			“foundation” organization type which will be adjusted when the new sponsor is evaluated and authorized by OSP.
	If Direct Sponsor does not appear in list, enter name here:	N/A	If you selected “TBD” as the sponsor name because the sponsor name did not appear in the dropdown menu, please provide the actual sponsor name here.
2	***** Direct Sponsor Contact Name:	N/A	Provide the name(s) of any sponsor points of contact. Enter “N/A” if there is no individual designated.
3	***** Direct Sponsor Contact Email:	N/A	Provide the email address(es) of any sponsor points of contact. Enter “N/A” if there is no individual email designated.
4	Direct Sponsor Contact Phone:	N/A	Provide the telephone number(s) of any sponsor points of contact.
5	***** Does the Sponsor have a published F&A rate limitation:	- Yes - No	A "published F&A rate limitation" refers to a sponsor's formal written policy and/or published funding announcement limiting indirect cost recovery. Email correspondence is generally not an example of "written policy."
6	If flow through, select Originating Sponsor:	Select	Identify the organization from which funding initiates. For example, if NIH provides funding to UVA which in turn provides funding to VCU, then NIH is the originating sponsor.
	If Originating Sponsor does not appear in list, enter name here:	N/A	Please indicate full name of originating sponsor. For example, "Johns Hopkins University" as opposed to "JHU."
7	If Resubmission or Renewal, please enter the NIH Agency code and serial number:	N/A	NIH specific: Each NIH institute has a 2-letter code abbreviation. Each NIH grant is assigned a 6-digit serial number. The agency code and serial number should be entered on the SF424 face page, "XX######."
8	***** Would this proposal be considered a Center / Program Project by the funding agency:	- Yes - No	The intention here is to identify if the project is administratively complex to manage. Examples would include (but not be limited to) NIH "U" or "P" award mechanisms.
9	Funding Type: (updated at save)	N/A	

General Proposal Information

#	Question	Possible Answers	Help Text
1	***** Describe the purpose(s) of this project: (select all that apply)	- Research - Clinical Trial - Fellowship - Clinical Research - Training - Internship - Outreach - Equipment - Capital Equipment - Other	Terms will be defined in the OSP website Glossary (under construction) http://www.research.vcu.edu/osp/glossary.htm#i
	If the purpose is Research, Clinical Research or Clinical Trial, indicate the type:	- Basic - Applied - Developmental	_Basic research: Research undertaken primarily to acquire new knowledge without any particular application or use in mind.

			_Applied research: Research conducted to gain the knowledge or understanding to meet a specific, recognized need. _Developmental Research: the systematic use of the knowledge or understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including the design and development of prototypes and processes.
2	***** This proposal is related to Cancer Research:	- Yes - No	Select "yes" if proposed project involves cancer studies.
3	***** This proposal is related to HIV Research:	- Yes - No	Select "yes" if proposed project involves HIV studies.
4	***** Indicate how the forms proposal will be submitted to the Sponsor:	- Electronic via grants.gov - Other	Please select "electronic via grants.gov" if the proposal will be submitted to a federal agency using the SF424 form set via grants.gov. Please select "other" for all non-grants.gov applications. For multi-project submissions submitted through NIH ASSIST or applications submitted to NSF via Fastlane select "other."
5	***** Is this project transferring in from another institution (Grant Transfer/Change of Institution):	- Yes - No	Please indicate if this project was previously awarded to another institution (and is now transferring to VCU.)
6	*****Does your study prospectively assign human subject(s) to an intervention(s): Examples include: drugs/small molecules/compounds; biologics; devices; procedures (e.g., surgical techniques); delivery systems (e.g., telemedicine, face-to-face interviews); strategies to change health-related behavior (e.g., diet, cognitive therapy, exercise, development of new habits); treatment strategies; prevention strategies; and, diagnostic strategies	- Yes - No	This is a two-part question to assist in the determination of whether the study is a clinical trial. Combined the two parts are designed to validate the answer to Question 1 when “clinical trial” is checked or should be checked as a *Purpose* of the project. A “yes” answer to both parts indicates your study is a clinical trial and clinical trial should be checked in Question 1. A “No” answer to either part means your study is not a clinical trial and clinical trial should not be checked in Question 1.
	*****Does your study evaluate the effects of the intervention on health-related outcomes for the subject(s): Examples include biomedical status, behavioral status, and/or quality of life outcomes. Note: A “Yes” answer to both means your study is a clinical trial.	- Yes - No	

