielle T	est Avocado
Type of Award	Grant to U	JNM
Award Cycle	Funding S	ubmission
Fund/Index Number	36521	
Anticipated Award Start Da	te 7/1/2015	
Anticipated Award End Date	e 6/30/2017	7
Anticipated Funds:		
	Start Date	Requested Amount
	/1/2016	\$150,000.00
Niew 1 7	/1/2015	\$75,000.00
Requested Funds Start Date	e 2/1/2016	
Requested Funds End Date	3/31/2016	5
Requested Funds Amount	\$60,000.0	10
Admin Contact Name	Marisa Sa	nchez
Admin Contact Email	marsanch	ez@salud.unm.edu
PI Justification	MSU - Sal	ary Allocation Purpose
Department Chair Decision	ID000000	02

as Deview Degraat to Chand Funds Delaw and Indiasts Vew

Dean's Decision:

View The Department Chair has endorsed this request but is unable to provide funding for losses incurred as a consequence of the approval of this request. I concur with the Department Chair's recommendation and will provide such funding if required.

View The Dean's Office does not have available funds to cover. The request is denied.



Awards

Yay! Your Award has arrived! Now what?

> Award Email notification to PI and Administrative Contact

 A separate email is also send to Contract & Grant Accounting for index setup Funding Proposal: FP00000143

Sponsor: HHS / Health Resources and Services Administration (HRSA)

Project Title: Sample Proposal Apple

Dear Dr. Flowers

Congratulations on your Award! The Award has now been transmitted from the Sponsored Projects Office (SPO) / PreAward to Contract & Grant Accounting (C&GA) for Banner set-up, billing and monitoring. Your Contract & Grant Accounting Fiscal Monitor (Lilly Blue) will be assisting you during the active phase of this award.

Please submit an Award Budget Sheet (ABS) in the next 5 business days to your C&GA Fiscal Monitor referenced above. Please ensure the ABS sums to the same amount as the attached grant award and that all line item categories match the award document.

Rebudgeting and carryforward issues are also duties that fall under C&GA. The C&GA Fiscal Monitor (<u>Lilly Blue</u>) will be responsible for setting up the award in Banner and emailing your index number to you.

If your Award Notice was not attached, you can view your Award Notice by:

1) Logging into Click here: Sample Proposal Apple

2) Click on "Award Attachments" in your workspace

If Terms need to be requested or changed (Terminations, Relinquishments, Change of Key Personnel, Effort Reduction, No Cost Extensions, etc.) please return to SPO / PreAward (Danielle Jones) for assistance.

Thank you again; we wish you continued success with your project

SPO / PreAward

You can find additional instruction on the Sponsored Projects Office / PreAward website: <u>http://hsc.unm.edu/financialservices/preaward/</u> If you have any questions, please contact the Sponsored Programs Administration / PreAward : (505) 272-6264 or <u>HSC-preaward@salud.unm.edu</u>





» My Inbox		Home	Grar	its	COI	Reports	
New Record II						FP000045	005 Funding Submission
urrent State Proje	ect Information Review S	tatus SPO Additional Docu	iments OI Status				
Awarded							
	OPOSAL INFORMATION	[BUDGET TOTA				
View Funding Submission PD/		PI test	Starting Date:	9/1/2018		ck the "SPO Addition	าลเ
Printer Version	bmitting Department/Division:	Internal Medicine IM	Number of Periods	⁺ 1	Do	ocuments" to see	
		Marisa Sanchez	Current Period:	1	up	loaded documents,	
view Dillerences		NIH / National Cancer Institute (\$1,000		luding the award	
Ban	-424: nner Fund #:	12345	Total Indirect:	\$500		-	
View Smartform Progress	onsor Award #:	1234567	Total:	\$1,500	ac	cument.	
ly Activities		1204007					
Request NCE	O Proposal Co	e "Awarded" s	tate. vour				
		able activities					
Copy as a NEW Proposal			are insteu				
Create Follow-On Submission	rrent RTSF	•					
Add Study Team Members	e Created Submitted Funds Am	ount Funds Start Date Funds Er	nd Date PI Approved Dep	artment Chair Will Fund Dea	n Will Fund		
Request FA Split	toric RTSFs	и и					
3) RTSF	1010111015						
Allach Award Dudget Sheet	s Approved Date Cre	ated Submitted	Funds Amount	Funds Start Date	Funds End Date D	epartment Chair Will Fund	Dean Will Fund
	ere are no items to display						
Department Documents							



Creating a Follow On Submission

Non-competing continuations and supplements are created as "Follow-on Submissions"

»	My Inbox Home	Grants	COI	Reports	
New Record II				FP000045	105 Funding Submissio
Current State	Project Information Review Status SPO Additi	ional Documents COI Status			
Awarded	PROPOSAL INFORMATION	BUDGET TOTALS			
elect "Create	PD/PI: PI test	Starting Date: 9/1/2018			
	Submitting Department/Division: Internal Medicine IM	Number of Periods: 1			
ollow-on	Specialist: Marisa Sanchez	Current Period: 1			
ubmission" Differences	Sponsors: NIH / National Cancer	Institute (NCI) Total Direct: \$1,000			
	SF-424:	Total Indirect: \$500			
om the "My torm Progress	Banner Fund #: 12345	Total: \$1,500			
ctivities" list	Sponsor Award #: 1234567	- ,			
Request NO E	SPO Proposal Comments		te: All follow-c d from the Par		
Create Follow-On Submission	on Current RTSF	grant cycl	e. You will ON	LY create follo	w-on
Add Study Team Members	Date Created Submitted Funds Amount Funds Start Date		ons on a "New'	⁷ or "Competit	ive
Request FA Split	Historic RTSEs	Renewal"	record type.		
RTSF		Kellewal	record type.		
Attach Award Budget Sheet	Was Approved Date Created Submitt There are no items to display	ted Funds Amount Funds Start Date	Funds End Date Depa	rtment Chair Will Fund	Dean Will Fund
Department Documents					
	HISTORICAL DATA				



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Submission Type

Create Follow-On Submission

Select the submission type:

0	Non-competing Continuation	Non-competing application for an additional funding period subsequent to that provided by the current award.Required for some federal grants and internally funded projects.
\bigcirc	Non-specific Supplement	Processed by the Sponsored Projects / PreAward Office - does not require Departmental Approval and not intended for supplements with change of personnel.
0	Specific Supplement <u>Clear</u>	Processed by Department - examples include Diversity Supplement, Admin Supplement, Addition in Scope of Work or Personnel





Creating a Follow On Submission

oposal Description & Contacts 1.0 * Short Title of Proposal: New Record II - Continuation 2.0 Full Proposal Title: restdfyghujikol.[Follow-On Submission" w generate a new s smart forms that mostly pre-filled information from parent record	For NIH, maximum 81 characters allowed. If Clinical Trial, please enter "Clinical Trial Phase use TITLE CASING as this title will get published in the HSC Annual Awards Booklet if Awarded. With the here.
3.0 * Program Director / Principal Investigator / Mentor: PI test ••• • • • • • • • • • • • • • • • • •		Please select Primary PI. If Fellowship, please identify the fellow or trainee. Please enter PI Banner Org (i.e. 099H21)
* PI Org ID: 2345 4.0 * Fiscal Monitor:	Be sure to review a data to make sure the title/dates/PI, e	that tc. are Please select your HSC Contract & Grant Accounting
Krystyna Burrola 🗾	correct.	Fiscal Monitor. Please click here and enter your department or org code in the search box to find your Fiscal Monitor
5.0 * Administrative Contact: Marisa Sanchez ••• •		Please select the individual (other than the PI) in whom PreAward / SPO can contact with questions for the submission.
6.0 * Select Direct Sponsor: NIH / National Cancer Institute (NCI) ••• ©		If you do not find the name of the Sponsor in this list, enter the name in the box below, leave "Direct Sponsor" blank (and then click 'save' when you are finished with the remainder of the form).



» My I	nbox	Home	Gran	ts	COI	Repo	rts	
New Record II							FP00004905 Fundir	ng Submission
Current State	Project Information	Review Status SPO Additional Doc	uments COI Status					
Awarded								
View Funding Submission	PROPOSAL INFO	PI test	BUDGET TOTAL Starting Date:	<u>S</u> 9/1/2018				
	Submitting Departme	nt/Division: Internal Medicine IM	Number of Periods					
Printer Version	Specialist:	Marisa Sanchez	Current Period:	1				
View Differences	Sponsors:	NIH / National Cancer Institute	. ,	\$1,000				
	SF-424: Banner Fund #:	12345	Total Indirect:	\$500				
View Smartform Progress	Sponsor Award #:	1234567	Total:	\$1,500				
My Activities								
Request NCE	20 Proposal Cor		he Proposal V	Vorkspace, s	elect			
Copy as a NEW Proposal			est NCE"					
Create Follow-On Submission	RTSF Information	l de la companya de la						
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Add Study Team Members								
Request FA Split	Historic RTSFs							
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Attach Award Budget Sheet	Was Approved There are no items to c	Date Created Submitted isplay	Funds Amount	Funds Start Date	Funds End Date	Department Chair Will Fund	Dean Will F	Funa
Department Documents								
	HISTORICAL DAT	۵						
	-10101010 DAI	<u>L</u>						



