

Updated 07/03/2024

Proposals must be completed and routed seven (7) business days before the deadline for OSP to submit the proposal.

Creating National Institutes of Health (NIH) Proposals

NIH Proposals are submitted via GeauxGrants as a System-to-System (S2S) proposal. All sections will be uploaded into GeauxGrants, and the Office of Sponsored Programs (OSP) will submit from GeauxGrants to Grants.gov.

NOTE: NIH multi-component proposals will follow the <u>Creating Manual Proposals</u> user guide. This type of proposal will need to separately be loaded into ASSIST for submission.

How to Create a Proposal Development (PD) Record

It is recommended that you use Chrome or Firefox. Login through myLSU.

- Step 1: From the home screen, select "Sponsored Projects" on the left-hand navigation tabs
- Step 2: From the Sponsored Projects screen, select "Proposal" under Create New

| Home My Profile Locate My Records Locate Records Calendar Messages Things to Do Cuick Find Sponsored Projects | t |
|---|-----|
| | d 🔑 |
| Award Tracking Conflict of Interest SPIN GeauxGrants Help Desk Locate records by using filters Show a listing of All my records Pre-Defined Reports Pre-Defined Reports | |

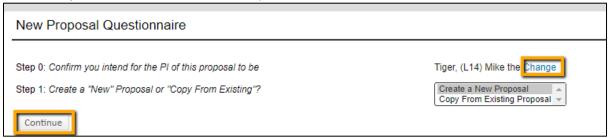
New Proposal Questionnaire

The New Proposal Questionnaire consists of several steps (Steps 0-7). To go back a step, click Back on top right. All search fields are progressive text.

• **Step 0**: Defaults to user. You can change to another Principal Investigator (PI) by clicking Change. Type last name, first name of PI and click Select.

| New Proposal Questionnaire | |
|--|-------------------------------|
| Step 0: Confirm you intend for the PI of this proposal to be | Tiger, (L13) Mike the Change |
| Step 1: Create a "New" Proposal or "Copy From Existing"? | Create a New Proposal A |
| Continue | Copy From Existing Proposal V |

• Step 1: Click on "Create a New Proposal" and click Continue



• **Step 1 Continued**: Choose Select from Grants.Gov Opportunities and enter the opportunity number or partial number (i.e. R01) and click Search. A list will populate with all possible opportunity numbers.

| New Proposal Questionnaire | Back |
|--|---|
| Step 0: Confirm you intend for the PI of this proposal to be | Tiger, (L14) Mike the Change |
| Step 1: "New" or "Copy From Existing"? | Create a New Proposal |
| Step 1: Continued | Select from Grants.Gov Opportunities S2S Search |

• **Step 1 Continued**: Click Select next to the correct opportunity number.

| l | Nev | lew Proposal Questionnaire | | | | | | | | | |
|---|------|--|-------------|----------------|----------------------------------|---|-------------|--------------------|--------------|----------------------------------|--|
| | Step |): Confirm you intend for the 1: "New" or "Copy From Exit 1: Continued | | to be | | Tiger, (L14) Mike Create a New Pro Select from Grant r01 | - | > S2S | Searc | h | |
| | | Opportunity Number | CFDA Number | Competition ID | Competition | Title | PackageID | S2S | Opening Date | Agency | Title |
| | ۲ | PA-19-043 Select | | FORMS-E | FORMS-E | | PKG00246021 | ~ | 05-Dec-2018 | National Institutes of Health | Novel Approaches for Relating Genetic Variation to Function and Disease (R43/R44 Clinical Trial Not Allowed) |
| | ۲ | PA-18-863 Select | | FORMS-E | FORMS-E | | PKG00243901 | ~ | 05-Sep-2018 | National Institutes of Health | Alcohol and Other Drug Interactions: Unintentional Injuries and Overdoses: Epidemiology and Prevention (R01 - Clinical Trial Optional) |
| | ۲ | PA-18-061 Select | | FORMS-E | Use for due da January 25, 20 | | PKG00235713 | ~ | 06-Jan-2018 | National Institutes of Health | Marijuana, Prescription Opioid, or Prescription Benzodiazepine Drug Use Among Older Adults (R01 Clinical Trial Optional) |
| | ۲ | PAR-19-045 Select | | FORMS-E | FORMS-E | | PKG00245999 | ~ | 05-Jan-2019 | National Institutes of Health | End-of-Life and Palliative Care Approaches to Advanced Signs and Symptoms (R01 Clinical Trial Optional) |

• **Step 2**: Choose "New", "Resubmission" or "Renewal" as applicable and Click Continue.

| New Proposal Questic | onnaire | | | | | Back |
|--|------------------------------|------------------------------|--------|----------------|-------------|---------|
| Step 0: Confirm you intend for t | he Pl of this proposal to be | Tiger, (L14) Mike the Change | | | | |
| Step 1: "New" or "Copy From E | | Create a New Proposal | | | | |
| Program Number | Program Name | | CFDA | Competition ID | PackageID | Sponsor |
| PA-EO-R01 G.g. Training and NIH Ext-UAT FOA (R01-Clinical Trial Opti | | ional) | 93.865 | FORMS-E | PKG00037265 | |
| Step 2: Please Select a Propos | al Type | New | - | | | |

• **Step 3**: National Institutes of Health (NIH) will pre-populate. Click Continue.

| New Proposal Qu | estionnaire | | | | | Back |
|--------------------------------|--|--|------------------------------------|-------------|-------------------------------------|------|
| | | | | | | |
| Step 0: Confirm you intend for | r the Pl of this proposal to be | Tiger, (L17) Mike the Change | | | | |
| Step 1: "New" or "Copy From | Existing"? | Create a New Proposal | | | | |
| Program Number | Program Name | Competition Title | Competition ID | PackageID | Sponsor | |
| PA-20-185 | NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed) | Use for due dates on or after January 25, 2022 | FORMS-G | PKG00269448 | National Institutes of Health (NIH) | |
| | | | | | | |
| Step 2: Proposal Type | | New | | | | |
| Step 3: Select a Sponsor | | Alternate sponsors listed in SPIN for this Opportunity | National Institutes of Health/DHHS | | | |
| | | OR | | | | |
| | | Select sponsor from full list | | | | |
| | | Continue | | | | |

• Step 4: Will be automatically numbered by the system

• Step 5: Enter Proposal's Title and click Continue

| New Proposal Que | estionnaire | | | | | Back |
|----------------------------------|--|--|----------------|-------------|-------------------------------------|------|
| | | | | | | |
| Step 0: Confirm you intend for | r the PI of this proposal to be | Tiger, (L17) Mike the Change | | | | |
| Step 1: "New" or "Copy From | Existing"? | Create a New Proposal | | | | |
| Program Number | Program Name | Competition Title | Competition ID | PackageID | Sponsor | |
| PA-20-185 | NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed) | Use for due dates on or after January 25, 2022 | FORMS-G | PKG00269448 | National Institutes of Health (NIH) | |
| | | | | | | |
| Step 2: Proposal Type | | New | | | | |
| Step 3: Selected Sponsor | | National Institutes of Health (NIH) | | | | |
| Mechanism | | Research Project | | | | |
| Step 4: "Tracking" Number or | "Proposal" Number | This proposal will be automatically numbered. | | | | |
| Step 5: Proposal's Title | | | | | | |
| This is a test proposal for trai | ining. 🔶 💶 🔁 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Continue 🔶 | | | | | | |

- Step 6: Enter Project Start and End Dates and click Continue
 - \circ We recommend the start date to be the first of the month and the end date to be the last day of the

month for budget calculation purposes.

| New Proposal Que | estionnaire | | | | | Back |
|--------------------------------|--|--|----------------|-------------|-------------------------------------|------|
| | | | | | | |
| Step 0: Confirm you intend for | r the PI of this proposal to be | Tiger, (L17) Mike the Change | | | | |
| Step 1: "New" or "Copy From | Existing*? | Create a New Proposal | | | | |
| Program Number | Program Name | Competition Title | Competition ID | PackageID | Sponsor | |
| PA-20-185 | NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed) | Use for due dates on or after January 25, 2022 | FORMS-G | PKG00269448 | National Institutes of Health (NIH) | |
| | | | | | | |
| Step 2: Proposal Type | | New | | | | |
| Step 3: Selected Sponsor | | National Institutes of Health (NIH) | | | | |
| Mechanism | | Research Project | | | | |
| Step 4: "Tracking" Number or | "Proposal" Number | This proposal will be automatically numbered. | | | | |
| Step 5: Proposal's Title | | This is a test proposal for training. | | | | |
| Step 6: What are the project s | tart and end dates? | From | | | | |
| | | То | | | | |
| Continue | • | | | | | |

• **Step 7**: Confirm number of budget periods. If this changes, the dates will need to be changed on the Budget Setup section of the Budget. Click Continue.

| New Proposal Que | stionnaire | | | | | Back |
|---------------------------------|--|---|------------------------------------|-------------|-------------------------------------|------|
| | | | | | | |
| Step 0: Confirm you intend for | the PI of this proposal to be | Tiger, (L17) Mike the Change | | | | |
| Step 1: "New" or "Copy From I | Existing"? | Create a New Proposal | | | | |
| Program Number | Program Name | Competition Title | Competition ID | PackageID | Sponsor | |
| PA-20-185 | NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed) | Use for due dates on or after January 25, 2022 | FORMS-G | PKG00269448 | National Institutes of Health (NIH) | |
| | | | | | | |
| Step 2: Proposal Type | | New | | | | |
| Step 3: Selected Sponsor | | National Institutes of Health (NIH) | | | | |
| Mechanism | | Research Project | | | | |
| Step 4: "Tracking" Number or | "Proposal" Number | This proposal will be automatically numbered. | | | | |
| Step 5: Proposal's Title | | This is a test proposal for training. | | | | |
| Step 6: Project Start and End I | Dates | 01-Jan-2023 to 31-Dec-2024 | | | | |
| Step 7: How many years and/o | or budget periods would you like? | 2 🗸 🔶 | | | | |
| | | *NOTE: If you need additional years/periods beyond 7, you may add | them as needed once inside the pro | posal. | | |
| Continue | | | | | | |