Clinical Trial Details: These questions will appear in the smart form only if “Clinical Trial” was selected in the “Purpose” question.			
#	Question	Possible Answers	Help Text
1	***** Is this clinical trial being initiated by the investigator or the sponsor:	- Investigator - Sponsor	_Select Investigator Initiated if the Investigator develops the protocol, is responsible for the overall performance of a clinical trial and reporting to the FDA. _Select Sponsor Initiated if the entity funding the clinical trial develops the protocol, is responsible for ensuring compliance at the investigative site with

			the overall performance of a clinical trial and has reporting responsibilities to the FDA.
2	If this clinical trial is Investigator initiated, does this project meet ALL of the following to be considered an **Applicable Clinical Trial**: - Study is interventional; - Evaluates at least one drug, biologic, or device regulated by US FDA; - Is not a Phase 1 drug study, OR is not a device feasibility study; - Is located in at least 1 location in the United States OR is an Investigational New Drug/Investigational Device Exemption OR involves a drug, device or biologic manufactured/exported from United States.	N/A	This choice determines responsibility for registration and results reporting requirements on Clinicaltrials.gov as required by the FDA Amendments Act of 2007. VCU is responsible for registration and results reporting requirements for investigator-initiated studies. If this is Sponsor initiated, select "No".
	***** Does this project meet ALL of these criteria:	- Yes - No -	
	If Investigator initiated and an applicable clinical trial, the following statement must be included in all DHHS proposals to address registration and results reporting requirements: "I certify that this submission contains an Applicable Clinical Trial (ACT) and that I will ensure compliance with registration and reporting submissions to clinicaltrials.gov as required under the FDA Amendments Act of 2007 (FDAAA) and the Final Rule (42 CFR Part 11)."	N/A	Include statement in proposal if project meets definition of "applicable clinical trial."
3	Is this clinical trial Investigator-initiated and is it funded in whole or in part by the National Institutes of Health? If "Yes", the following language needs to be included in the research plan of the proposal to address registration and results reporting requirements of the NIH Policy: ""Dissemination of study results through clinicalTrials.gov registration and reporting at	- Yes - No	Include statement in the Research Plan of your proposal if your project is Investigator-initiated and funded in whole or in part by NIH in order to address compliance with NIH's registration and results reporting requirements. If your project also meets the definition of an "applicable clinical trial", include the applicable clinical trial statement in addition to the NIH statement.

	a minimum will include the following components: • "The Principal Investigator (PI) will be responsible for ensuring compliance with ClinicalTrials.gov requirements for this project. The PI or his/her designee will register the trial prior to enrolling the first subject. Once a record is established, s/he will confirm accuracy of record content; resolve problems; and maintain records including content update and modifications. S/he will also be responsible for aggregate results reporting and Adverse Event reporting at the conclusion of the project" • "Specifics of project" If the submission contains an Applicable Clinical Trial, the following language should also be included: "I certify that this submission contains an Applicable Clinical Trial (ACT) and that I will ensure compliance with registration and results reporting submissions to ClinicalTrials.gov as required under the FDA Amendments Act of 2007 (FDAAA) and the Final Rule (42 CFR Part 11)."		
4	***** Identify Clinical Trial Phase:	- 0 - 1 - 2 - 3 - 4 - N/A	PHASE Food and Drug Administration (FDA) categories for describing the clinical trial of a drug based on the study's characteristics, such as the objective and number of participants. Use N/A if your trial is not a drug trial. There are five phases:
			Phase 0: Exploratory study involving very limited human exposure to the drug, with no therapeutic or diagnostic goals (for example, screening studies, micro-dose studies)
			Phase 1: Studies that are usually conducted with healthy volunteers and that emphasize safety. The goal is to find out what the drug's most frequent and serious adverse events are and, often, how the drug is metabolized and excreted.
			Phase 2: Studies that gather preliminary data on effectiveness (whether the drug works in people who have a certain disease or condition). For example, participants receiving the drug may be compared with similar participants receiving a different treatment, usually an inactive substance (called a

			placebo) or a different drug. Safety continues to be evaluated, and short-term adverse events are studied.
			Phase 3: Studies that gather more information about safety and effectiveness by studying different populations and different dosages and by using the drug in combination with other drugs.
			Phase 4: Studies occurring after FDA has approved a drug for marketing. These including post-market requirement and commitment studies that are required of or agreed to by the sponsor. These studies gather additional information about a drug's safety, efficacy, or optimal use.
5	***** Identify Clinical Trial Type:	- Device Study - Non-Device Study - Both	

Fellowship Details: These questions will appear in the smart form only if "Fellowship" was selected in the "Purpose" question.			
#	Question	Possible Answers	Help Text
1	***** Please identify the Mentor/Academic Sponsor:	Select	Name the faculty member who is responsible for providing guidance and oversight to the fellow.
2	***** Please identify the Fellow:	Select	Provide full name of fellow.

Grant Transfer Details: These questions will appear in the smart form only if "yes" was selected for the "Grant Transfer" question.			
#	Question	Possible Answers	Help Text
1	***** What is the Notice of Grant Award Number:	N/A	Provide the unique tracking number assigned by the sponsor for this project.
2	***** Effective Date of Transfer:	N/A	Provide the date on which the grant is to start at VCU. Generally the date is on or after the PI's first date of employment with VCU.
3	***** Date Sponsor was Notified of Transfer:	N/A	Provide date on which sponsor was informed that grant transfer application would be submitted.
4	***** Estimated Direct Costs:	N/A	Indicate direct costs that will be transferring to VCU.
5	***** Estimated Indirect Costs:	N/A	Indicate indirect costs that will be transferring to VCU.
6	Estimated Total Costs to be Relinquished:	N/A	Per sponsor's transfer policies, indicate amount of funding that will transfer to VCU. For example, for NIH the amount would be dollars remaining in the current award year but not unspent funds from previous years. For NSF, the amount would be total dollars remaining in the current year and any unspent funds from previous years.
7	***** Name of relinquishing Institution:	N/A	Identify the full name of the institution from which the grant is transferring. No acronyms please.
8	Non-VCU Institution AO Representative Contact Information:	N/A	In this space, please provide full name of the relinquishing institution's authorized official.
	***** First Name:	N/A	
	***** Last Name:	N/A	
	***** Department:	N/A	

	* Phone:	N/A	
	* Email:	N/A	
9	* Will equipment purchased on this grant be transferred to VCU:	- Yes - No	Reminder that "equipment" is defined as items costing $5000 or greater with a useable life of a year or more.
10	If Yes above, upload a document describing the following information for all equipment:	N/A	This list of equipment transferring to VCU should be provided to VCU's Fixed Asset Management for inventory purposes.
11	* Has any intellectual property been developed under this grant at the relinquishing institution:	- Yes - No	If needed, consult "Intellectual Property Definitions" document at http://www.research.vcu.edu/forms/index.htm#osp_forms
	If Yes above, upload Invention Report:	N/A	If this is an NIH transfer, please provide PHS598 from relinquishing institution. For any other sponsor, provide available documentation.
12	* Have all technical reports due by transfer date been submitted:	- Yes - No - N/A	Examples would include: mandated progress reports such as RPPR, and/or any other deliverables.
13	* Upload original Notice of Award and any relinquishing documents:	N/A	Provide copy of notice of award issued to relinquishing institution as well as that institution's documentation formally releasing the grant or contract. For example, for NIH please provide notice of award and PHS 3734 form. (These documents help us ensure the transfer application is based on correct data.)

Personnel

#	Question	Possible Answers	Help Text
1	* Is this a multi-PI Submission:	- Yes - No	Some sponsors (NIH) allow for more than one person to have the title "Principal Investigator." Select "yes" if this applies to this application and complete any other sponsor requirement associated with this choice. Do not select “yes” to this question if your sponsor allows for a PI and co-PI.
2	* Select all named VCU personnel, including the PI, who will be involved in this proposal: (NOTE: Do not include VCU Health Systems personnel. TBD persons will be included in the budget only.)	Select	In order for named VCU personnel to appear in the dropdown menu in the budget, they must first be selected here. “To be determined” (“TBD”) unnamed personnel are not included here (but can be added when entering the budget.) Individuals who are exclusively employees of the VCU Health Systems, i.e. do not hold a “dual” appointment at VCU, should NOT be listed as VCU personnel.
	* Select Individual	Select	Use the personnel search tool and select all VCU personnel proposed to be involved in the project.
	* Select Project Role	- PD/PI - Co-PD/PI - Faculty - Post Doctoral Scholar Fellow - Other Professional - Graduate Student - Undergraduate Student	Identify the primary role for each individual selected. Terms will be defined in the OSP website Glossary (under construction) http://www.research.vcu.edu/osp/glossary.htm#i

		- Technician - Consultant - Co-Investigator - Other (Specify)	
	***** If "Other (Specify)" selected, enter the role below:	N/A	If the role is not listed in the list above, select "other" and provide the title of the role here.
	***** This individual is a:	- Senior / Key Person - Other Significant Contributor - Non-Key Person	_"Senior/Key Person" is typically defined as an individual who contributes in a substantive way to the scientific development or execution of a project. _"Other Significant Contributor' is an NIH-specific role for an individual with no measureable effort but who contributes in an advisory capacity to the project. _"Non-Key" is everyone else.
	***** Is this individual a COI Investigator:	- Yes - No	Describes any individual, regardless of title, role or position, who the Principal Investigator on the proposal designates as responsible for the design, conduct, or reporting of research.
	***** Is this individual retired from VCU or the Commonwealth of Virginia:	- Yes - No	Select "yes" if the named individual has retired from a Commonwealth of Virginia retirement plan. Otherwise select "no."
	***** Veterans Administration (VA) Appointment	- Yes - No	Select "yes" if the named individual has a current appointment with the Veterans Administration. Otherwise select "no."
3	* Are all VCU Principal Investigator(s) eligible to serve as PI per VCU policy:	- Yes - No	Policy available at this url: http://www.assurance.vcu.edu/Policy%20Library/Principal%20Investigator%20Eligibility.pdf
4	If no above, upload exemption request documentation:	N/A	Exemption request form available on ORAC website at this url: http://www.research.vcu.edu/forms/index.htm#osp_forms
5	Identify all non-VCU Senior or Key personnel that will be involved in this proposal:	N/A	Identify Senior or Key personnel who are not VCU employees. Typically this would be either subrecipient key persons, or possibly VCU Health System key persons. Consultants should only be included if they meet the definition of key personnel, i.e. they will be "shaping the science."
	* Individual's Name	N/A	
	* Individual's Organizational Information	N/A	
	Contact Information	N/A	
	* Select Project Role	- PD/PI - Co – PD/PI - Faculty - Post Doctoral Scholar – Fellow - Other Professional - Graduate Student - Undergraduate Student - Technician - Consultant - Co – Investigator	Select the appropriate role description for each person on the project. Terms will be defined in the OSP website Glossary (under construction) http://www.research.vcu.edu/osp/glossary.htm#i

		- Other (Specify)	
	If “Other (specify)” selected, enter the role below:	N/A	
	* This individual is retired from VCU or the Commonwealth of Virginia	- Yes - No	Select “yes” if person is a retiree of any Commonwealth of Virginia instrumentality. Otherwise select “no.”
	* This individual is a VCU Health Systems employee (with no dual appointment with VCU):	- Yes - No	Select “yes” if person is exclusively employed by VCU Health Systems. Otherwise select “no.” Upload a completed and signed “VCU Health System Employee Approval Form (To Participate in Sponsored Project Activities)”

Space and Collaboration

#	Question	Possible Answers	Help Text
1	* Select all VCU-owned buildings in which any part of this project will be conducted. Select “none” only if the project will be conducted in a building not owned by VCU.	-Over 200 buildings owned by VCU are listed for possible selection. -VCU leased spaces will not be available for selection.	-Select any and all buildings from those listed in which this project will be conducted. This is a comprehensive list of all buildings owned by VCU as provided to OSP by the Controller’s Office. This information is utilized by the Office of Research and Innovation for required public bond issuance reporting to the Commonwealth of Virginia. -If project will not take place in any listed buildings, select "none." The “none” answer will primarily reflect use of a VCU leased building and may justify use of the negotiated “off campus” indirect cost rate. If you are uncertain about the status of a space, consult with your OSP team to confirm your space is on the current list of leased spaces.
2	Select all satellite locations and branch campuses where project will be performed:	- VCU Medical Center at Stony Point - VCU School of the Arts in Qatar - VCU School of Medicine Inova Fairfax Campus - VCU School of Pharmacy Inova Campus - VCU School of Pharmacy UVA Campus	
3	"Will any part of this project be conducted in VCU Health System space"	- Yes - No	If any portion of your project takes place in health system space, please select “Yes”.
4	***** Does this proposal require wet lab space:	- Yes - No	Laboratories that house functions that include working with solutions or biological materials and utilize benches, sinks, chemical fume hoods, and/or BSCs. Generally, a wet lab is fitted out with a full range of piped services such as deionized or reverse osmosis (RO) water, lab cold and hot water, lab waste/vents, carbon dioxide (CO2), vacuum, compressed air, hand washing sinks, eyewash, safety showers, natural gas, telephone, local area network (LAN), lighting, and power. Any wet laboratory where biological

			specimens are used shall require an area to store medical pathologic waste (MPW). (NIH definition)
5	If this proposal contains any items that require either institutional approval or commitment, identify them below:	- Renovation, alteration, of assigned space - Additional / New Space - IT Resources (e.g. new applications or databases) - Purchase or installation of major equipment - Expanded utility services (e.g. fume hoods, air conditioning)	Items from this list are not common to most sponsored projects and should therefore be described in greater detail. If any items from this list are selected provide related authorizations where indicated below.
6	If any items are selected above, attach a single document that explains ALL requirements:	N/A	Provide details and/or authorization for any item above.
7	Select all Centers or Institutes that are associated with this proposal:	Select	Institutes and Centers are listed on the Office of Research and Innovation website: http://www.research.vcu.edu/centers_cores/institutes.htm. Select all that apply from the available pop-up menu.
8	* Intellectual Property considerations (select all that apply):	- Existing VCU Intellectual Property will be utilized - VCU will need to license third-party Intellectual Property to perform this project - A third party will be providing material that needs to be governed by a Material Transfer Agreement (MTA) - The PI anticipates developing new Intellectual Property - Sponsor may request VCU to provide a license or ownership of Intellectual Property - None of the above	Selection of all that apply will assist reviewers in assessing acceptable terms and conditions for proposals and in identifying potential contractual requirements. For investigator-initiated clinical trials, it is important to indicate if any existing (also known as "background") intellectual property developed by investigator or other VCU faculty will be used in performance of the project If a company is providing a drug or a device in support of clinical research or a clinical trial, please indicate because a clinical research or material transfer agreement will need to be executed. If an associated agreement has been received, please upload under the " Other Documentation for OSP Review" question in the "Other Submission Details" section.
9	* Will any part of this project be conducted in a foreign country:	- The entire project will be conducted in a foreign country.	Select the best answer based on the performance location(s) for this project. For clinical trials involving multisite global studies, select the best answer based on where VCU is performing the project (and not based on where the Sponsor is performing the project.)

		- A portion of the project will be conducted in a foreign country. - No part of this project will be conducted in a foreign country.	
10	* Will this project include collaborating organizations external to VCU or VCUHS (excluding consultants, other significant contributors and vendors):	- Yes - No	_Select “no” if no external collaborating organizations will be involved. _Select “yes” if there will be proposed collaborations with subrecipients or community partners, regardless of whether they will receive funds from VCU. An “External Collaborator Grid” will be created in the Primary Budget in which you will provide additional details about proposed collaborators. _Do not list entities that will be paid through procurement.

Compliance Review

#	Question	Possible Answers	Help Text
1	For each item listed below, indicate if it is involved in this project:	- Yes - No	Indicate all compliance areas that will be involved in the proposed project:
	* HIPPA covered data:	- Yes - No	If information protected by the "Health Insurance Portability and Accountability Act" known as "HIPAA" will be included in your project, select "yes." Otherwise, select "no."
	* Human Subjects:	- Yes - No	If human subjects will be included in your project, select "yes." Otherwise, select "no."
	* Laboratory Animals:	- Yes - No	If animal subjects will be included in your project, select "yes." Otherwise, select "no."
	* Recombinant DNA:	- Yes - No	If Recombinant DNA otherwise known as "rDNA" will be included in your project, select "yes." Otherwise, select "no."
	* Hazardous Materials:	- Yes - No	If Hazardous Materials as defined by the Office of Environmental Health and Safety will be included in your project, select "yes." Otherwise, select "no."
	* Radioactive Materials or Radiation Producing Devices:	- Yes - No	If Radioactive Materials as defined by the Office of Environmental Health and Safety will be included in your project, select "yes." Otherwise, select "no."
	* Select Agents:	- Yes - No	If Select Agents as defined by Public Law 107-188 as “biological agents and toxins that have the potential to pose a severe threat to public health and safety” and the use of which, at VCU, are managed by the Office of Environmental Health & Safety will be included in your project, select “yes.” Otherwise, select “no.”
	* Controlled Substances:	- Yes - No	If Controlled Substances as defined by the U.S. Drug Enforcement Agency (D.E.A.) will be included in your project, select "yes." Otherwise, select "no."

	* Embryonic Stem Cells:	- Yes - No	If Embryonic Stem Cells as defined by the U.S. Department of Health and Human Services (DHHS) will be included in your project, select "yes." Otherwise, select "no."

Program Income

#	Question	Possible Answers	Help Text
1	* Provide program income details:	N/A	Provide best information available about anticipated program incomes.
2	* Will there be program income:	- Yes - No	Generally, the only funds for a sponsored project come from the sponsor. Occasionally, revenue funds are generated by the project in some way. When this occurs, there is “program income.” The Office of Management and Budget (OMB) Uniform Guidance defines program income to be gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award. The OMB provides the standard for how a federal agency and a grant recipient will handle program income. The sponsor has the authority to prescribe (in the notice of award) the use of program income according to the alternatives provided in the federal guidance, i.e. deductive, additive, or matching. Generally the award notice will provide guidance on how program income should be spent, most typically in support of project goals.
	* Source of Funding:	N/A	Identify the source of the additional revenue stream to the project.
	* Estimated Amount:	N/A	If known, provide estimate of program income funds that will be received during the period of performance.
	* Period of Performance:	N/A	Indicate period of performance in which program income is anticipated.
	* Likely Program Income Alternative:	- Additive - Deductive - Matching - Not Sure	"Additive" program income supplements the amount of the sponsor's award. "Deductive" program income reduces the amount of the sponsor's award. "Matching" program income is used to partially or fully meet a cost share requirement.

Federal Grant Information: Required if this proposal will be submitted via Grants.gov

#	Question	Possible Answers	Help Text
1	Enter an opportunity ID below, then click Find. From the list returned, select an opportunity, then click Continue.	N/A	After you select the "Find" button, the system will contact grants.gov to access matching opportunities. This may take several minutes to complete.
	* Opportunity ID (PA or RFA Number):	N/A	Number assigned by the Federal agency to the domestic assistance funding opportunity. Opportunity ID reports and is searchable in Grants.gov. Correct number must be utilized in order to ensure that applicable Grants.gov package loads to SPOT database.
	CFDA Number:	N/A	The identifying number that a federal program is assigned in the Catalog of Federal Domestic Assistance (CFDA).

	Competition ID:	N/A	A sponsor selected identifier that will pre-populate if defined based on opportunity ID selected.

Funding Opportunity Announcement

#	Question	Possible Answers	Help Text
1	Required SF424 Forms:	N/A	Refers to forms defined in Grants.gov as part of "Standard Form 424" family of forms.
2	Optional SF424 Forms:	N/A	Optional forms are the forms that can be used to provide additional support for an application, but are not required to complete the application package. Check your program announcement to determine which "optional" forms may actually be required for your submission.
3	Opportunity ID:	N/A	Number assigned by the Federal agency to the domestic assistance funding opportunity. Opportunity ID reports and is searchable in Grants.gov. Correct number must be utilized in order to ensure that applicable Grants.gov package loads to SPOT database.
	CFDA Number:	N/A	The identifying number that a federal program is assigned in the Catalog of Federal Domestic Assistance (CFDA).
4	Opportunity Title:	N/A	Title assigned by the Federal agency to the domestic assistance funding opportunity.
	Activity Title:	N/A	Category assigned by the Federal agency to the domestic assistance funding opportunity.
5	Primary Sponsor:	N/A	Originating sponsor providing assistance funds.
	NIH Grant Type:	N/A	
6	Max Years:	N/A	Maximum number of years that can be requested for grant instrument.
	Min Years:	N/A	Minimum number of years that can be requested for grant instrument.
7	Level Of Effort Supported:	N/A	
	Yearly Direct Cost Limit:	N/A	
8	Electronic Submission:	N/A	
	Modular Budgets Allowed:	N/A	
9	Detailed Budgets Allowed:	N/A	
	Requires Progress Report:	N/A	
10	Agency Name:	N/A	
	Information URL:	N/A	

Other Submission Details

#	Question	Possible Answers	Help Text
1	Sponsor Funding Announcement:	N/A	Indicate the name and/or number the sponsor has assigned to this funding opportunity. Example #1: each NIH funding mechanism has a program announcement number assigned. Example #2: American Heart has "New Investigator" funding mechanism.

2	If there is a Sponsor Funding Announcement, upload it here:	N/A	Provide a PDF of the sponsor's funding announcement, if applicable.
3	* Sponsor Submission Package (Proposal). If Sponsor Submission Package is not required by Sponsor, upload an Executive Summary:	N/A	Provide a complete version of the proposal application including any sponsor-required forms. It is understood that this may be in draft form. For industry-sponsored clinical trials, provide the executive summary for the project.
4	Other Documentation for OSP Review:	N/A	Provide any additional documentation related to your funding application such as correspondence with sponsor or relevant internal correspondence. Wait to upload budget-related documents in the Primary or Cost Share budget sections. For industry-sponsored clinical trials or clinical research, please provide a copy of the informed consent form (ICF) and a copy of sponsor provided contract.
5	Sponsor Assigned Proposal ID:	N/A	If the sponsor assigns a proposal tracking number (in advance of submission), please provide that information here.
6	* What method does the sponsor require for submission:	- Electronic via OSP - Electronic via PI - Paper via PI - No sponsor submission package required	By what means does the sponsor require your proposal to be submitted? Options are (1) through an electronic system and OSP AOR is responsible for submission; (2) through an electronic system (including email) and the PI is responsible for submission; (3) hard copy submission sent by mail/courier. For hard copy submissions, OSP will return signed paperwork to the PI for his/her conveyance to the sponsor.

Submission Dates

#	Question	Possible Answers	Help Text
1	* Is there a sponsor published deadline:	- Yes - No	If your sponsor's program announcement includes reference to a specific due date, please select "yes." If your sponsor does not specify a deadline in writing, select "no."
	If yes above, enter sponsor published submission deadline:	N/A	Indicate sponsor's published deadline.
2	Deadline for submission to OSP (updated on save if deadline exists):	N/A	This field will be calculated to be seven calendar days prior to the application submission deadline.
3	* Proposed Project Start Date:	N/A	When will your period of performance begin?

Project Timelines

#	Question	Possible Answers	Help Text
	Date Project Starts:	N/A	The initial date on which VCU can incur new financial obligations to carry out the work authorized by the sponsor's award.
	Date Project Ends:	N/A	The final date on which VCU can incur new financial obligations to carry out the work authorized by the sponsor's award.
	Project Length (Years):	N/A	The duration of the project's entire period of performance.
	Period Number	N/A	Database defaults to period of performance in 12 month increments however other increments can be defined in "duration" field.
	Period Name	N/A	

	Duration (Months)	N/A	The number of months comprising a period of performance.
	Start Date	N/A	Proposed Project Start Date
	End Date	N/A	Proposed Project End Date
	Remove rows	N/A	

Completion Instructions

#	Question	Possible Answers	Help Text
	N/A	N/A	N/A