) Execute "Request NCE" on FP00000143 - Google Chrome	
https://unmstage2.huronclick.com/GrantsCOIStage/ResourceAdministration/Activi	ity/form?ActivityType=co
Request NCE	
Request a No-Cost Extension	
Executing this activity notifies SPO that you would like a No-Cost Extension processed and forwarde	d to Contract & Grant
Accounting. If you do not wish to request a No-Cost Extension processed and forwarde	
* Select Desired NCE Date:	
If You Are Not The PI, Please Upload PI Approval Here:	
Add	
Name There are no items to display	
If You Have Correspondence From Sponsor Regarding NCE, Please Upload Here:	
Add	
Name	
There are no items to display	
I Certify I am The PI For This Project Making a Request For a No-Cost Extension: 🔲	
No-Cost Extensions To-Date For This Project: 0	
	OK Cance



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 Email notification to PI and Administrative Contact

Dear Study Team:

You have just requested a No-cost extension for FP00000143. If this request was in error, please contact your assigned SPO personnel.

If this project is inclusive of Research, Human Subjects, or Animal Subjects, you will need to log in (click here - <u>Sample Proposal</u> <u>Apple</u>) to your proposal in order to update your personnel. Once your personnel have been updated, those remaining on the project will receive a notification from COI to re-certify. Once the COI's are re-certified, SPO will process your No-cost Extension request.

Please contact your SPO Administrator for SPO questions or Marie Barron (ext. 2-6433) for COI questions.

Thank you, SPO

You can find additional instruction on the Sponsored Projects Office / PreAward website: <u>http://hsc.unm.edu/financialservices/preaward/</u> If you have any questions, please contact the Sponsored Programs Administration / PreAward : (505) 272-6264 or <u>HSC-preaward@salud.unm.edu</u>

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Email notification to SPO/Pre-Award

Dear Danielle Jones :

Your assigned department Internal Medicine IM has just requested a No-cost Extension for Sample Proposal Apple .

If this project is inclusive of Research, Human Subjects, or Animal Subjects, the study staff will need to update their COI's before SPO can process. Please log in to see the status of the COI certifications.

Thank you

You can find additional instruction on the Sponsored Projects Office / PreAward website: http://hsc.unm.edu/financialservices/preaward/ If you have any questions, please contact the Sponsored Programs Administration / PreAward : (505) 272-6264 or HSC-preaward@salud.unm.edu

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Non-competing

Continuation

HSC-15686

Mapping for Specialized Domains for FC3RI Signaling & Internalization

Current State Awarded **Review Status** SPO Additional Documents 🔘 View Funding Submission **PROPOSAL INFORMATION** BUDGET TOTALS PARENT BUDGET TOTALS E Printer Version PD/PI: Bridget Wilson Starting Date: 2/1/2011 Total Direct: View Differences Department: Pathology Department Number of Periods: 1 Total Indirect: Specialist: Sandy Sacher Current Period: 0 Total: View SmartForm Progress NIH / National Institute of Allergy and Infectious Diseases (NIAID) Total Direct: \$263,562 Sponsors: SF-424: Total Indirect: \$87,169 4y Activities Banner Fund #: 379M0 Total: \$350,731 Copy as a NEW Proposal F۴ Sponsor Award #: 5R01AI051575-08 NCE Add or Remove Before SPO/Pre-Award can process an Study Personnel SPO Proposal Comments NCE request, new COI disclosures must S RTSF be completed Attach Award Budget Sheet **RTSF Information** Department Documents h Current RTSF Date Created Submitted Funds Amount Funds Start Date Funds End Date PI Approved Department Chair Will Fund Dean Will Fund (Funding Proposal - Awarded)

Ulatoria DTCEs



 Be sure to Update your personnel and Initiate COI's by clicking yes on the asterisked button. Then Click OK. Execute "NCE Add or Remove Study Personnel" on FP00000143 - Google Chrome

🔒 https://unmstage2.huronclick.com/GrantsCOIStage/ResourceAdministration/Activity/form?ActivityType=com.webridge.entity.Enti

- 0

OK

Cancel

NCE Add or Remove Study Personnel

No-Cost Extension: Add or Remove Study Personnel

Please enter <u>all</u> personnel that will be working on the project during the period of the no-cost extension. Only personnel listed on this form will have COI certifications submitted.

* Principle Investi					
Bunny Flowers Selec	ct Clear				
Fellow/Trainee:					
	Select				
UNM Personnel:					
Add					
Last Name	Key / Other Significant	Role	Biosketch	Disclosure	
There are no items	s to display				
Non-UNM Personn	el:				
Add					
Last Name	Key / Other Significant	Role	Biosketch	Disclosure	
There are no items	s to display				
	RE THAT ALL PERSONNEL ARE CORRECT ON THIS				
	YES" AND CLICK "OK", COI DISCLOSURES WILL AUTO			NEL LISTED HERE.	
* Are You Ready To	o Initiate COI Disclosures For The Above Listed I	Personnel?			
Yes 🖲 No 🖸	<u>lear</u>				



- Email notification to Contract & Grant Accounting
- A separate email is sent to PI, Admin contact





Creating a Competitive Renewal Submission

» My Inb	xc	**		Orente			COI			Rep	orts		
Create New Funding Submission Create Competitive Renewal	Grants Shows all funding submiss	Compet	e Grants tab, se itive Renewal" etc.). and ancillary agreeme										
Create New Ancillary Agreement	Funding Proposals	Ancillary Agreements	All Projects										
	Filter 😢 ID	Enter text to sea	arch for Go + A	dd Filter 🗴 🔇	Clear All								
	ID Name			Owner	State	PI	Submitting Department	Primary Sponsor	Submission Type	Banner Fund #	Sponsor Award #	Project Start Date	Project End Date
	🛐 FP00004924 New Re	ecord II - Continuation		Sanchez, Marisa	Draft	test	Internal Medicine IM	NIH / National Cancer Institute (NCI)	Non- competing Continuation		1234567	9/1/2018	8/31/2019
	🛐 FP00004905 New Re	cord II		Sanchez, Marisa	Awarded	test	Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding Submission	12345	1234567	9/1/2018	8/31/2019
	S FP00004921 Smartfor	rms Revision Test		Sanchez, Marisa	SPO Review	test	Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding Submission	12345	12345	9/1/2018	5/9/2019
	Combina (Grazop	Study to Evaluate the Effica ation Regimen of MK-3682 previr/ruzasvir/uprifosbuvir) s C Virus Genotype 3 Infect	B in Participants With Chronic	LeBlanc, Jenni	Awarded	Arora	Internal Medicine IM	Merck, Sharp & Dohme, Inc.	Funding Submission		MK3682B-037- 0501	6/14/2017	6/13/2019

 What is a Competitive Renewal? Previous years of funding for the project have elapsed. Competing for additional years of funding to continue original project



Creating a Competitive Renewal Submission

Once you create a "New Competitive Renewal" record, the Smart Forms will be generated as usual, with only a few small changes on page 1.2, General Proposal Information:

You Are Her	e: 🚯 Gfdgsdg	
≪ Back	🖺 Save 🕩 Exit 🛕 Hide/Show Errors 🔒 Print 🎓 Jump To 👻	Continue »
1.2 General F	Proposal Information Type of Application: Renewal	
2.0	If Resubmission or Renewal, please enter the Sponsor #: Type Activity Code Inst. Code Serial Number Year Suffix I B this award transferring in from another institution? O Yes ● No Clear	Type: 1 = New 2 = Competitive Continuation If Non-NIH: Enter the sponsor number in "Serial Number" text box



» My Inbo	ix Ho:	From the Grants tab, Ancillary Agreement"		COI			Reports		
Create New Funding Submission Create Competitive Renewal	Grants Shores all funding submissions (Grants,	Contracts, etc.), and ancillary agreement	s (MTAs, CDAs, etc.)						
Create New Ancillary Agreement	Funding Proposals Ancillary Agree	ments All Projects							
	Filter 7 ID T	er text to search for Go + Add	Filter 🗙 Clear All						
	ID Name		Owner State	Submitting Department	Primary Sponsor		ner Sponsor Award d # #	Project Start Date	Project End Date
	FP00004925 Gfdgsdg		Gonzales, Draft Sean	Internal Medicine IM	NIH / Blueprint for Neuroscience Research	Funding Submission		5/22/201	8

Ancillary agreements are all unfunded agreements that are processed through UNMHSC SPO/Pre-Award. These include:

- Material Transfer Agreements (MTAs), both Incoming & Outgoing
- Confidentiality Disclosure Agreements (CDAs)
- Data Use Agreements (DUAs)



You Are Her	e: 🛐 Data Use Agreement Test					
≪ Back		🖺 Save	🕩 Exit	A Hide/Show Errors	🔒 Print	Aump To 🗸
	Description					
1.0	* Ancillary Agreement Type: Material Transfer					
	Ancillary Agreement Award Number:					
	123456					
2.0	If MTA, enter the type of material being transferred:					
	If incoming-MTA, please complete and attach the completed form: a2 - Copy (2).pdf(0.01) If outgoing-MTA, please complete and attach the completed form: [None] Upload					
3.0	* Short Title of Agreement:					
	Material Transfer Agreement Test					
4.0	Detailed Agreement Description:					
	stuff from where and what					
5.0	* Principal Investigator:					
	PI test 🚥 🙁					
6.0	1 Outputition Deve deve to					
	* Submitting Department: Internal Medicine IM C					
	* Administrative Contact:					



	* Administrative Contact:	
	Study Staff 🔜 🛞	
	Persons With Edit Rights:	
	Person	User ID
	There are no items to display	
	Persons With Read-Only Rights:	
	Person	User ID
	There are no items to display	
7.0	Brainet Start Date:	
7.0	Project Start Date: 5/11/2018	
	3/11/2010	
8.0	Sponsored Projects Officer:Aida Andujo	
9.0	PI Org Code:851A	
0.0	* Select Sponsor: AAVP Biosystems, LLC •••• ©	
	ANY Polosystems, LLC	
	If sponsor does not appear in list, enter name here:	
	Agency Contact Name:	
	Agency Contact Phone Number:	
	Agency Contact Email:	



12.0	If ancillary agreement is type MTA, select MTA Type:
13.0	If ancillary agreement is type MTA, select Source Business Type:
14.0	Comments:

≪ Back 🕒 Save 🕩 Exit 🛕 Hide/Show Errors 🔒 Print 📌 Jump To 🗸



You Are Here:	Material Transfer Agreement Te					
« Back		🖺 Save	🕩 Exit	A Hide/Show Errors	🖨 Print	Aump To 🗸
2.0 Export Cont	rol Screening Questions Form					
	ct contain any of the following:					
1.0	* Export Control: O Yes No Clear					
2.0	* Does This Project Involve Select Agents or Select Toxins Of Any Amount: O Yes No Clear					
3.0	* Has Foreign National Personnel: O Yes No Clear					
4.0	* Has Dual Citizenship: O Yes No Clear					
5.0	* Has Foreign Collaborators: O Yes No Clear					
6.0	* Has Restrictions On Publications: O Yes No Clear					
7.0	* Has Foreign Owned Funding: O Yes No Clear					
8.0	* Invloves Foreign Travel: O Yes No Clear					
9.0	* Has Proprietary Information: O Yes No Clear					
10.0	* Is Drug Free Workforce: O Yes No Clear					
11.0	* Has Security File (TCP): O Yes No <u>Clear</u> Upload Completed Export Control Exclusion Screening Form:					
	[None] 📩 Upload					



You Are Here:	🛐 Malerial Transfer Agreement Te	
Back	🖺 Save 🕞 Exit 🛕 Hide/Show Errors 🔒 Print 🏲 Jump To 🗸	Finish
12.0 Completion	in Instructions:	
1.0	Congratulations! You have completed the SPO required information.	
	In the toolbar, select "Hide / Show Errors" to validate that this form is complete. Update any errors or incomplete sections.	
	Select "Finish" in the lower right hand corner if you are ready to initiate the approval process.	
Gack	🖹 Save 🕞 Exit 🛕 Hide/Show Errors 🔒 Print 🏲 Jump To 🗸	Finish
	Hooray! You've completed the Ancillary Agreement Smart Forms.	
	Don't forget to click "Finish" as the final step!	







	Document

Upload All Necessary Grant Documents Via the Properties Below

Misc Documents:
Add
Name
There are no items to display
MTA Questionnaire (Incoming):
Add
Name
There are no items to display
MTA Questionnaire (Outgoing): [None] Add





Need Help?

Check out the Click User Guide!

Contact Danielle Jones or Sean Gonzales to schedule on-site assistance.

- Danielle: DCRepella@salud.unm.edu, 505-272-4076
- Sean: Sgonzales@salud.unm.edu, 505-272-3495

If you have system problems, please contact one of the administrators below:

- Sean Gonzales, Sgonzales@salud.unm.edu, 505-272-3495
- Danielle Jones, DCRepella@salud.unm.edu, 505-272-4076

And, as always, call or email your Sponsor Projects contact for help!