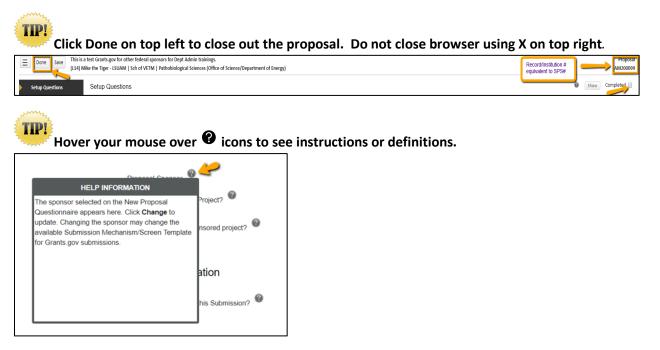
- Click Back or Step back through responses button at any step to go back to the previous step to change information.
- Ensure all information is correct and click Create Proposal.

| New Proposal Que | estionnaire | | | | | Back |
|---------------------------------|--|---|----------------|-------------|-------------------------------------|------|
| | | | | | | |
| Step 0: Confirm you intend for | the PI of this proposal to be | Tiger, (L17) Mike the Change | | | | |
| Step 1: "New" or "Copy From | Existing"? | Create a New Proposal | | | | |
| Program Number | Program Name | Competition Title | Competition ID | PackageID | Sponsor | |
| PA-20-185 | NIH Research Project Grant (Parent R01 Clinical Trial Not Allowed) | Use for due dates on or after January 25, 2022 | FORMS-G | PKG00269448 | National Institutes of Health (NIH) | |
| | | | | | | |
| Step 2: Proposal Type | | New | | | | |
| Step 3: Selected Sponsor | | National Institutes of Health (NIH) | | | | |
| Mechanism | | Research Project | | | | |
| Step 4: "Tracking" Number or | "Proposal" Number | This proposal will be automatically numbered. | | | | |
| Step 5: Proposal's Title | | This is a test proposal for training. | | | | |
| Step 6: Project Start and End | Dates | 01-Jan-2023 to 31-Dec-2024 | | | | |
| Step 7: Number of Budget Pe | riods | 2 | | | | |
| Is all of the above information | | *NOTE: Clicking "Create Proposal" will create a new proposal with the prope completed before you can start entering your new proposal. Again, you will b need be. | | | | |

Setup Questions

GeauxGrants will automatically generate a Proposal/Record/Institution #. GeauxGrants numbering will be AMFYXXXX. For Fiscal Year (FY) 2025, all numbers begin with AM25.

This tab gathers general information about your proposal. After you complete this section, additional proposal tabs will appear to the left of the screen.



- Read instructions at the top of the page, answer all questions. Click Save at any point to preserve all date entered. Clicking Save and Continue at the bottom right corner will validate the form.
- Grants.Gov submission Information will populate based on the opportunity number including a forms section that will allow you to select optional forms.

| Grants.Gov Submission Information | | |
|---|---|-------------------|
| Opportunity Number | RFA-NS-24-032 | |
| Opportunity Title | Development and Validation of Human Cellular Models for Alzheimer's Disease-Related Dementias (ADRD) (R01 - Clinical Trial Not Allowed) | |
| Offering Agency | National Institutes of Health | |
| Open Date | 20-May-2024 | |
| Close Date | 31-Oct-2024 Close Date is 10 days later than the close date posted at Grants.Gov to ensure availability of opportunities within InfoEd/PD for appropriate | late submissions. |
| CFDA Number | | |
| CFDA Description | | |
| Competition ID | FORMS-H | |
| Competition Title | Use for due dates on or after January 25, 2023 | |
| Form Version | | |
| PackageID | PKG00284930 | |
| Agency Contact | | |
| | | |
| R01 Validations Mechanism Opt In/Out | Project period may not exceed five Budget Periods. | |
| | NIH Annual \$500,000 direct cost limit applies to this proposal. | |
| | A non-zero value for calendar months, academic months, or summer months is required for each senior/key person. | |
| | Introduction is mandatory for Resubmissions/Revisions. | |
| | Introduction cannot be over 1 page for Resubmissions. | |
| | Introduction cannot be over 1 page for Revisions. | |
| | Research Strategy page limit:12 pages | |
| | Research Strategy is required. | |
| | Specific Aims is required and limited to 1 page. | |
| | Project period may not exceed 5 years. | |
| | You must include a budget with this application | |
| | | |
| Form | Version | Included |
| SF424 (R & R) | RR_SF424_5_0-V5.0 | × |
| PHS 398 Cover Page Supplement | PHS398_CoverPageSupplement_5_0-V5.0 | |
| Other Project Info | RR_OtherProjectInfo_1_4-V1.4 | × |
| Project/Performance Site Location(s) | PerformanceSite_4_0-V4.0 | × |
| Research and Related Senior/Key Person Profile (Expanded) | RR_KeyPersonExpanded_4_0-V4.0 | × |
| PHS398_ResearchPlan_5_0 | PHS398_ResearchPlan_5_0-V5.0 | × |
| PHS Human Subjects and Clinical Trials Information | PHSHumanSubjectsAndClinicalTrialsInfo_3_0-V3.0 | × |
| Research & Related Budget | RR_Budget_3_0-V3.0 | |
| R & R Subaward Budget Attachment(s) Form 5 YR 30 ATT | RR_SubawardBudget30_3_0-V3.0 | |
| PHS398_ModularBudget_1_2-V1.2 | PHS396_ModularBudget_1_2-V1.2 | |
| PHS_AssignmentRequestForm_3_0-V3.0 | PHS_AssignmentRequestForm_3_0-V3.0 | |

 If there are forms that are in the opportunity package that are not updated in GeauxGrants to the current version, the form will be outlined in red, and you will need to email <u>osp@lsu.edu</u> to request the form to be updated.

| AD_3030_2_0-V2.0 | AD_3030_2_0-V2.0 | |
|---|-------------------|--|
| HRSA_SDS_3_0-V3 0 AUnsupported Form - Contact Support | HRSA_SDS_3_0-V3.0 | |

- Deadline: Enter deadline date as the date you would like OSP to submit your proposal. If submission has a
 deadline then you must also enter deadline time. Use Central Time Zone. NIH deadline time is usually 5:00 PM
 local time. All proposal must be submitted by OSP before 5:00 PM.
- Associated Departments: If the proposal includes investigators from multiple units, the Associated Department
 will need to be added in order for these investigators and their associated unit heads/administrators to view the
 proposal.
 - To add associated departments (i.e. CCT, CAMD, joint appointments, etc.), click Add under associated Departments. This will allow these departments access to this specific proposal.
 - If the PI has a joint appointment, click Add next to PI Departments.

| Associated Departments | LSUAM Sch of VETM Pathobiological Sciences Add |
|------------------------|---|
| PI Departments | LSUAM Sch of VETM Pathobiological Sciences Add |

• This field is progressive text and you will only need to enter part of name to populate. Click Select.

| Select Close |
|--------------|
| |
| 1 |
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| |

• You will then see a toggle by the PI Departments. The unit that is marked will be the Primary Department for the proposal and any resulting award. Select and then click Save in top Left.

| The Primary Department will administer the award in Workday. | | | | | | |
|--|--|--|--|--|--|--|
| Associated Departments | LSUAM Sch of VETM Pathobiological Sciences Add | | | | | |
| PI Departments | LSUAM Sch of VETM Pathobiological Sciences LSUAM ORED CCT Director's Office Remove Add | | | | | |

• Click Add to add the additional department. This field is progressive text and you only need to enter part of name to populate. Click Select.

| General Proposal Properties | |
|--|---|
| Will your proposal involve the use of Human Subjects? | Ves No |
| Will your proposal involve the use of Laboratory Animals? | ○ Yes ● No |
| Will your proposal involve multiple principal investigators? | O Yes No |
| Will your proposal be a training grant? | O Yes No |
| Associated Departments | LSUAM Sch of VETM Pathobiological Sciences Add |
| PI Departments | LSUAM Sch of VETM Pathobiological Sciences Add |
| | |
| Department | Select Close |
| | |
| LSUAM ORED CCT Director's Office | |
| Filter by Institution | |
| | |

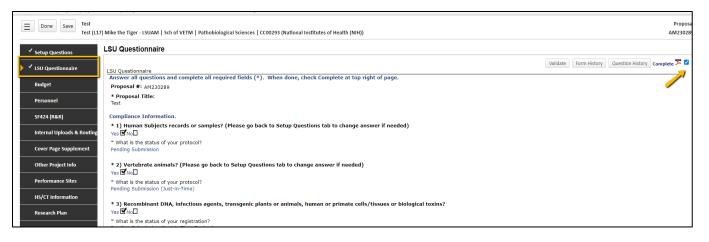
LSU Questionnaire

This is where we capture compliance, budget and specific information about your proposal, including investigators for F&A & Project % Credits.

- To change the title, enter new title in the Proposal Title box.
- Answer all mandatory questions. Yes answers may include a prompt for additional information. Click Save at any point to preserve all data entered. Clicking Completed will validate form.

TIP!

Make sure to answer correctly before routing as many of these questions trigger an approval step in the route.



Investigators % F&A Distribution & % Project Credit are collected in #26 of the LSU Questionnaire. You will
enter the Investigator Name, Role, Department, and %. If an investigator has a joint appointment and
required to split his/her credit between units, you will need to enter them twice. To add additional
investigators or departments click the Add button.

| 26) Investigator | | | | |
|-------------------------|---------------------------|--|----------------------|--------------------|
| * Investigator | * Role | * Department | * % F&A Distribution | * % Project Credit |
| Tiger, (L14) Mike the 🖌 | a) Principal Investigator | LSUAM ORED CCT Director's Office 🖍 | 50.00 | 0.00 × |
| Tiger, (L14) Mike the 🖌 | a) Principal Investigator | LSUAM Sch of VETM Pathobiological Sciences | 50.00 | 100.00 × |

• To enter the Investigator Name or Department, click the pencil icon. For Department, begin typing the cost center name or cost center number in Find Department. Once it appears, click on unit name and then click Select.

| 2 |
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• After you answer all mandatory questions, click Complete. Checking the Complete box will perform Validations. Click Ok on pop-up box to show errors.

| Done Save This is a test proposal for training. Proposal Test (L17) Mike the Tiger - LSUAM Sch of VETM Pathobiological Sciences (National Institutes of Health (NIH)) AM23002 | | | | | | | |
|---|-----------------|--|--|------------|--|--|--|
| ✓ Setup Questions | LSU Question | naire | | | | | |
| LSU Questionnaire | LSU Questionnai | | Validate Form History Question History C | complete 🗍 | | | |
| Budget | | estions and complete all required fields (*). When done, check Complete at top ory Questions need to be completed Dock X | right of page. | | | | |
| Personnel | | | | | | | |
| SF424 (R&R) | Page LSU | Question | | | | | |
| Internal Uploads & Routing | Questionnaire | Recombinant DNA, infectious agents, transgenic plants or animals, human or primate cells/tissues or biological toxins? | nswer if needed) | | | | |

SF424 R&R Budget

The SF424 R&R Detailed Budget is used for any budget with more the \$250,000 of direct costs in any year of the budget or as required by the funding opportunity number (FOA).

- On Setup Tab, answer "No" for modular budget.
- For proposals submitting a SF 424 R&R Detailed Budget follow the instructions for <u>Creating a Detailed Budget</u>.

Modular Budget

The Modular Budget is used when applying for \$250,000 or less direct costs each budget period or when specified in the funding opportunity announcement (FOA). Refer to your FOA for guidance.

- On Setup Tab, answer "Yes" for modular budget.
- Click on Modular Budget tab first and enter number of modules in each budget period. Modules are equal to \$25,000. A typical modular grant application will request the same number of modules in each budget period.

| | s a test proposal for t L17) Mike the Tiger (N | raining. National Institutes of Health (NIH)) | | | | | | | Proposa AM23002 |
|----------------|---|--|------------|-----|------------|------------|----------------|-----|--------------------|
| Budget + | Modular Budget Directs | e | | l | | | ļ | | Edit Mode |
| F&A | YEAR | DIRECTS LESS SUB CONT F&A | | мог | ULES | | AMOUNT | | GAP |
| Cost Sharing | | 1 | \$ 127,400 | (| 6 🗸 | | \$ 150,000 | | \$ -22,600 |
| Justifications | | 2 | \$ 127,400 | | 6 🗸 | | \$ 150,000 | | \$ -22,600 |
| | | | \$ 254,800 | | 12 | | \$ 300,000 | | \$ -45,200 |
| Versions | F&A Basis | | | | | | | | |
| Setup | YEAR | | | | | | EXEMPTIONS MOI | | IODULAR BASE |
| | - | | | 1 | \$ 127,400 | \$ 119,800 | \$ 7,600 | 6 🗸 | \$ 142,400 |
| | | | | 2 | \$ 127,400 | \$ 119,800 | \$ 7,600 | 6 🗸 | \$ 142,400 |
| | | | | | \$ 254,800 | \$ 239,600 | \$ 15,200 | 12 | \$ 284,800 |
| | _ | | | | PERIOD 1 | _ | PERIOD 2 | _ | TOTAL |
| | Modular DC less (| Consortium F&A | | | 150,000 | | \$ 150,000 | | \$ 300,000 |
| | Consortium F&A | | | \$ | 0 | | \$0 | | \$0 |
| | Total Direct Costs | | | s | 150,000 | | \$ 150,000 | | \$ 300,000 |
| | Modular DC Inclu | ding Consortium F&A | | \$ | 150,000 | | \$ 150,000 | | \$ 300,000 |
| | Exemptions | | | \$ | 7,600 | | \$ 7,600 | | \$ 15,200 |
| | Total INST Cost Sh | haring | | \$ | 0 | | \$0 | | \$ 0 |
| | Unallowable Cost | s | | \$ | 0 | | \$0 | | \$ 0 |
| | Base | | | \$ | 142,400 | | \$ 142,400 | | \$ 284,800 |
| | F&A % | | | 5 | D | | 50 | | |
| | F&A \$ | | | \$ | 71,200 | | \$ 71,200 | | \$ 142,400 |
| | Total | | | \$ | 221,200 | | \$ 221,200 | | \$ 442,400 |

- Click Save.
- Go back to the Budget tab and enter the details of the budget in each cost category to correctly calculate F&A by following the <u>Creating a Detailed Budget</u> instructions.
- On the Budget tab, the Modular Budget Transaction shows the difference in the requested funds and the Total Sponsor Direct Costs, which is the total amount of the number of modules that you selected. In the example below, \$18,000 is the difference in year 1 of what is budgeted and \$250,000, the 10 modules chosen.

| 4 + | | iosal for Department A r. (National Institutes o | | | | | | | | | | | | | Propo AM2001 |
|---------------------------------------|--------------|---|------------------|-------------|-------------|------|----------|----------------------|---------------------|------------|------------|------------|------------|--------------|-----------------|
| · · · · · · · · · · · · · · · · · · · | | 1 | 1 | 01-Jan-2020 | 31-Dec-2020 | New* | Proposed | \$ 363,088 | | | | \$ 250,000 | \$ 113, | ,088 | \$ 363,0 |
| | | 2 | 2 | 01-Jan-2021 | 31-Dec-2021 | New* | Proposed | 363,088 | | | | 250,000 | 113 | ,088 | 363, |
| Budget | | 3 | 3 | 01-Jan-2022 | 31-Dec-2022 | New* | Proposed | 363,088 | | | | 250,000 | 113 | ,088 | 363,0 |
| | | 4 | 4 | 01-Jan-2023 | 31-Dec-2023 | New* | Proposed | 363,088 | | | | 250,000 | 113 | ,088 | 363,0 |
| ring | | | | | | | Total: | \$ 1,452,352 | | \$ 0 | \$ | 1,000,000 | \$ 452, | ,352 | \$ 1,452,3 |
| ions | Subproject ! | Summary [Show] | | | | | | | | | | | | | |
| | Personnel [I | | | | | | | | | | | | | | |
| | 💌 Key Pa | NAME | _ | _ | _ | _ | | _ | | PERIOD 1 | PERIOD 2 | PERIOD 3 | PERIOD 4 | DIRECT COSTS | |
| | Detai | | D/PI | | | | | | | | | | | \$0 | |
| | | ey Personnel | D/PI | | | | | | | - | - | - | | \$0 | |
| | Detai | | te Student | | | | | | | 40,000 | 40,000 | 40,000 | 40,000 | 160,000 | Remove |
| | Detai | I TBH. Post Do | ctoral Associate | | | | | | | 129,600 | 129,600 | 129,600 | 129,600 | 518,400 | Remove |
| | | | | | | | | | Subtotal Personnel: | \$ 169,600 | \$ 169,600 | \$ 169,600 | \$ 169,600 | \$ 678,400 | |
| | Non-Person | nel [hide] CATEGORY | | | | | | | PERIOD 1 | PERIOD 2 | PERIO | 0.2 | PERIOD 4 | DIRECT COSTS | |
| | Detail | Materials and Supplie | P5 | | | | | | \$ 10,000 | \$ 10,000 | \$ 10, | | \$ 10,000 | \$ 40,000 | - |
| | Detail | Other Direct Costs | | | | | | | 15,000 | 10,000 | | 000 | 10.000 | 45,000 | |
| | Detail | Publication Costs | | | | | | | 3.000 | 2,000 | 2 | 000 | 2.000 | 9,000 | Delete |
| | Detail | Travel-Domestic | | | | | | | 10,000 | 10,000 | | 000 | 10.000 | 40,000 | |
| | Detail | Travel-Foreign | | | | | | | 10,000 | 10,000 | 10, | 000 | 10,000 | 40.000 | |
| | Detail | Tuition Remission | | | | | | | 14,400 | 14,400 | 14 | 400 | 14,400 | 57,600 | Delete |
| | | | | | | | | | | | | | | | |
| | | | | | | | Subl | total Non-Personnel: | \$ 62,400 | \$ 56,400 | \$ 56, | 400 | \$ 56,400 | \$ 231.600 | |

Budget Justification

- Click Choose File to find budget justification document and click Upload.
- Can upload Word or PDF documents. GeauxGrants will convert Word documents to a PDF. To open the uploaded file, click the PDF logo.
- File appears as the type of document uploaded. Remove option is also available if new version needs to be uploaded.

For Modular Budgets:

- Personnel Justification required for all modular budget.
- Consortium Justification is required if you have Subawards.
- Additional Narrative Justification is required for any variation in the number of modules requested.

| Done Save This is a test proposal for training. Test (L17) Mike the Tiger (National Institutes of Health (NIH)) | | | | | | | |
|--|---|--|--|--|--|--|--|
| Budget + | Justifications 🕲 | | | | | | |
| Modular Budget | Show | | | | | | |
| F&A | UPLOAD "PERSONNEL JUSTIFICATION DOCUMENTATION | | | | | | |
| Cost Sharing | ORIGINAL TRANSFORMED REMOVE | | | | | | |
| Justifications | UPLOAD "CONSORTIUM JUSTIFICATION" DOCUMENTATION | | | | | | |
| Versions | Choose File No file chosen | | | | | | |
| Setup | | | | | | | |
| | Choose File No file chosen | | | | | | |
| | Upload | | | | | | |
| | | | | | | | |

- For SF424 R&R Detailed Budgets:
 - Only one Budget Justification is required.
 - Click Choose File to select the budget justification and click Upload.
 - GeauxGrants will convert all documents to PDF.

| Budget + | Justifications Show | |
|----------------|---------------------------------|--------------|
| F&A | | |
| 0-101-1 | UPLOAD "BUDGET JUSTIFICATION" D | OCUMENTATION |
| Cost Sharing | Choose File No file chosen | Upload |
| Justifications | A | <u> </u> |
| Versions | | |
| Setup | • | • |
| | | |

Personnel

All personnel listed on the budget will populate on this tab. If you enter individuals on the Personnel tab, that person will automatically populate on the Budget tab and vice versa.



You must add all investigators that are in #26 of the LSU Questionnaire to the Personnel tab. This helps ensure that all necessary routing approvals are received.

• To add investigators, type in their name, choose role using the dropdown, begin typing name, and click Save.

| - Done Save | t est proposal for training. 7) Mike the Tiger - LSUAM Sch of VETM Pathobiological Sciences (National Institutes of Health (NIH)) | Proposal AM230025 |
|----------------------------|--|--|
| ✓ Setup Questions | Personnel 🎯 | Completed |
| LSU Questionnaire | | OMB Number: 4040-0001 Expiration Date: 12/31/2022 |
| ✓ Budget | | Edit Mode |
| budget | Add Personnel [hide] | |
| Personnel | | |
| SF424 (R&R) | Proposal Element Proposal Structure | Institution Louisiana State University and J 🗸 |
| Internal Uploads & Routing | | |
| Cover Page Supplement | Personnel Type | |
| Other Project Info | | |
| Performance Sites | Name (Last, First) Role Create Profile Begin typing to select Personnel Name Co-PD/PI | |
| HS/CT Information | Save | |
| Decearch Dian | | |

- To remove a person from the budget:
 - Click on person's name after you add them to the Personnel tab.

| ni | or/I | Кеу | | | | _ | |
|----|------|---|------|-------|-----|-------------|--|
| ľ | PI | NAME/ROLE | MAIL | ALERT | соі | RESPONSIBLE | ORGANIZATION / DEPARTMENT |
| (| ۲ | (L13) Mike the Tiger PD/PI * Certifications and Training | | ♪ | ~ | ø | Louisiana State University and A&M College LSUAM Sch of VETM Pathobiological Sciences |
| (| D | (L14) Mike the Tiger Co-investigator Certifications and Training | | | ? | Ø | Louisiana State University and A&M College LSUAM Col of SCI Chemistry |

• Click Budget roles, and check the budget periods that you wish to remove them from the budget.

| Contact Informa | tion for - (L14) Mike the Tig | or | | | | | | | | | | Save | Close |
|-----------------|-------------------------------|--------------------|-------------|-------------|-----------------|------------------------|------------------------|----------------|--|-------------|-----|------------|-------|
| Salutation | First | | Middle | | | | Last | | | Suffix | | | |
| | (L14) Mike | | the | | | | Tiger | | | | | | |
| Title | | , | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | |
| 202 Himes Hall | | | Degree | Degree Year | Stored Degree/E |) egree Year Data w | rill not be included i | in submission. | Please follow NSF instructions below. | | | | |
| | | | | | | | | | n as a PI at www.Research.gov; and update it in the 'View My F | oles' page. | | | |
| | | | | | | | | | | | | | |
| City | | | State | | | | Zip | | | | | | |
| Baton Rouge | | | Louisiana 🔻 | | | | 70803-0001 | | | | | | |
| County | | | Country | | | | | | | | | | |
| | | | U.S.A. | | • | | | | | | | | |
| Phone | | | Fax | | | | Email | | _ | | | | |
| 2255780663 | | | | | | | itsbatesting@lsu. | edu | | | | | |
| Sponsor Creden | | _ | | | | | | | | | | | |
| Other (Specify) | • | | | | | | | | | | | | |
| Proposal Eleme | ent | Department | | Perso | nnel Type | | R | tole | | Specified R | ble | Grants.gov | |
| Prime: . | AM200014 | LSUAM Col of SCI | Chemistry | Кеу | | • | | Co-Investigato | r 👻 Budget Roles | | | | |
| | | | | | | | | | × | | | | |
| | | | | | | | | Up | date Role for checked Period/Increments(s) | | | | |
| | | | | | | | | | New* Period 1 - Co-Investigator | | | | |
| | | | | | | | _ | | New* Period 2 - Co-Investigator | | | | |
| | | | | | | | _ | | New* Period 3 - Co-Investigator | | | | |
| | | | | | | | | | Personnel | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

 To update a person's address for this proposal only, click on the person's name. Enter address on pop-up and click Save.



To update address on all records, the investigator must edit their address under the My Profile tab at the top of the GeauxGrants Home page

| PI | NAME/ROLE | MAIL | ALERT | соі | RESPONSIBLE | ORGANIZATION / DEPARTMENT |
|----|--|------|-------|-----|-------------|--|
| | (L13) Mike the Tiger | | | | | |
| ۲ | PD/PI * Certifications and Training | | A | ~ | ×. | Louisiana State University and A&M College LSUAM Sch of VETM Pathobiological Sciences |
| 0 | (L14) Mike the Tiger <i>co-investigator</i> <i>Certifications and</i> <i>Training</i> | | | ? | e | Louisiana State University and A&M College LSUAM Col of SCI Chemistry |

- The Responsible column indicates who is an Investigator per PS-98 for Financial Conflict of Interest. PD/PI and Co-Investigators are automatically checked. All LSU PI and Co-Investigators should be checked. Indicate other responsible investigators by clicking the checkbox by their name.
- COI column will either have a green check, yellow sign, or red question mark.
 - If green check mark appears, a Significant Financial Interest (SFI) disclosure has been "Received in GeauxGrants."
 - If red question mark appears, an SFI disclosure has either been "Created; No Disclosure" or "No Disclosure on record for the person". SFI needs to be submitted.

• The Legend describes who is on the Prime and who is on the Subaward.

| | (L14) Mike the Tiger | | | | | | CALENDAR | ACADEMIC | SUMMER | 0 | 01,01001 | | CURRENT/PENDING SU | |
|--------|--|------|-------|---------|-------------|--|----------|-------------|--------|---|----------|-------|--------------------|-----------|
| • | | | | | | Louisiana State University and A&M College LSUAM Sch of VETM Pathobiological Sciences | 0 | 2 | 0 | 6 | 2 | | 1 | |
| | 2 SubAward PI Certifications and Training | 24 | | ? | | Nicholls State University Nicholls State University | 0 | 0 | 0 | • | e | | 1 | |
| on-Key | | | | | | Need to uncheck for Subaward senior/key personnel | _ | | | | | | | |
| PI | NAME/ROLE | MAIL | ALERT | соі | RESPONSIBLE | ORGANIZATION / DEPARTMENT | | ERSON MONTI | | | CV/BIOSK | сетсн | CURRENT/PENDING SU | PPORT REN |
| | TBH Graduate Student Certifications and Training | × | | ? | | Louisiana State University and A&M College Louisiana State University and A&M College | 6 | 0 | 0 | 6 | 1 | | • | |

 If subaward investigators are not considered overall senior/key person and a biosketch should not be included in the proposal you will need to uncheck the INC column next to their name. If this is unchecked, a biosketch will not be uploaded.

| Al | l Cert | ificati | ons ar | id Training | | | | | | | | | | |
|----|--------|----------|--------|--|------|-------|-----|-------------|--|---|---|------------------------|-------------------------|--------|
| Se | enior, | /Key | | | | | | | | | | | | |
| | PI | 2 INC | NA | ME/ROLE | MAIL | ALERT | соі | RESPONSIBLE | ORGANIZATION / DEPARTMENT | PERSON MONTHS CALENDAR ACADEMIC SUMMER | 0 | су/віоѕкетсн | CURRENT/PENDING SUPPORT | REMOVE |
| : | ۲ | • | 1 | Rebecca Trahan PD/PI * | × | | ? | | Louisiana State University LSUAM ORED Office of Sponsored Programs CC00388 | 0 0 0 | A | (Transformed selected) | 1 | ţ, |
| : | | | 2 | Subaward PI TEST Co-Investigator Certifications and Training | | | ? | | University of Illinois at Urbana-Champaign (UIUC) University of Illinois at Urbana-Champaign (UIUC) | 0.1 0 0 | â | (Transformed selected) | 1 | \$ |

 Biosketches are uploaded on this tab. Refer to the FOA for required documents. If the FOA requires Other Support, then you would upload here. Note: Most NIH FOAs do not require Other Support.

| Ы | NAME/ROLE | MAIL | ALERT | соі | RESPONSIBLE | ORGANIZATION / DEPARTMENT | | ERSON MONT | | 0 | CV/BIOSKETC | H CURRENT/PEN | DING SUPPORT | REMOVE |
|---|--|------|-------|-----|-------------|--|---|------------|---|---|-------------|---------------|--------------|--------|
| ۲ | (L14) Mike the Tiger PD/PI * Certifications and Training | × | ▲ | ~ | | Louisiana State University and A&M College LSUAM Sch of VETM Pathobiological Sciences | 0 | 2 | 0 | â | ^ | 4 | | ¢ |

• Click Choose File and click Upload and then Close.

| Attachment | Close |
|--|-------|
| Attachment: Choose File No file chosen | • |
| Upload Cancel | |
| | |

• Click close and file is converted to a PDF.

| 5 | Senior, | /Key | | | | | | | | | | | | - | |
|---|---------|---|------|-------|-----|-------------|--|---|-----------|---|---|-------|--------|------------------------|---|
| | Ы | NAME/ROLE | MAIL | ALERT | соі | RESPONSIBLE | ORGANIZATION / DEPARTMENT | | RSON MONT | | 0 | су/вю | SKETCH | CURRENT/PENDING SUPPOR | |
| | ۲ | (L14) Mike the Tiger PD/PI * Certifications and Training | M | | ? | | Louisiana State University and A&M College LSUAM Sch of VETM Pathobiological Sciences | 0 | 2 | 0 | â | 4 | * | * | ¢ |
| | | | | | | | | | | | | | | | |

- The Alert column will show a yellow yield sign if information is missing. Click the sign and message will appear. The error below means the PI is missing the eRA Commons sponsor credential. To add, click on the PI's name and add the eRA Commons user ID to their profile. <u>NOTE</u>: We recommend having the investigators add their NIH eRA Commons ID to their profile. Adding these credentials on the Personnel tab will not save for future proposals and will need to be entered for every proposal record.
- If PI information needs to be updated, click on the name and enter the information in the profile for this record.
- Click Save and then Close after you enter the PI's information including the sponsor credential.

Creating (NIH) Proposals

| Sr | nior/ | :/Key | | | | | | Message from webpage X | | | | | | |
|----|-------|--|------|-------|---------|-------------|--------------------------------|------------------------|---|-----------|---|---|----------|------|
| | PI | NAME/ROLE | MAIL | ALERT | соі | RESPONSIBLE | ORGA | Missing: Credentials | | RSON MONT | | 0 | су/вюзк | ЕТСН |
| | ۲ | Mike The Tiger PD/PI * Certifications and Training | | | ? | 2 | Louisiana State Un Dept 1.1 | | 0 | 0 | 0 | A | * | |
| | | | | Missi | ing: Cr | edentials | | | | | | | | |

| Contact Information fo | or - (L14) Mike the Tiger | | | | | | [| Save | Close |
|------------------------|---|--------------|-------------|------|------------------|------|-------------------|---------|-------|
| Salutation | First | | Middle | | Last | | Suffix | - 🔶 - | |
| | (L14) Mike | | the | | Tiger | | | | |
| Title | | | | | | | | 0 | 0 |
| | | | | | | | | | |
| Address | | | | | | | | | |
| 202 Himes Hall | | | Degree | Degr | ee Year | _ | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| City | | | State | | Zip | | | | |
| Baton Rouge | | | Louisiana | • | 708030001 | | | | |
| County | | | Country | | | | | | |
| | | | U.S.A. | | • | | | | |
| Phone | | | Fax | | Email | | | | |
| 2255780663 |] | | | | itsbatesting@lsu | .edu | | | |
| Sponsor Credential | | | | | 1 | | | | |
| Other (Specify) 🔻 | Test 🦛 | | | | | | | | |
| Proposal Element | Department | Per | sonnel Type | | Role | | Specified Role | Grants. | .gov |
| Prime: AM200171 | LSUAM Sch of VETM Pathobi Sciences | iological Ke | 2γ | • | PD/PI | • | | | |

• Check Complete in top right when done. Completing will run validations for any missing information and a SADS validation to confirm LSU Personnel have valid eRA Commons profiles. The check is not done for non-LSU personnel so they will not show on the pop-up. Click OK to close.

| Submission Agency Data Se | ervice Validation | | |
|---------------------------|-------------------|--|----|
| Name | Error Level + | Detail | |
| Rebecca Trahan | Valid | Personnel passed SADS validation successfully. | Ok |

SF424 (R&R)

TIP!

- This is the Grants.gov cover page. Most information will pre-populate.
- Enter missing information highlighted in light yellow.

| | O NOT UPD | ALE PLIN | FORIM | ATION O | N THIS TAB. E | nter this | information o | n the Persor | nnel tab | ·- |
|---|--|--|----------------------|-------------------------------|--|--------------------------|--|----------------|---------------------|----------------------|
| | t proposal for training. 1ike the Tiger - LSUAM | Sch of VETM Pathol | biological Scie | ences (National Inst | itutes of Health (NIH)) | | | | | Proposal AM230025 |
| | F424 (R&R) [@] | | | | | | | | | Completed |
| ✓ Setup Questions S | r424 (Kak) | | | | | | | | | lumber: 4040-0001 |
| LSU Questionnaire | | | | | | | | | Expirati | ion Date: 12/31/2022 |
| ✓ Budget | 1. Type of Submission: | | | | 2. Date Submitted: | | Applicant Identifier: | | | |
| | Pre-application Application | | | | | | AM230025 | Ø | | |
| ✓ Personnel | Changed/Corrected Ap | plication | | | 3. Date Received by State: | | State Application Identifier: | | | |
| > SF424 (R&R) | | | | | 4 a. Federal Identifier | | b. Agency Routing Identifier: | | | |
| Internal Uploads & Routing | | Pre-populate | be | | | | | | | |
| | | | | | c. Previous Grants.gov Tracking ID: | | | | | |
| Cover Page Supplement | 5. Applicant Information | | | | | | | | UEI: ECQE | EYCHRNKJ4 🛞 |
| Other Project Info | Legal Name: Louisiana State | University f VETM Pathobiological Science | ces | | | | | | Divi | sion: None |
| Performance Sites | Address (Street, city, state, z. 202 Himes Hall | | | | | | | | | |
| | Baton Rouge LA 70803-0001 U.S.A. | | | | | | | | | |
| HS/CT Information | Province: | | | Pre-populate | d | | | | | |
| Research Plan | | | | | | | | | | |
| Finalize | Prefix: | atters involving this applicati F | ion 👹 First Name: | | Middle Name: | | Last Name: | Suffix: | | |
| Finalize | | | Darya | | Delaune | | Courville | | | |
| Preview Application | Position/Title: Executive Director-Nonacader | | Street1: LSU | | Street2: 0202 Robert Lee Himes Hall | | City: Baton Rouge | County/Parish: | | |
| Preview Application | State: | F | Province: | | Country: | | Zip/Postal Code: | | | |
| Tasks | LA Phone Number: | | | | U.S.A. Fax Number: | | 70803-0001 Email: | | | |
| D 17 1. (D7) | (225)578-2760 | | | | | | itsbatesting@lsu.edu | | | |
| | - | | | | 12 | | | | | |
| Is this application being submitted to other agencies? YES O NO O | 0 | | | 3.865 • (Name of Program): | | | | | | |
| What other Agencies | | Needs to be compl | 0 | | Development Extramural Research | | | | | |
| 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | Needs to be comp | ieleu. | | | | | | | |
| This is test NIH proposal for Department Admin training | | | | | | | | | | |
| | i. | | | | | | | | | |
| 12. PROPOSED PROJECT | | | | CONGRESSIONAL DISTRIC | TS OF: | | | | | |
| Start Date: 0 01-Jan-2020 | Ending Date: 31-Dec-2023 | | | pplicant 🕜 008 | | | | | | |
| 14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR | CONTACT INFORMATION Chap | | | | | | | | | |
| Prefix: First Name: | Chan | je 🗸 | | | | | | | Middle Name: Last N | łame: Suffix: |
| (L14) Mike | | | | | | | | | the Tiger | |
| Position/Title: Organization Name: Louisiana State University : | Department: and LSUAM Sch of VETM | Division: None | | | | | | | | |
| A&M College Address (Street, city, county, state, zip/postal code) | Pathobiological Sciences | | | | | | | | | |
| 202 Himes Hall Baton Rouge LA 708030001 | | | | | Needs to | be completed. | | | | |
| USA | | | | | | , |) | | | |
| Province: Phone Number: | | | | | | | | | Fax Number: | Email: |
| 2255780003 | | | | | | | | | | itsbatesting@lsu.edu |
| 15. ESTIMATED FUNDING: | | | | | TO REVIEW BY STATE EXECUTIVE ORDER 1 | | | | | |
| a. Total Federal Funds Requested | | s | 1,452,352.00 a. 1 | | EAPPLICATION/APPLICATION WAS MADE AW | AILABLE TO THE STATE Exe | cutive Order 12372 process for review on | | | |
| b. Total Non-Federal Funds | | s | 0.00 ь. г | DATE: Program | is not covered by E. O. 12372 | | | | | |
| c. Total Federal & Non-Federal Funds d. Estimated Program Income | | s | 1,452,352.00 | | am has not been selected by state for review | | | | | |
| | | ° L | Ч | | | | | | | |

• For Section 19 Authorized Representative, click on First Name box and then choose Darya Courville from dropdown and click Set.

| Prefix: | First Nam | Middle Name: Last Name: Suffix: |
|-------------|---|--|
| | | |
| Title: | Organizatio | n Name: |
| | Louisiana St | ate University and A&M College |
| Departmen | it: | Division: |
| President F | RED Vice Research and Development | None |
| Address (S | Street, city, coun | ty, state, zip/postal code, province, country) |
| | | |
| | | |
| Phone Nur | nber | Fax Number Email: |
| Phone Nur | nber | |

| SF424 (R&R) [@] | |
|--------------------------|------------------------|
| | Select Darya Courville |
| Official Signing for | Applicant Organization |
| | |
| Select Person | Courville, Darya 🔻 Set |
| Salut | |
| First Name | Darya |
| Last Name | Courville |
| Middle Name | Delaune |
| Suffix | |

• Once all data is entered, click Completed.

Internal Uploads & Routing

All documents for OSP review **that are not being submitted as part of the application** are uploaded here. Follow instructions at the top of the page. These attachments will not be part of the Grants.gov submission.

- **Step 1**: Click Add Institution Forms/Supporting Documentation to upload documents.
- Step 2: After completing all previous tabs (checkmarks on left navigation), user must open both LSU Questionnaire and the Review Summary to Complete/Lock these forms. User can view the LSU Questionnaire by clicking the PDF icon under the Upload column. If changes need to be made, go to the LSU Questionnaire tab at the top, Uncomplete the tab, and make the edits. Complete tab again to lock the data.

| Current Proposal Status: Pending | | | | | |
|--|-----------------------|----------|---------------|-------------------|-------------------------------------|
| Components for Initial Application | | | | Pre-Review Route: | oute Proposal 🗸 Submit Pre-Review 🖞 |
| | | Curre | nt Submission | | |
| FORM/DOCUMENT NAME | | VIEW | STATUS | UPLOAD | REMOVE |
| LSU Questionnaire (Proposal Documentation) | | 661 | Completed | [™] | Mandatory |
| Review Summary (Proposal Documentation) | | <u>N</u> | Incomplete | | Mandatory |
| Add Institution Forms/Supporting Documents | | | | | |
| | | | | | |
| LSU | | | | | |
| LJU | | | | | Form 🔲 Validate Save |
| | | | | | 1 |
| REVIEWER SUMMARY PAGE | REVIEWER SUMMARY PAGE | | | | • |

• **Step 3**: To route proposal for review and approvals, click the Submit button. This step must be completed seven (7) business days before the deadline for OSP to submit the proposal.

| g of creating a linked proposal] Mike the Tiger - LSUAM Sch of VETM Pathobiological Sciences CC00293 (LA Department of Health (LDH)) | | | | Proposa AM230291 |
|---|------------------------------|-------------------------------------|---------------------------|---|
| Internal Uploads & Routing | | | | Completed 🗌 |
| Step 1: Upload proposal documents required by the sponsor in this section (i.e. budget and budget justification) and any internal documents for OSP revie | ew under "Add Institution Fo | rms/Supporting Documents." | | |
| Step 2: Open the Review Summary page, review and confirm all entered project information is correct. When done, please indicate so by clicking the 'Loc | ck Form' checkbox within the | ne Reviewer Summary. This step is i | required to move the prop | osal into route. |
| Step 3: Please indicate the proposal is ready for routing by clicking the "Completed" checkbox and then Route Proposal by clicking the "Thumbs Up' icon | n. | | | |
| Step 4: Click Accepted and then Submit to route the proposal. | | | | |
| | | | | |
| Current Proposal Status: Pending | | | | <u> </u> |
| Components for Initial Application | | | | Pre-Review Route: Route Proposal 🗸 Submit |
| | Current Submission | n | | |
| FORM/DOCUMENT NAME | VIEW | STATUS | UPLOAD | REMOVE |
| LSU Questionnaire (Read Only) (Proposal Documentation) | 8 | Incomplete | | Mandatory |
| Review Summary (Proposal Documentation) | <u>N</u> | Incomplete | | Mandatory |
| Add Institution Forms/Supporting Documents | | | | |

• **Step 4**: Click Accepted and then Continue.

| Certification | Close |
|---|-------|
| I have read and agree to the applicable certifications on the Review Summary. | |
| Accepted O Declined | |
| Continue | |
| | |
| | |

- Step 5: If units receiving Investigator Credit are not included in the Route, follow the steps below:
- Step 5a: Insert route after Step 15



Make sure to click on insert icon after Step 15. <u>Do not click on Add new Person to Review</u> <u>Path</u>. This button inserts the person at the beginning instead of the end of the route and prevents OSP from being notified of proposal.

| Defease Device | | | | |
|----------------|------------|-----------------------------------|-------------------------------|----------|
| Refresh Route | Route | Path - Route Proposal | Add New Person to Review Path | |
| | Step 1 | Gold/Purple Assignment | Darya Delaune Courville | • |
| | | Gold/Purple Assignment | Ryan Russell Greer | • |
| | | Gold/Purple Assignment | Rebecca Trahan | 9 |
| | | Gold/Purple Assignment | Dana Tuminello | • |
| | | Gold/Purple Assignment | Tracy Wang | ₽. |
| | Step 14 | Hazardous Materials | Test (L16) Mike the Tiger | * |
| | Step 15 | Investigators/Dept Heads/Deans | Test (L17) Mike the Tiger | Þ. |
| | | Investigators/Dept Heads/Deans | Test (L5) Mike the Tiger | * |
| | | Investigators/Dept Heads/Deans | Dr. Konstantin G Kousoulas | • |
| | | Investigators/Dept Heads/Deans | Test (L4) Mike the Tiger | Þ |
| | | Investigators/Dept Heads/Deans | Dr. Tammy Renee Dugas | E < |

• **Step 5b**: Type Name of Investigator, choose Approval Required and click Add. Newly added Investigator will be added to the Route and a notification will be sent for his/her review and approval.

| Add step 5b. Begin typing name here. | Add Cancel |
|---|------------|
| Type Name | |
| Informational Only Approval Required | |

• Step 5c: Inserted Investigator will appear after Step 15. Click Submit in top right to route the proposal.

| Refresh Route | Route Pat | h - Route Proposal | Add New Person to Review Path | | Submit |
|---------------|------------------|-----------------------------------|-----------------------------------|--------------------------|--------|
| | Step 1 | Gold/Purple Assignment | Darya Delaune Courville | Æ | |
| | | Gold/Purple Assignment | Ryan Russell Greer | P. | |
| | | Gold/Purple Assignment | Rebecca Trahan | Æ | |
| | | Gold/Purple Assignment | Dana Tuminello | * | |
| | | Gold/Purple Assignment | Tracy Wang | Æ | |
| | Step 14 | Hazardous Materials | Test (L16) Mike the Tiger | PE | |
| | Step 15 | Investigators/Dept Heads/Deans | Test (L17) Mike the Tiger | ₩. | |
| | | | Investigators/Dept Heads/Deans | Test (L5) Mike the Tiger | P. |
| | | Investigators/Dept Heads/Deans | Dr. Konstantin G Kousoulas | ₽ E | |
| | | Investigators/Dept Heads/Deans | Test (L4) Mike the Tiger | * | |
| _ | | Investigators/Dept Heads/Deans | Dr. Tammy Renee Dugas | Æ | _ |
| | Inserted Step | Inserted Step | Test (L18) Mike the Tiger | Pž 🖄 | |

- After proposal is routed, list of required approvals will appear at the bottom of the screen.
- The current status is shown at the top of the documents.
- Click the Scroll to see the Route History.

| Current Proposal Status: Routing | | | | | | | |
|--|----------------------------------|---|-------------------------|------------|--|------------|---------------|
| Components for Initial Application | | | | | | | > e |
| | | | Curren | Submission | | | |
| FORM/DOCUMENT NAME | | | VIEW | STATUS | UPLOAD | REMOVE | |
| LSU Questionnaire (Read Only) (Proposal Documentation) | | | 8 | Completed | ₩ | Mandatory | |
| Review Summary (Proposal Documentation) | | | 2 | Completed | un de la companya de | Mandatory | |
| Add Institution Formal/Supporting Documents | | | | | | | |
| Active Routing Progress | | | | | | | Open Full |
| | | AM241129 - Test (L17) Mike I | the Tiger"test for EHS" | | | | |
| | | Submitted by Josh Steven Boudreaux on b | | Tiper | | | |
| Route Name Route Type Step Number/Name | Who | , | Notified | - | | Decision | Insert Remove |
| Route Proposal Pre-Review Step 1 - Gold/Purple Assignment | Darya Delaune Courville | | 03-3u/-2024 3:48: | IS PM | | Informed - | |
| Route Proposal Pre-Review | Ryan Russell Green | | 03-Jul-2024 3:48: | | | Informed - | |
| Route Proposal Pre-Review | Rebecca Trahan | | 03-Jul-2024 3:481 | | | Informed - | |
| Route Proposal Pre-Review | Dana Tuminello | | 03-Jul-2024 3:48: | 7 PM | | Informed - | |
| Route Proposal Pre-Review | Tracy Wang | | 03-361-2024 3:48: | 12 PH | | Informed - | |
| Route Proposal Pre-Review Step 14 - Hazardous Materials | Test (L16) Mike the Tiger | | 03-Jul-2024 3:48: | | | Informed - | |
| Route Proposal Pre-Review Step 15 - Investigators/Dept Heads | s/Deans Test (L5) Nike the Tiger | | 03-3ul-2024 3:48: | 18 PH | | | Æ |
| Route Prepagal Pre-Review | Dr. Tammy Renee Dugas | | 03-Jul-2024 3:481 | 13 PH | | | |
| Route Proposal Pre-Review | Dr. Konstantin G Kousoulas | | 03-Jul-2024 3:48: | 14 PM | | | |
| | | | | | | | |

• You can continue to work on the remainder of the proposal record while it routes for a streamlined review.

Cover Page Supplement

- Complete the required questions on this form.
- If you answered "No" to the use of Vertebrate animals, then you are unable to answer #1.

| Cover Page S | Supplement ® | |
|---|---|--|
| View Burden St | tatement | |
| 1. Vertebrate | Animals Section | |
| Are vertebrate anir | nals euthanized? 🔲 Yes 🔲 No |) |
| If "Yes" to euthana | | |
| | nt with American Veterinary Medical As idelines, describe method and provide | ssociation (AVMA) guidelines? Yes No |
| | | |
| *Is program incom | s" above (indicating that program incon | ich the grant support is requested? Yes No ne is anticipated), then use the format below to reflect the amount and source(s). Otherwise, Source(s) |
| 1 year | \$ | |
| 2 year | \$ | |
| 3 year | | |
| 4 year | \$ | |
| | \$ | |
| * Does the propose If the proposed pro | .nih.gov/research/registry/. Or, if a | |
| | | time. One from the registry will be used. |

• Click Save and then the Completed checkbox.

Other Project Info

- Complete the required questions
- Attached the mandatory sections required by the FOA.
- The Human Subjects and Vertebrate Animals Assurance Numbers are pre-populated.

| Other Project Info | Completed |
|---|--|
| | OMB Number: 4040-0001 Expiration Date: 12/31/2022 |
| Attachments in this section must follow these minimum requirements: | |
| Project Summary/Abstract: Limited to 30 lines of text | |
| Project Narrative: Limited to 3 sentences | |
| Other Attachments: Do not include any attachments unless required by the FOA. | |
| Please review your FOA for additional information and requirements. | |
| Once this section is complete, please indicate so by clicking the Completed checkbox in the upper right corner. | |
| 1. Are Human Subjects Involved? O Yes I No (set on Setup Questions tab) | |
| 2. Are Vertebrate Animals Used? Yes No (set on Setup Questions tab) | |
| 3. Is proprietary/privileged information included in the application? \odot Yes \odot No $@$ | |
| 4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? $ ightarrow$ Yes $ ightarrow$ No $ ightarrow$ | |
| 5. Is the research performance site designated, or eligible to be designated, as a historic place? O Yes O No | |
| 6. Does this project involve activities outside of the United States or partnerships with international collaborators? \bigcirc Yes \bigcirc No $@$ | |
| 7. Project Summary/Abstract Add Attachment @ Common Document needs to be uploaded | |
| 8. Project Narrative 2018_NIH_Project_Narrative.docx 🛛 Delete Attachment 🗑 🔿 Original 🧏 🖲 Transformed 🛛 🚱 🦛 Document already uploaded. | |
| 9. Bibliography & References Cited Add Attachment | |
| 10. Facilities & Other Resources Add Attachment | |
| 11. Equipment Add Attachment | |
| 12. Other Attachments | |
| Add Attachment | |
| | |
| | |

| n Upload 🕐 | |
|------------|----------|
| 1 | |
| Ø J | |
| | n Upload |

• Once all information has been entered/uploaded, click Completed.

٦

Performance Sites

- LSU's site information is pre-populated.
- You can enter Subaward's site information on this form if not prepopulated.

• Click Completed.

| Performance | Sites [®] | | | | | Completed |
|-------------|-----------------------------------|-------------|-------------------------------------|---|----------------|--|
| | | | | | | OMB Number: 4040-0010 Expiration Date: 12/31/2022 |
| Sequence | Organization Name | / | | Address | | |
| 1 | Louisiana State University | | | Address | 202 Himes Hall | Delete |
| | UEI | ECQEYCHRNK. | | | | |
| | Congressional District | LA-006 | | City | Baton Rouge | |
| | | | | State | Louisiana 🗸 | |
| | | | | Non-US State/Province (4 Characters only) | | |
| | | | | Province | | |
| | | | | Zip/Postal Code | 70803-0001 | |
| | | | | County | | |
| | | | Add Subaward site information here. | Country | U.S.A. 🗸 | |
| | | ĺ | | | | |
| | | - | | Address | | |
| | UEI (Congressional District (| | | City State Non-US State/Province 4 Characters only Province Zip/Postal Code County Country | | |

HS/CT Information

- Enter the mandatory fields. If you answered "Yes" to human subjects, you must enter a study record for each proposed study involving human subjects.
- Enter the Study Title and click Add New Study.

| Other Requested Information 🛛 🚳 | Original | PDF |
|---|----------|-----|
| Add Attachment | | |
| | | |
| Study Record(s) [Hide] @ | | |
| Study Title | | T |
| No records to display. | | ÷ |
| Enter Study Title (each study title must be unique) | | |

• Click the Title link to enter the Study Record.

| Study Record(s) [Hide] | | | |
|---|---|--------|-----|
| Study Title | Ŧ | | |
| Study Record 1 | | Delete | 4 + |
| Enter Study Title (each study title must be unique) Add New Study | | | |

• Answer all necessary fields.

| Study Record: PHS Human Subjects and Clinical Trials Information | | Completed |
|--|----------------------|-----------|
| * Always required field | | |
| Section 1 - Basic Information | | |
| 1.1. * Study Title (each study title must be unique) | | |
| Study Record 1 | | |
| 1.2. * Is this Study Exempt from Federal Regulations? | Ves No | |
| 1.3. Exemption Number | | |
| 1.4. * Clinical Trial Questionnaire | | |
| If the answers to all four questions below are yes, this study meets the definition | of a Clinical Trial. | |
| 1.4.a. Does the study involve human participants? | Yes No | |
| 1.4.b. Are the participants prospectively assigned to an intervention? | Yes No | |
| 1.4.c. Is the study designed to evaluate the effect of the intervention on the participan | nts? Yes No | |
| 1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral out | tcome? 🛛 Yes 👘 No | |
| 1.5. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable | | |
| Section 2 - Study Population Characteristics | | |
| 2.1. Conditions or Focus of Study | | |
| | Delete | |
| Add New Condition | | |
| 2.2. Eligibility Criteria | | |
| | <i>b</i> | |
| | | |

• Click the Inclusion Enrollment Report tab to enter this information, if applicable.

| ✓ Setup Questions | Inclusion Enrollment Report Com | | | | | | Completed | | | | | |
|----------------------------|--|------------|----------|--------------------------|--------|--------------------|--------------------------|--------|--------------------------------|--------------------------|-------|---|
| | L.* Using an Existing Dataset or Resource 🐘 Vgs 👘 Ng | | | | | | | | | | | |
| ✓ Budget | 2. * Enrollment Location Type 🕑 Domestic | | | | | | | | | | | |
| | 3. Enrollment Country(ies) | Poreign | | | | | | | | | | |
| ✓ Personnel | USA: UNITED STATES | | • Delete | | | | | | | | | |
| ✓ SF424 (R&R) | 4. Enrollment Location(s) | | | | | | | | | | | |
| Internal Uploads & Routing | 5. Commenta | | | | | | | | | | | |
| ✓ Cover Page Supplement | 5. Comments | | | 10 | | | | | | | | |
| ✓ Other Project Info | Planned | | | | | | | | | | | |
| · · | | | | Ethnic Categories | | | | | | | | |
| Performance Sites | Racial Categories | Not Hispan | | Hispanic | | Total | | | | | | |
| HS/CT Information | | Female | Male | Female | Male | | | | | | | |
| | American Indian/Alaska Native | 1 | 1 | 0 | 0 | 2 | | | | | | |
| Study Record 1 | Asian | 1 | 1 | 0 | 0 | 2 | | | Must be com | pleted. | | |
| Inclusion Enrollment | Native Hawaiian or Other Pacific Islander | 0 | 0 | 0 | 0 | 0 | - | | | | | |
| Report | Black or African American | 10 | 10 | | | 23 | | | | | | |
| Research Plan | White | 10 | 10 | 2 | 1 | 23 | | | | | | |
| Finalize | More than One Race | 0 | 0 | 0 | 0 | 0 | | | | | | |
| | Total | 22 | 22 | 4 | 2 | 50 | | | | Ļ | | |
| Tasks | Cumulative (Actual) | | | | | | | | | · | | |
| Proposal Tracking (PT) | | | | | | Ethnic C | ategories | | | | | |
| | Racial Categories Not Hispanic or Latino | | | | | Hispanic or Latino | | Unkno | Unknown/Not Reported Ethnicity | | Total | |
| | | Female | Male | Unknown/ Not Reported | Female | Male | Unknown/ Not Reported | Female | Male | Unknown/ Not Reported | | |
| | American Indian/Alaska Native | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |] |
| | Asian | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |] |
| | Native Hawaiian or Other Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Black or African American | 10 | 10 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 23 |] |
| | White | 10 | 10 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 23 | |

• If you answered "No" to human subjects, you will need to answer the question below.

Creating (NIH) Proposals

• After completing all required components. Click Validate XML & NIH Pre-Submission button to run eRA Commons validations.

| HS/CT Information [@] | | | | Completed Constant Date: 03/31/2020 Window XML American Date: 03/31/2020 Window XML |
|---|---|----------------|---|---|
| Are Human Subjects Involved? | | | (set on Setup Questions tab) Yes No | |
| Is the Project Exempt from Federal i | regulations? | | Yes No (set on Other Project Information tab) | |
| Exemption number: | | | 1 2 3 4 5 6 7 8 (set on Other Project Information tab) | |
| If Yes, provide an explanation of Skip the rest of the PHS Human | olve human specimens and/or data? f why the application does not involve human subjects and Clinical Trials Information Form subjects and Clinical Trials Information Form does not involve human subjects NIH Commons Validation | | Yes No | Close |
| ach proposed Huma | Date/Timestamp | Result | Description | |
| | 05-Nov-2019 04:03:29 PM | ОК | No errors/warnings | ÷ |
| tudy" for which there is no w | ell-defined plan for human subje | ect involvemen | t at the time of submission, per agency policie | S. |

• Once all corrections are made, click Completed.

Research Plan

• The Research Plan consists of several sections that require documents to be uploaded (e.g. Specific Aims, Research Strategy). Refer to the FOA and NIH's Instructions for guidance on other attachments.

| 677 | 0 |
|--|-----------|
| Research Plan 🎱 | |
| Attachments in this section must follow these minimum requirements: | |
| Introduction (if applicable): Limited to 1 page | |
| Specific Aims: Limited to 1 page | |
| | |
| Research Strategy: Limited to 6 or 12 pages (See NIH Page Limits for specifics) | |
| Please review your FOA for additional information and requirements. | |
| Once this section is completed, please indicate so by clicking the Completed checkbox in the upper right corner of the | section.? |
| | |
| View Burden Statement | |
| Introduction | |
| 1. Introduction to Application (for Resubmission and Revision applications) | |
| Research Plan Section | ✓ |
| 2. Specific Aims | Upload |
| 3. *Research Strategy | Upload |
| 4. Progress Report Publication List | Upload |
| Other Research Plan Section | |
| 5. Vertebrate Animals | Upload |
| 6. Select Agent Research | Upload |
| 7. Multiple PD/PI Leadership Plan | Upload |
| 8. Consortium/Arrangements Contractual | Upload |
| 9. Letters of Support | Upload |
| 10. Resource Sharing Plan(s) | Upload |
| 11. Authentication of Key Biological and/or Chemical Resources | Upload |
| Appendix | |
| 12. Appendix | |
| Add New Document | |

• After documents are uploaded, change Draft Version to Final Version and click Completed.

| Research Plan | Show | Draft Versi | ion 🗸 Completed 🗌 |
|---------------|-------------------------|-------------|--|
| | Change to Final Version | | OMB Number: 0925-00 Expiration Date: 09/30/202- |

• Click PDF to view a full version of all the documents uploaded on this form. Page number of all uploads are listed.

| Research Plan [@] | |
|--|---------|
| Attachments in this section must follow these minimum requirements: | |
| Introduction (if applicable): Limited to 1 page | |
| Specific Aims: Limited to 1 page | |
| Research Strategy: Limited to 6 or 12 pages (See NIH Page Limits for specifics) | |
| Please review your FOA for additional information and requirements. | |
| Once this section is completed, please indicate so by clicking the Completed checkbox in the upper right corner of the section.? | |
| | |
| PDF | Pages 5 |

Preview Application

User can build the whole NIH package to preview.

• Click on the Preview Application tab and click Build NIH Image.

| Done Save This is a test proposal for training. Test (L17) Mike the Tiger - LSUAM Sch of VETM Pathobiological Sciences (National Institutes of Health (NIH)) | | | | | | Proposal AM230025 | |
|--|--|-----------------|--|------------|------------------------|----------------------|--|
| ✓ Setup Questions | Preview Application | Ļ | | | | | |
| LSU Questionnaire | Build Draft Document | Build NIH Image | | | | | |
| ✓ Budget | Form Page | | | Last Built | | Built By | |
| ✓ Personnel | Budget Personnel | | | | | | |
| ✓ SF424 (R&R) | SF424 (R&R) Cover Page Supplement | | | | | | |
| ✓ Internal Uploads & Routing | Other Project Info Performance Sites | | | | | | |
| ✓ Cover Page Supplement | HS/CT Information | | | | | | |
| ✓ Other Project Info | Research Plan | | | | | | |
| ✓ Performance Sites | FORM/DOCUMENT NAME Assembled Document | | | OPEN | 08-Sep-2022 4:07:33 PM | | |
| ✓ HS/CT Information | NIH Draft Image | | | 66* | 08-Sep-2022 4:10:51 PM | | |
| ✓ Research Plan | | | | | | | |
| Finalize | | | | | | | |
| Preview Application | | | | | | | |
| Tasks | | | | | | | |
| Proposal Tracking (PT) | | | | | | | |

• Click on the glasses icon next to the NIH Draft Image to preview. This will include all the NIH forms and uploads.

| FORM/DOCUMENT NAME | OPEN | CREATED DATE |
|--------------------|----------|------------------------|
| Assembled Document | 60' | 08-Sep-2022 4:07:33 PM |
| NIH Draft Image | <i>ൺ</i> | 08-Sep-2022 4:12:03 PM |

Finalize

- Once all tabs are completed, you will build and validate the proposal to run Grants.gov error checks.
- Follow these steps to finalize the proposal:
 - **Step 1a**: Build the forms by clicking Build.

| - | | • | , 0 | | |
|---|------------------------------|------------------------|-------|------------|----------|
| | ✓ Setup Questions | Finalize [@] | 1 | | |
| | ✓ LSU Questionnaire | Build PDF / Form Pages | I | | |
| | 🖌 Budget | Form Page | Build | Last Built | Built By |
| | Personnel | Budget | | | |
| | | Personnel | | | |
| | 🖌 SF424 (R&R) | SF424 (R&R) | | | |
| | ✓ Internal Uploads & Routing | Performance Sites | | | |
| | internal opioaus & Nouting | Other Project Info | | | |
| | Performance Sites | Personal Data | | | |
| | ✓ S2S Forms | NSF_CoverPage_1_9 | | | |

• Step 1b: After the Build is complete, you can view each form as a PDF by clicking View.

| ✓ Setup Questions | Finalize [@] | | | | |
|------------------------------|------------------------|-------|----------|------------------------|-------------------|
| ✓ LSU Questionnaire | Build PDF / Form Pages | | | | |
| ✓ Budget | Form Page | Build | - | Last Built | Built By |
| Personnel | Budget | | View | 12-Nov-2019 8:49:38 AM | Tiger, (L14) Mike |
| | Personnel | | View | 12-Nov-2019 8:49:18 AM | Tiger, (L14) Mike |
| ✓ SF424 (R&R) | SF424 (R&R) | | View | 12-Nov-2019 8:49:44 AM | Tiger, (L14) Mike |
| ✓ Internal Uploads & Routing | Performance Sites | | View | 12-Nov-2019 8:49:39 AM | Tiger, (L14) Mike |
| internal options & notting | Other Project Info | | View | 12-Nov-2019 8:49:28 AM | Tiger, (L14) Mike |
| ✓ Performance Sites | Personal Data | | View | 12-Nov-2019 8:49:30 AM | Tiger, (L14) Mike |
| ✓ S2S Forms | NSF_CoverPage_1_9 | | View | 12-Nov-2019 8:49:25 AM | Tiger, (L14) Mike |

• **Step 2**: The next step is to Assemble Application. <u>NOTE</u>: All mandatory sections/tabs must be marked Completed. Click Assemble Application and then click Build Grants.gov Application.

| ✓ Setup Questions | Finalize @ | | | | |
|---------------------------------------|----------------------------------|--|---|---|---|
| ✓ LSU Questionnaire | Build PDF / Form Pages | | | | |
| ✓ Budget | Form Page | Build | | Last Built | Built By |
| ✓ Personnel | Budget | | View | 12-Nov-2019 4:52:28 PM | Tiger, (L14) Mike |
| | Personnel | | View | 12-Nov-2019 4:52:25 PM | Tiger, (L14) Mike |
| 🗸 SF424 (R&R) | SF424 (R&R) | | View | 12-Nov-2019 4:52:31 PM | Tiger, (L14) Mike |
| ✓ Internal Uploads & Routing | Performance Sites | | View | 12-Nov-2019 4:52:26 PM | Tiger, (L14) Mike |
| | Other Project Info | | View | 12-Nov-2019 4:52:34 PM | Tiger, (L14) Mike |
| Performance Sites | Personal Data | | View | 12-Nov-2019 4:52:31 PM | Tiger, (L14) Mike |
| ✓ S2S Forms | NSF_CoverPage_1_9 | | View | 12-Nov-2019 4:52:30 PM | Tiger, (L14) Mike |
| - 323 POILIIS | NSF Deviation Auth | | View | 12-Nov-2019 4:52:36 PM | Tiger, (L14) Mike |
| ✓ Other Project Info | NSF Suggested Reviewers | | View | 12-Nov-2019 4:52:37 PM | Tiger, (L14) Mike |
| ▶ Finalize | XML Validation Attachment Filena | imes | | | |
| Tasks | You can build the Form Pages/PDF | at any stage of proposal development. A final be | uild will be necessary once all sections an | re marked Completed. Uncompleting any of the sections | will require a re-build of those pages. |
| Proposal Tracking (PT) | Assemble Application | 2 | | | |
| | