

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 UNIX USC and have a surrent USC NatiD, please dick on	Password
the UNM HSC Login button.	
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.

NUNM Elect	tronic Research	,										Hello, Study
CENTER Adm	inistration											
»	My Inbox		H	łome		Grants			COI	Reports		
Proposal My Current Acti Create My C Create New Fund	I Team ions Certification ting Submission	Page fo Welcome to you • Create Fu and Foun • Manage y project we	or Study ur Personal Wor unding Proposi dation awards. your submissic orkspace. Your	Staff kspace. From this wo als using SmartForm ons. All submissions i first steps will be to co	orkspace you o is that will gui n your INBOX mplete the Sr	an Je you through all awar currently require your a nartForms and use the	d-related inst action. The S SUBMIT activ	itutional subm TATE of the s vity to start the	iission requirements of Fer submission determines whi p proposal through the rev	deral Grants, SF424 eSubmiss ch ACTIVITIES will be availab lew process.	sion for NIH, I le to you once	ndustry Contrac ∋ you click into ti
Create Competi	iitive Renewal	My Grants	Му СОІ	My Deliverables	In Progre	ss Pending	Awarded	Withdra	wn / Not Funded			
Create New Ancil	llary Agreement	ID	Name		▼ Date Modified	State	PI	▼ Date Modified	State	Primary Sponsor	Submissio Type	n Last State Change
My Home		FP00004	4892 Tortellini A	lfredo	5/7/2018 11:54 AM	SPO Review: Pending Changes by Pl	PI test	5/7/2018 11:54 AM	SPO Review: Pending Changes by Pl	Abbott Laboratories Inc.	Renewal	5/7/2018 11:54 AM
COI Reports		FP00004	4917 Supercalif	ragilisticexpialidocious	5/4/2018 2:15 PM	Draft	PI test	5/4/2018 2:15 PM	Draft	NIH / National Cancer Institute (NCI)	New	5/4/2018 11:48 AM
UNM COI Information	on	(5) FP00004	4865 Madi - Cor	ntinuation	5/1/2018	Pending Sponsor	Madison	5/1/2018	Pending Sponsor Revie	w NIH / Blueprint for	New	4/13/2018
COI Discloser Guide	e	(5) FP00004	4908 Etsdrtyui -	Continuation	4/30/2018 5:02 PM	Awarded	PI test	4/30/2018 5:02 PM	Awarded	Neuroscience Research NIH / National Cancer Institute (NCI)	New	4/27/2018 3:18 PM
		(§) FP00004	4903 Etsdrtyui		4/27/2018 2:56 PM	Awarded	PI test	4/27/2018 2:56 PM	Awarded	NIH / National Cancer Institute (NCI)	New	4/20/2018 4:27 PM
		FP00004	4900 Sean		4/20/2018 1:47 PM	Draft	PI test	4/20/2018 1:47 PM	Draft	NIH / Cooperative Human Tissue Network	Renewal	4/20/2018 1:47 PM
		SP00004	4876 Sour Cher	ry Clafoutis	4/18/2018 2:26 PM	Pending Sponsor Review	PI test	4/18/2018 2:26 PM	Pending Sponsor Revie	w NSF / National Science Foundation	New	4/18/2018 2:26 PM
		(5) FP00004	4870 Happy Bal	ру	4/18/2018 9:38 AM	Awarded	PI test	4/18/2018 9:38 AM	Awarded	HHS / National Institutes of Health (NIH)	New	4/17/2018 4:27 PM



