



UF Proposal SmartForm

1.0 General Information

1.0 General Information <i>Help Text:</i> Use "%" as wild card search. <i>Help Text:</i> * Identifies a required question	
1.0	* Principal Investigator / Program Director / Fellow: Example Person <input type="button" value="Select"/> <input type="button" value="Clear"/> Identify the Mentor / Responsible Faculty Member: <input type="text"/> <input type="button" value="Select"/> If Sponsor requires FCOI disclosure, attach form DSP-5: <input type="button" value="Add"/>
2.0	* Submitting Department: <input type="text"/> <input type="button" value="Select..."/>
3.0	Primary Unit Administrative Contact: <input type="text"/> <input type="button" value="Select..."/>
4.0	* Short Title of Proposal: <input type="text"/>
5.0	Full Title of Proposal: <input type="text"/>

6.0	<p>* Sponsor:</p> <div style="border: 1px solid black; height: 20px; width: 500px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; float: right;">Selec</div> <div style="clear: both;"></div> <p>If Sponsor does not appear in list, enter name:</p> <div style="border: 1px solid black; height: 20px; width: 420px; margin-bottom: 5px;"></div> <p>If flow through, select Originating/Prime Sponsor:</p> <div style="border: 1px solid black; height: 20px; width: 420px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; float: right;">Selec</div> <div style="clear: both;"></div>
7.0	<p>* Proposed Start Date:</p> <div style="border: 1px solid black; height: 20px; width: 330px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; float: right;">  </div> <div style="clear: both;"></div>
8.0	<p>Submission Deadline:</p> <div style="border: 1px solid black; height: 20px; width: 330px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; float: right;">  </div> <div style="clear: both;"></div> <p>No Deadline <input type="checkbox"/></p>
9.0	<p>* Indicate how the application will be submitted:</p> <p> <input type="radio"/> Click SF424 <input type="radio"/> Cayuse or Grants.gov <input type="radio"/> Other Clear </p> <p>If Other, Specify:</p> <div style="border: 1px solid black; height: 50px; width: 420px; margin-top: 5px;"></div>
10.0	<p>* Type of Application:</p> <p> <input type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision (Supplement) Clear </p> <p>If Resubmission or Renewal, enter the federal identifier:</p> <div style="border: 1px solid black; height: 20px; width: 420px; margin-top: 5px;"></div>

	<p>If Revision, Specify:</p> <p> <input type="checkbox"/> Increase Award <input type="checkbox"/> Decrease Award <input type="checkbox"/> Increase Duration <input type="checkbox"/> Decrease Duration <input type="checkbox"/> Other </p> <p>If Other, Specify:</p> <div style="border: 1px solid black; height: 20px; width: 420px;"></div>				
11.0	<p>Identify Subrecipient Organizations:</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <div style="border: 1px solid #ccc; height: 20px; width: 460px; display: flex; justify-content: flex-end; align-items: center; padding-right: 5px;"> Add </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Type</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">There are no items to display</td> </tr> </tbody> </table> </div> <p>If Subrecipient does not appear in list, enter name(s):</p> <div style="border: 1px solid black; height: 20px; width: 420px;"></div>	Name	Type	There are no items to display	
Name	Type				
There are no items to display					
12.0	<p>Identify any third party organizations (unpaid collaborators; provider of third party cost sharing or other materials/information) involved in the project:</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <div style="border: 1px solid #ccc; height: 20px; width: 460px; display: flex; justify-content: flex-end; align-items: center; padding-right: 5px;"> Add </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Type</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">There are no items to display</td> </tr> </tbody> </table> </div> <p>If third party does not appear in list, enter name(s):</p> <div style="border: 1px solid black; height: 20px; width: 420px;"></div>	Name	Type	There are no items to display	
Name	Type				
There are no items to display					
13.0	<p>Provide any additional information that would be useful for this review:</p> <div style="border: 1px solid black; height: 30px; width: 530px;"></div>				

1.1 Federal Program Information

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1.0	<p>Enter Opportunity ID or CFDA number below, click Find, then select the correct opportunity.</p> <p>* Opportunity ID (PA or RFA Number):</p> <p>CFDA Number:</p> <p>CompetitionID:</p> <table border="1"> <thead> <tr> <th>Opportunity Id</th> <th>Opportunity Title</th> <th>Opening Date</th> <th>Closing Date</th> <th>CFDA Number</th> <th>Competition ID</th> <th>Instructions</th> </tr> </thead> <tbody> <tr> <td colspan="7"> </td> </tr> </tbody> </table>						Opportunity Id	Opportunity Title	Opening Date	Closing Date	CFDA Number	Competition ID	Instructions							
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2.0	Attach Solicitation:																			

1.2 Other Program Information

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1.0	<p>* Solicitation # / Program Description:</p> <div> <input type="text"/> <input type="button" value="Add"/> </div> <table border="1"> <thead> <tr> <th>Name</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td colspan="2">There are no items to display</td> </tr> </tbody> </table> <p>If Other, Specify:</p> <input type="text"/>	Name	Type	There are no items to display	
Name	Type				
There are no items to display					
2.0	Attach Solicitation/Documentation from Sponsor:				

2.1 Personnel

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1.0	Select UF Personnel <table border="1"> <thead> <tr> <th>Last Name</th> <th>Key/Other Significant</th> <th>Role</th> <th>FCOI</th> </tr> </thead> <tbody> <tr> <td colspan="4">There are no items to display</td> </tr> </tbody> </table>	Last Name	Key/Other Significant	Role	FCOI	There are no items to display			
Last Name	Key/Other Significant	Role	FCOI						
There are no items to display									
2.0	Identify all non-UF Key Personnel <table border="1"> <thead> <tr> <th>Last Name</th> <th>Organization</th> </tr> </thead> <tbody> <tr> <td colspan="2">There are no items to display</td> </tr> </tbody> </table>	Last Name	Organization	There are no items to display					
Last Name	Organization								
There are no items to display									
3.0	In addition to key personnel, select individuals who can EDIT this proposal: <div> <input type="text"/> <input type="button" value="Add"/> </div> <table border="1"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Department</th> </tr> </thead> <tbody> <tr> <td colspan="3">There are no items to display</td> </tr> </tbody> </table>	Last Name	First Name	Department	There are no items to display				
Last Name	First Name	Department							
There are no items to display									
4.0	Select individuals who can VIEW this proposal: <div> <input type="text"/> <input type="button" value="Add"/> </div> <table border="1"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Department</th> </tr> </thead> <tbody> <tr> <td colspan="3">There are no items to display</td> </tr> </tbody> </table>	Last Name	First Name	Department	There are no items to display				
Last Name	First Name	Department							
There are no items to display									

Popup for question 1.0 UF Proposal Personnel

Add UF Personnel	
1.0	<p>* Select Proposal Personnel:</p> <div> <input type="text"/> <input type="button" value="Select"/> </div> <p>If Sponsor requires FCOI disclosure, attach form DPS-5 for the person listed above:</p> <div> <input type="button" value="Add"/> </div>
2.0	<p>* Select Project Role:</p> <div> <input type="text"/> </div> <p>If "Other (Specify)" selected, enter the role below:</p> <div> <input type="text"/> </div>
3.0	<p>* This individual is:</p> <p><input type="radio"/> Senior / Key Person</p>

- ☐ Other Significant Contributor
☐ Other Non Key Personnel
[Clear](#)

Popup for question 2.0 non-UF Proposal Personnel

Add non-UF Key Proposal Personnel

1.0 Personnel Name:

*First Name:
 Middle Name:
 *Last Name:

Organization Information:

*Organization:

3.0 Proposal Descriptors

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1.0 **Indicate each of the following involved in this project:**

- * Human Subjects Including Human Data or Tissue: ☐ Yes ☐ No [Clear](#)
 * Live Vertebrate Animals: ☐ Yes ☐ No [Clear](#)

2.0 * **Primary purpose of this project:**

- ☐ Research
☐ Instruction
☐ Extension
☐ Other Sponsored Activity

[Clear](#)

3.0 * **Indicate if this is an Institutional Training Grant**

☒ Yes ☐ No [Clear](#)

4.0	For required institutional reporting purposes, provide lay abstract or key words: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5.0	<p>* If the proposal involves any items that require either institutional approval or commitment, identify them below:</p> <p> <input type="checkbox"/> Space – Renovation, Alteration, or Additional <input type="checkbox"/> Purchase or installation of major equipment <input type="checkbox"/> Other resources required but not requested (e.g. grad student tuition, computing services) <input type="checkbox"/> None </p> <p>Provide details:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

3.1 Human Subjects Including Human Data and Tissue

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1.0	<p>* Indicate if you will use any Clinical Services</p> <p><input type="radio"/> Yes <input type="radio"/> No Clear</p>
2.0	<p>* Indicate if any member of the study team is employed by Gainesville UF Health Science Center College (Medicine, Dentistry, Nursing, Pharmacy, Veterinary Medicine, Public Health & Health Professions) and/or the study plan includes the use of any Gainesville health Science Center facility (Shands Hospital, Shands or UFP Clinics, Investigational Pharmacy).</p> <p><input type="radio"/> Yes <input type="radio"/> No Clear</p>
3.0	<p>* Indicate if you have any (a) direct interaction/intervention with subjects or (b) contact with identifiable human data or tissue.</p> <p><input type="radio"/> Yes <input type="radio"/> No Clear</p>
4.0	<p>* Indicate if you only use de-identified data or tissue. De-identified is either (a) anonymous or (b) coded with a confidentiality agreement.</p> <p><input type="radio"/> Yes <input type="radio"/> No Clear</p>
5.0	<p>* IRB review status:</p>

	<input type="radio"/> Approved <input type="radio"/> Pending <input type="radio"/> Exempt Clear
6.0	If Exempt and NIH-funded, select the appropriate IRB exemption Numbers below: E1 E2 E3 E4 E5 E6 Clear
7.0	If approved by the IRB, enter the date of the approval: <input type="text"/>
8.0	IRB Protocol #, if available: <input type="text"/>

3.2 Live Vertebrate Animals

3.2 Live Vertebrate Animals	
1.0	* IACUC review status: <input type="radio"/> Approved <input type="radio"/> Pending Clear
2.0	If approved by the IACUC, enter the date of the approval: <input type="text"/>
3.0	IACUC Protocol #, if available: <input type="text"/>

4.0 Budget Periods

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1.0	* Is this a Modular Budget <input type="radio"/> Yes <input type="radio"/> No Clear																																		
2.0	* Customize Period End Dates <input type="radio"/> Yes <input type="radio"/> No Clear																																		
	<table border="1"> <thead> <tr> <th>Date Project Starts</th> <th>Date Project Ends</th> <th>Project Length</th> </tr> <tr> <th>MM/DD/YYYY</th> <th>MM/DD/YYYY</th> <th>NN Years</th> </tr> </thead> <tbody> <tr> <td colspan="3"> <div>Add</div> </td> </tr> <tr> <th>Period #</th> <th>Duration, months</th> <th>Period Name</th> <th>Start</th> <th>End</th> </tr> <tr> <td>1</td> <td>12 ▼</td> <td>Period 1</td> <td>MM/DD/YYYY</td> <td>MM/DD/YYYY</td> </tr> <tr> <td>2</td> <td>12 ▼</td> <td>Period 2</td> <td>MM/DD/YYYY</td> <td>MM/DD/YYYY</td> <td>Remove</td> </tr> <tr> <td>n</td> <td>12 ▼</td> <td>Period n</td> <td>MM/DD/YYYY</td> <td>MM/DD/YY</td> <td>Remove</td> </tr> </tbody> </table>				Date Project Starts	Date Project Ends	Project Length	MM/DD/YYYY	MM/DD/YYYY	NN Years	<div>Add</div>			Period #	Duration, months	Period Name	Start	End	1	12 ▼	Period 1	MM/DD/YYYY	MM/DD/YYYY	2	12 ▼	Period 2	MM/DD/YYYY	MM/DD/YYYY	Remove	n	12 ▼	Period n	MM/DD/YYYY	MM/DD/YY	Remove
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2	12 ▼	Period 2	MM/DD/YYYY	MM/DD/YYYY	Remove																														
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5.0 Completion Instructions

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	Completion Instructions: <ol style="list-style-type: none"> 1. In the toolbar, select "Hide / Show Errors" to validate that this form is complete. Update any errors or incomplete sections. 2. The proposal workspace contains all other proposal activities and budget grids. Click "Finish" to access. 3. Ensure your budget is complete and ready for review and approval. 4. Execute the "Submit for Review and Approval" activity to initiate the approval process.