HEALTH SCIENCES CENTER

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

Electronic Research Administration	2											Hello, Study S
My Inbox			Home		Grants)		COI		Reports		
New Funding Submission	Grants Shows all fur	nding subn	nissions (Grants, Contra	cts, etc.), and ancilla	ry agreements	(MTAs, C	CDAs, etc.)					
New Ancillary Agreement	Funding Pro	oposals	Ancillary Agreements	All Projects								
	Filter U	ID Nam	Enter text t	o search for Owner	Go + Add F State	ilter × C	lear All Submitting Department	Primary Sponsor	Submission Ba Type Fu	anner Sponsor Award Ind # #	Project Start Date	Project End Date
	🋐 FP000	04921 Sma	artforms Revision Test	Sanchez, Marisa	Final SPO Review	test	Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding Submission		9/1/2018	8/31/2019
	🛐 FP000	04906 Mult	i Year Test With COIs	Sanchez, Marisa	Awarded	test	Internal Medicine IM	Abbotsford Foundation	Funding Submission	123654789	3/15/2018	12/31/2021
	🛐 FP000	04912 view	test 2	Sanchez, Marisa	Draft	test	Internal Medicine IM	Abbotsford Foundation	Funding Submission	123654789	3/15/2018	12/31/2021
	🋐 FP000	04919 Ema	il Test	Sanchez, Marisa	Disapproved By Department	test	Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding Submission	1234567	9/1/2018	8/31/2019
	🋐 FP000	04905 New	Record II	Sanchez, Marisa	Awarded	test	Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding 12 Submission	345 1234567	9/1/2018	8/31/2019
	(§) FP000	04892 Torte	ellini Alfredo	Gonzales Sean	, SPO Review: Pending Changes by Pl	test	Internal Medicine IM	Abbott Laboratories Inc.	Funding Submission		9/1/2018	8/31/2019
	🛐 FP000	04913 view	test 3	Sanchez, Marisa	Not Submittee	test	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	G	rants			COI			Reports		
Create New Funding Submission	Grants	From the C Funding Su	Grants tab, ubmission'	, select "I "	New							
Create Competitive Renewal	<u>Shows all funding submi</u>	<u>issions (Grants, Contracts, et</u>	<u>tc.), and ancillar</u>	<u>y agreements</u>	(MTAs, CDA:	<u>s, etc.)</u>						
Create New Ancillary Agreement	Funding Proposals	Ancillary Agreements	All Projects									
	Filter ID	Enter text to sear	rch for	Go + Add F	ilter 🗙 Clear A	All						
	ID Name	9	Owner	State	PI	Submitting Department	Primary Sponsor	Submission Type	Banner Fund #	Sponsor Award #	Project Start Date	Project End Date
	FP00004921 Smart	tforms Revision Test	Sanchez, Marisa	Final SPO Review	test	Internal Medicine 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 ••• • • • • • • • • • • • • • • • • •
	* 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:	
0.0	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 Administration	esearch ion	UNM HSC Employees are entered here	Edit: Punding Proposal - FP00004921
You Are Here: 🛐 Smartforms Revision Te	st	Bave ⊕ Exit ▲ Hide/Show Errors ♣ Print ♥ Jump To ▼	Continue »
1.0 Select other Institutioner + Add Last Name There are no items to di	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	cal Staff	
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 germanently add the person to the system.
lu atituti au al		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 you receive an error station that you are person already exists: If you receive an error station that the person already exists: 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
Institutional		* First Name:	marriage). We encourage the liberal use of the wildcard symbol - % - when searching for personnel or
Staff- ΔKΔ		Middle Name:	organizations. So if you are searching for someone named Smith-Jones, but you are not sure if they are in here unde
		* Last Name:	Smith or Jones (or both), by entening "%Smith"s" and "%Jones"%" into the search box. This will ensure that you are able to find the person in the system.
UNM		· Emak Search for s	staff members by name. If you
norconnol		* Barner ID:	to find your staff member.
personner		Street Address 2:	' and these fields will annear
		City:	and these news will appear
		State: - Select One - for you to e	enter the staff member
			n
Cala a		Phone:	
0		Fax	
Davy I nen a	2.0	* Select Project Role:	Select a Project Role. If a Multi-PI Submission, Project Role would be "PI"
		If "Other (Specify)" selected, enter the role below:	If the role is not listed, plese enter here (Multi-Di submission, please select the collaboration DTs Denartment
AN STREET			If Mula-PI submission, please series in consistenting PI's Department If Mula-PI submission, please enter the collaborating PI's budget percentage
		Collaborating PI Department (if Mulu-PI):	
	-	Collaborating PI Budget Percentage (If Mula-PI):	
<u>LOBUS</u>	3.0	Attach a Biographical Sketch: [None] & Usicai	All Key and Other Significant Contributors must provide a Blosketch // NIH Submission
	4.0	Attach Current and Pending Support Documentation: [None] (Leisand	Current and Pending Support Documentation is <u>not usually required</u> . Refer to the Funding Announcement to see if it is required at the time of submission
	4.0	Attach Current and Pending Support Documentation: [None]	Current and Pending Support Documentation is <u>not usually repuried</u> . Refer to the Funding Announcement to see if it is required at the time of submission
	4.0	Attach Current and Pending Support Documentation: [None]	Current and Pending Support Documentation is <u>not usually repurses</u> . Refer to the Funding Announcement to see if it is required at the time of submission
	4.0	Attach Current and Pending Support Documentation: None	Current and Pending Support Documentation is <u>not usually reourned</u> . Refer to the Funding Announcement to see if it is required at the time of submission



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* Required

OK OK and Add Another Cancel



1.2 General Proposal Information













1.5 Researc	ch Department Determination				
1.0	* Select the Submitting Departme	ent:			
	If PI is not submitting through his O Yes O No <u>Clear</u> Select FAD Category: Research	s or her acad	emi 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
	Tertian/ Annrovers:		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	and an Concerned and Textile and American the

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



1.4 Compliance Review





1.0 Indica O App Per O Exe O Noti Clean 2.0 If Exern E1 E2 E3 E4 E5	ate the IRB review status of this research below: proved nding empt t Yet Submitted ear npt and NIH-funded, select the appropriate IRB Exemption Numbers below:	2.0 3.0	 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
2.0 16 2.0 17 16 17 16 16 16 16 16 16 16 16 16 16	nding empt t Yet Submitted ear npt and NIH-funded, select the appropriate IRB Exemption Numbers below:	2.0 3.0	 Pending 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 E5	empt t Yet Submitted ear npt and NIH-funded, select the appropriate IRB Exemption Numbers below:	2.0	 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 IAC
2.0 If Exem E1 E2 E3 E4 E5	t Yet Submitted ear npt and NIH-funded, select the appropriate IRB Exemption Numbers below:	2.0 3.0	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	npt and NIH-funded, select the appropriate IRB Exemption Numbers below:	2.0	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:	2.0	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:	3.0	If IACUC approval is pending, enter the date the protocol was submitted to the IAC
E1 E2 E3 E4 E5		3.0	If IACUC approval is pending, enter the date the protocol was submitted to the IAC
 E3 E4 E5 		0.0	
□ E4 □ E5			
🗆 E5			
		4.0	IACUC Protocol #, if available:
🗆 E6	6		
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:	in una h	
	m	amun	bers, 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 number 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
) 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	C	* Will there be program income? ○ Yes ● No <u>Clear</u>				
			If yes, provide program	m income details:		
			+ Add			
			Period	Source	Amount	
			There are no items to	display		



4.0 Submiss	sion Dates	
1.0	* Application submission deadline:	
	6/1/2018 Submission Deadline" be <u>BEFORE</u> 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		If you have sub-awardees, additional
	+ Add		information should be included on the
	Subawardee Total Per Subawarde	ee All Periods	budget page.
	There are no items to display		Select "Add"
	Total subaward value for all subawardees for all periods: \$0.00		
Add Sub	awardCost		
			Begin typing your sub-awardee
Sub-awa	rdee Name:		name and select
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		If it does not appear, type it in the
lf S	ub-awardee not found, leave above field blank and enter name here:		hlank field
			Calact (Add/ to insut budget
Subawa	d Dollars (\$'s):		Select "Add" to input budget
+ Add	∕←		information.
Period	Number Amount Per Subawardee Per Period		
There	are no items to display		Add more sub-awardees using "OK
Total Pe	Subawardee All Periods:	and Add Another"	
\$0.00			Once finished select "OK"
			once misned, select ok
* Requir	ed OK OK and Add Ano	her Cancel	







Does 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 citzen, a permanent resident alien of the United States, a lawfully-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 <u>Clear</u>	An individual who is a citizen of two or more nations		
5.0	* Has Foreign Collaborators: O Yes   No <u>Clear</u>	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 <u>Clear</u>	Any restriction on publication of information resulting from research, other than limited prepublication review by research sponsors to prevent inadvertent disurging of proprietary information or to insure that arbitication 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 potside 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 holder		
10.0	* Contains FAR Clause 48 CFR 1852.223-74 - Drug and Alcohol-Free Workforce?: O Yes No Clear	Provides that the 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: <a href="http://hsc.upr.tedu/financialservices/preaward/common/forms/export-control-screening-form.pdf">http://hsc.upr.tedu/financialservices/preaward/common/forms/export-control- screening-form.pdf</a>	Please download for most current version.		
	Attach completed ECES form here: [None] 1 2 Upload	Upload completed (including PI 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	: Smartforms Revision Test		
« Back	🖺 Save 🗇 Exit 🛕 Hide/Show Errors 🔒 Print 🥐 Jump To 🗸		
10.0 Addition	al Forme		
VA MOU:			
1.0	* Does the PI have a joint appointment with the Veterans Administration: O Yes  No Clear		
1.1	If yes, will funding be coming through a NIH Direct Award or NIH flow through subaward: O Yes O No <u>Clear</u>		
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	fication:		
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: <a href="http://hsc.unm.edu/financialservices/preaward/common/forms/building-renovations-approval-memo.doc">http://hsc.unm.edu/financialservices/preaward/common/forms/building-renovations-approval-memo.doc</a> [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





		Filish
.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	omplete. Update any errors or incomplete sections. the approval process.	
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**

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## **Draft State**

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View Differences	Sponsors:	NIH / N	ational Cancer Institute (NCI)	otal Direct:	\$100,000			
	SF-424:		Т	otal Indirect:	\$51,500	When your application		
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Activities	Sponsor Award #.	12345				"Submit for		
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## 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 Cupcake 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

scatanach@salud.unm.edu

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

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**

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4	View Fu	nding Submission	PROPOSAL IN	FORMATION		BUDGET TOTA	LS	
Y		inding Submission	PD/PI:	PI test		Starting Date:	9/1/2018	
	Pri	nter Version	Submitting Depar	tment/Division: Internal Medicine IM		Number of Period	s: 0.7	
			Specialist:	Marisa Sanchez		Current Period:	1	
Ш	Viev	w Differences	Sponsors:	NIH / National Cance	er Institute (NCI)	Total Direct:	\$100,000	
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## **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)	):
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Attachments	A	tta	ch	m	en	ts:
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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.

nt State	Project Information	Review Status	SPO Additional Docur	ments COI Statu	S	
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	Sponsors:	NIH / N	lational Cancer Institute (N	NCI) Total Direct:	\$100,000	
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## **Conflict of Interest Disclosures**

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## **Conflict of Interest Disclosures**

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## **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

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## **Adding Personnel**

dd Institutional Proposal Staff       1.0     Select Staff Member:       Sean Gonzales     Another Pop-up will occur.	If you cannot find the staff member in the system please choose "Yes" for the question below the selection box, and enter the
1.0 Select Staff Member: Sean Gonzales Character the institutional Branceal Staff in the Select list above the individual may not be in the database.	If you cannot find the staff member in the system please choose "Yes" for the question below the selection box, and enter the
Would you like to add the individual at this time? O Yes O No Clear Please be sure to complete the asterisked information and then click OK or OK and Add Another	required information. Entering this information will permanently add the person to the system. <i>If you receive an error stating that the person already 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). We encourage the liberal use of the wildcard symbol - % - when searching for personnel or organizations. So if you are searching for someone named Smith-Jones, but you are not sure if they are in here under 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. 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-PI</i> ): Collaborating PI Budget Percentage ( <i>if Multi-PI</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 <b>Multi-PI</b> submission, please select the collaborating PI's Department If <b>Multi-PI</b> submission, please enter the collaborating PI's budget percentage
3.0 Attach a Biographical Sketch: [None] 🛓 Uplead	All Key and Other Significant Contributors must provide a Biosketch if <b>NIH</b> Submission
4.0 Attach Current and Pending Support Documentation: [None] 2. Upload	Current and Pending Support Documentation is <u>not usually</u> required. Refer to the Funding Announcement to see if it is required at the time of submission
5.0 * This individual is a:	
6.0 Attach a completed Financial and Intellectual Interest Disclosure Form if Senior / Key proposal personnel. [None] 2 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 Revision	n Test					FP00	004921 Fun	ding Submission
Current State	Project Information	Review Status	SPO Additional	l Documents	SPO Confi	dential	COI Status	
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	PROPOSAL INFO	RMATION		B	UDGET TOTA	ALS		
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Printer Version	Submitting Departme	nt/Division: Internal	Medicine IM	Nu	umber of Period	ds: _{0.7}		
	Specialist:	Marisa	Sanchez	Cı	urrent Period:	1		
View Differences	Sponsors:	NIH / N	ational Cancer Inst	itute (NCI) To	otal Direct:	\$100,000		
	SF-424: Banner Fund #:	12245		То	otal Indirect:	\$51,500		
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SPO Administration								
Copy as a NEW Proposal	<b>RTSF Information</b>	L						
Submit For Department Review	Current RTSF							
Request FA Split	Date Created Submitte	d Funds Amount Fu	nds Start Date Fun	ids End Date	PI Approved De	partment Ch	air Will Fund D	an Will Fund
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_/ Proposal Comments	Approved Create	d Submitted An	nds Fund nount Date	s start F	oate	Department Fund	Chair Will	Fund
	There are no items to d	lisplay						



## 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

This act	ivity will initiate an F&A	A split and forward it to SPO for ap	proval	
Please enter Principal In Primary Sp FP Number Project Title	the appropriate info below and click " vestigator:Gena Dunivan nsor:Viveve, Inc FP00004382 Protocol VI-15-01: VIVEVE II: Viveve	X" after reading the disclaimer. Geneveve Treatment of the Vaginal Introitus to Evalual	e Safety and Efficacy	
* Start Date	5/21/2018	<b>#</b>		
* End Date:	5/20/2019			
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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

Unload Revision	Test Justification Main Campus odf	

```
0.02
```

Schools:				
+ Add				
	School	Amount (Direct Costs)	Percentage	
C Update	HSC / College of Nursing	\$50,000.00	10	
C Update	HSC / School of Medicine	\$425,000.00	85	
C Update	Main Campus	\$25,000.00	5	
School tota Budget tota Remaining	n: \$500,000.00 al: \$500,000.00 : \$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

-&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	Ê
* End Date:	5/20/2019	<b>**</b>

*	HS	sc	В	udg	et C	)eta	ils:
		-					

Lupload Revision Test Justification.pdf

#### Main Campus Budget Details:

+ Add

Upload Revision Test Justification Main Campus.pdf

#### * Schools:

+ Add

School

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.

Principal Investigator:Gena Dunivan Primary Sponsor: Viveve, Inc

* 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

Project Title	Protocol VI-15-01: VIVEVE II: Viveve Gene	eveve Treatment	of the Vaginal Introitus to Evaluate S	Safety and Efficacy		
Start Date:	5/21/2018	<b>***</b>				
End Date:	5/20/2019					
HSC Budg	et Details:					
+ Add						
2 Upload F	Revision Test Justification.pdf			0.02		
Main Campu	is Budget Details:					
L Upload R	Revision Test Justification Main Campus.pd	If			0.02	
Schools:						
+ Add						
	School		Amount (Direct Costs)	F	ercentage	
C Update	HSC / College of Nursing		\$50,000.00	1	0	
C Update	HSC / School of Medicine		\$425,000.00	8	5	

Main Campus 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.

\$25,000.00

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



5

 $\times$ 

## 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	ype/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	on Test			FP	00004921 Fundin	g Submission
Current State	Project Information	Review Status	SPO Additional Documents	SPO Confidential	COI Status	
Draft	F&A Splits Current F&A Sp	lit pproved Is Main Car	mpus Approved Is Vice Chance	llor Approved Is Appr	oved by All Start D	Date 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	0	Grants		COI	Reports	
S	Smartforms Revision	n Test						FP00004921 Fundi	ing Submission
11	COI CERTS INCOMPLETE								
Т	here are Conflict of Interest certification	ns associated with this proje	ect that are incomplete. T	The project cannot be award	ded until all COIs h	ave been complet	ed.		
Cu	irrent State	Project Information	Review Status	SPO Additional Documents	COI Status				
	SPO Review								
		PROPOSAL INFO	RMATION		BUDGET TOTA	LS			
	View Funding Submission	PD/PI:	PI test		Starting Date:	9/1/2018			
	Printer Version	Submitting Departme	ent/Division: Internal Me	dicine ivi	Number of Periods	0.7			
		Specialist:	Marisa San	chez	Current Period:	1			
	View Differences	Sponsors:	NIH / Nation	nal Cancer Institute (NCI)	Total Direct:	\$100,000			
		SF-424: Bapper Fund #:		1	Total Indirect:	\$51,500			
	View Smartform Progress	Spapage Attard #:	12345	1	Total:	\$151,500			
м	y Activities	Sponsor Award #.	12345						
2	Add Study Team Members	SPO Proposal Cor	nments						
E	Request FA Split								
	RTSF	<b>RTSF Information</b>	1						
-	Proposal Comments	Current RTSF							
4	,	Date Created Submitte	ed Funds Amount Funds	Start Date Funds End Date	e PI Approved Dep	artment Chair Wi	II Fund Dean Will Fund		
ł	Department 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:	
* Amount Requested:	1
\$60,000	
* PI Justification:	
MSU - Salary Allocation Purpose	
	*
* Department Chair (Or Designated First-Lev	el Approver):
King Arthur Select Clear	

* 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	c 🔤	Home			Grants		COI	Reports	
			/						
Smartforms Revisior	n Test	/						FP00004921 Fund	ng Submission
COI CERTS INCOMPLETE									
There are Conflict of Interest certification	s associated with	this project that are inco	mplete. The	project cannot be awa	rded until all COIs ha	ive been coi	mpleted.		
Current State	Project Inform	ation Review State	is SPC	) Additional Document	s COI Status				
SPO Review									
	PROPOSA	L INFORMATION			BUDGET TOTAL	LS			
View Funding Submission	PD/PI:	PI	test		Starting Date:	9/1/2018			
Printer Version	Submitting I	Department/Division:	ternal Medici	ne IM	Number of Periods	0.7			
	Specialist:	M	arisa Sanche	Z	Current Period:	1			
View Differences	Sponsors:	NI	H / National	Cancer Institute (NCI)	Total Direct:	\$100,000			
	6F-424:				Total Indirect:	\$51,500			
View Smartform Progress	Banner Fun	1#: 12	345		Total:	\$151 500			
	Sponsor Aw	ard #: 12	345			\$151,500			
My Activities									
Add Study Team Members	SPO Propo	sal Comments							
Request FA Split									
I RTSF - PI Approval	RTSF Info	mation							
Proposal Comments	Current RTS	SF							
Department Documents	Date Created 5/22/2018	Submitted Funds Amou Yes \$100,000.00	nt Funds Sta 9/1/2018	art Date Funds End Da 11/30/2018	te 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)
  - $3, \quad \mbox{Request to Spend Funds is Disapproved. (This request will withdraw the RTSF)}$
- 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 Br	adfute					
Proposal Number	FP000000	14					
Department	Internal M	ledicine IM					
PI's Org Code	851H	851H					
Funding Agency	NIH / Nati	NIH / National Cancer Institute (NCI)					
Project Title	Danielle T	Danielle Test Avocado					
Type of Award	Grant to U	JNM					
Award Cycle	Funding S	ubmission					
Fund/Index Number	36521						
Anticipated Award Start D	ate 7/1/2015						
Anticipated Award End Dat	te 6/30/2017	7					
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	te 2/1/2016						
Requested Funds End Date	e 3/31/2016	5					
Requested Funds Amount	\$60,000.0	\$60,000.00					
Admin Contact Name	Marisa Sa	Marisa Sanchez					
Admin Contact Email	marsanch	narsanchez@salud.unm.edu					
PI Justification	MSU - Sal	ary 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**

Dean's Decision:

#### **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 Revi	ew Red	uest to Spend Funds Below and Indicate Your	
		Decision	
Principal Investigator	Steven Bra	adfute	
Proposal Number	FP0000001	14	
Department	Internal M	ledicine IM	
PI's Org Code	851H		
Funding Agency	<u>NIH / National NIH /</u>	onal Cancer Institute (NCI)	
Project Title	Danielle Te	est Avocado	
Type of Award	Grant to U	INM	
Award Cycle	Funding St	ubmission	
Fund/Index Number	36521		
Anticipated Award Start Da	ate 7/1/2015		
Anticipated Award End Dat	te 6/30/2017	7	
Anticipated Funds:			
Period Number	Start Date	Requested Amount	
View 2	7/1/2016	\$150,000.00	
Niew 1	7/1/2015	\$75,000.00	
Requested Funds Start Dat	te 2/1/2016		
Requested Funds End Date	9/31/2016	5	
Requested Funds Amount	\$60,000.0	0	
Admin Contact Name	Marisa Sar	nchez	
Admin Contact Email	marsanche	ez@salud.unm.edu	
PI Justification	MSU - Sala	ary Allocation Purpose	
Department Chair Decision	ID000000	02	

as Deview Degraat to Chand Funds Delaw and Indiasts Vew

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	ect Information Review S	tatus SPO Additional Docu	iments OI Status				
Awarded							
Mow Euroding Submission	OPOSAL INFORMATION	[	BUDGET TOTA	LS			
PD/	/PI:	PI test	Starting Date:	9/1/2018	C	ck the "SPO Addition	าลเ
Sub Printer Version	bmitting Department/Division:	Internal Medicine IM	Number of Periods	⁺ 1	Do	ocuments" to see	
Spe	ecialist:	Marisa Sanchez	Current Period:	1	up	loaded documents,	
View Differences Spo	onsors:	NIH / National Cancer Institute (	NCI) Total Direct:	\$1,000	in	luding the award	
SF-4 Bar	-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				
	avail	able activities	are listed				
	SF informatio	able activities	are insteu				
Create Follow-On Submission	rrent RTSF	•					
Add Study Team Members	e Created Submitted Funds Am	ount Funds Start Date Funds En	nd Date PI Approved Dep	artment Chair Will Fund Dea	n Will Fund		
Request FA Split		и и					
RTSF	1010111015						
Attach Award Budget Sheet	s Approved Date Cre	ated Submitted	Funds Amount	Funds Start Date	Funds End Date D	epartment Chair Will Fund	Dean Will Fund
Ther	re are no items to display						



## Creating a Follow On Submission

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

	»	My In	ıbox	Home		Grants	COI		Reports	
	New Re	cord II							FP0000	4905 Funding Submission
	Current State	•	Project Information	Review Status SPO Additional D	ocuments	COI Status				
	A	warded								
		ing Submission	PROPOSAL INFO PD/PI:	PI test	BUDC Startin	g Date: 9/1/2018				
Select "Cr	eate	or Varsion	Submitting Departme	ent/Division: Internal Medicine IM	Numbe	er of Periods: 1				
Follow-on	)		Specialist:	Marisa Sanchez	Curren	t Period: 1				
Submissio	on"	Differences	Sponsors:	NIH / National Cancer Institu	e (NCI) Total D	s1,000				
from the "	"My	form Drogross	SF-424: Banner Fund #:	12345	Total I	\$500				
Activities"	" list	uonin'i Togress	Sponsor Award #:	1234567		\$1,500				
	Request NO	E	SPO Proposal Cor	nments		Please n	ote: All follo	ow-on s	submission	s MUST
	Copy as a l	EW Proposal	RTSF Information	1		grant cv	cle. You will	ONLY (	c rear reco create follo	ra for the w-on
		Team Members	Current RTSF	ed Funds Amount Funds Start Date Funds	End Date PLA		ione on o "N		"Compati	<b>t</b> ive
C C	Add Study	Icall Members					ions on a in	iew oi	Competi	live
	Request FA	A Split	Historic RTSFs			Renewa	I" record typ	be.		
	() RTSF									
	Attach Awa	rd Budget Sheet	There are no items to o	display	Funds Amo	ount Funds Start Da	rte Funds End Date	Department	snair Will Fung	Dean Will Fund
	Department	t Documents								
			HISTORICAL DAT	Ά						



Ę

## 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.
S	Non-specific Supplement	Processed by the Sponsored Projects / PreAward Office - does not require Departmental Approval and not intended for supplements with change of personnel.
	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

1.0       • Short Title of Proposal: New Record II - Continuation         2.0       Full Proposal Title: restdfyghujikol;[	ge si m in	Submission" will enerate a new set of mart forms that are lostly pre-filled with formation from the parent record.	For NIH, maximum 81 characters allowed. If Clinical Trial, please enter "Clinical Trial Phase" Please us TITLE CASING as this title will get published in the HSC Annual Awards Booklet if Awarded. If title is longer than 81 characters, please enter the 1 title here. If Clinical Trial - descriptive title MUST be entered here.
3.0 * Program Director / Principal Investigator / Mentor: PI test •••• ••• If a fellowship, please identify the trainee:			Please select Primary PI. If Fellowship, please ident the fellow or trainee. Please enter PI Banner Org (i.e. 099H21)
• PI Org ID: 2345		Be sure to review all the data to make sure that	
4.0 * Fiscal Monitor: Krystyna Burrola •••	t	he title/dates/PI, etc. are correct.	Please select your HSC Contract & Grant Accounting Fiscal Monitor. Please click here and enter your department or org code in the search box to find you Fiscal Monitor
5.0 Administrative Contact: Marisa Sanchez ••• • • Department Accountant:			Please select the individual (other than the PI) in who 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).



New Decend II								EP00004905	unding Submission
New Record II								PP00004305 P0	inding submission
Current State	Project Information	Review Status	SPO Additional Docum	ents COI Statu	IS				
Awarded									
Viow Euroding Submission	PROPOSAL INFO	RMATION		BUDGET TOT	ALS				
view Funding Submission	PD/PI:	PI test		Starting Date:	9/1/2018				
Printer Version	Submitting Departme	ent/Division: Internal	Medicine IM	Number of Perio	ds: 1				
	Specialist:	Marisa	anchez	Current Period:	1				
View Differences	Sponsors:	NIH / N	tional Cancer Institute (NC	CI) Total Direct:	\$1,000				
	SF-424: Banner Fund #:	10245		Total Indirect:	\$500				
View Smartform Progress	Sponsor Award #:	12345		Total:	\$1,500				
My Activities		120400							
Request NCE	Proposal Cor	nments	From the	Proposal	Workspace	select			
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"Request NCE" on FP00000143 - Google Chrome
::// <b>unmstage2.huronclick.com</b> /GrantsCOIStage/ResourceAdministration/Activity/form?ActivityType=c
t NCE
uest a No-Cost Extension
g this activity notifies SPO that you would like a No-Cost Extension processed and forwarded to Contract & Grant ing. If you do not wish to request a No-Cost Extension, please press "Cancel".
t Desired NCE Date:
Are Not The PI, Please Upload PI Approval Here:
are no items to display
Have Correspondence From Sponsor Regarding NCE, Please Upload Here:
are no items to display
y I am The PI For This Project Making a Request For a No-Cost Extension: 🔲
t Extensions To-Date For This Project: 0
OK Can
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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>

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.



### 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 Investig	jator:			
Bunny Flowers Select	t Clear			
Fellow/Trainee:	Select			
UNM Personnel:				
Add				
Last Name	Key / Other Significant	Role	Biosketch	Disclosure
There are no items	to display			
Non-UNM Personne	21:			
Add				
Last Name	Key / Other Significant	Role	Biosketch	Disclosure
There are no items	to display			
***PLEASE ENSUR ONCE YOU SELECT "Y	E THAT ALL PERSONNEL ARE CORRECT ON THIS I (ES" AND CLICK "OK", COI DISCLOSURES WILL AUTON	FORM BEFORE SELECT MATICALLY BE CREATED	FOR THE PERSON	NNEL LISTED HERE.
* Are You Ready To	o Initiate COI Disclosures For The Above Listed P	ersonnel?		



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





## Creating a Competitive Renewal Submission

» My Inbo	x		Orente		_	COI			Reports		
Create New Funding Submission	Grants	From the Grants Competitive Ren	tab, select " wwal"	New							
Create Competitive Renewal	Shows all funding submissions (Gra	ants, Contracts, etc.), and ancilla	<u>iry agreements (MTAs,</u>	<u>CDAs, etc.)</u>							
Create New Ancillary Agreement	Funding Proposals Ancillary	Agreements All Projects									
	Filter <b>1</b> ID 🔹	Enter text to search for	Go + Add Filter 🗴	Clear All							
	ID Name		Owner	State I	PI	Submitting Department	Primary Sponsor	Submission B Type F	anner Sponsor Award und # #	Project Start Date	Project End Date
	S FP00004924 New Record II - C	continuation	Sanchez, Marisa	Draft t	test	Internal Medicine IM	NIH / National Cancer Institute (NCI)	Non- competing Continuation	1234567	9/1/2018	8/31/2019
	S FP00004905 New Record II		Sanchez, Marisa	Awarded t	test	Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding 1 Submission	2345 1234567	9/1/2018	8/31/2019
	STP00004921 Smartforms Revis	sion Test	Sanchez, Marisa	SPO Review t	test	Internal Medicine IM	NIH / National Cancer Institute (NCI)	Funding 1 Submission	2345 12345	9/1/2018	5/9/2019
	FP00003437 Clinical Study to E Combination Reg (Grazoprevir/ruza Hepatitis C Virus)	Evaluate the Efficacy and Safety of imen of MK-3682B svir/uprifosbuvir) in Participants Wit Genotype 3 Infection	the LeBlanc, Jenni th Chronic	Awarded ,	Arora	Internal Medicine IM	Merck, Sharp & Dohme, Inc.	Funding 3 Submission	CW50 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	2: 🚯 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	<b>Type:</b> 1 = New 2 = Competitive Continuation <b>If Non-NIH:</b> Enter the sponsor number in "Serial Number" text box



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

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)



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1.1 Proposal	I 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)  Upload Revision If outgoing-MTA, please complete and attach the completed form:					
3.0	* Short Title of Agreement:					
	Material Transier Agreement lest					
4.0	Detailed Agreement Description:					
	stuff from where and what					
5.0	* Principal Investigator:					
	PI test 🔜 😒					
6.0	* Submitting Department					
	Internal Medicine IM					
	* 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	Project Start Date:	
	5/11/2018	
B.O	Sponsored Projects Officer:Aida Andujo	
9.0	PI Org Code:851A	
0.0	* Select Sponsor:	
	AAVP Biosystems, LLC	
	If sponsor does not appear in list enter name here.	
	Agency Contact Name:	
	Agency Contact Phone Number:	
	Agency Contact Email:	



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

B Save

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& Back

'ou Are Here: (	Material Transfer Agreement Te					
« Back		🖺 Save	🕞 Exit	Hide/Show Errors	🖨 Print	Aump To 🗸
2.0 Export Contr	rol Screening Questions Form					
Does this projec	t 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 <u>Clear</u>					
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 Clear					
	Upload Completed Export Control Exclusion Screening Form: [None] 2 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!	







	Docu:	mont
 _		

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!



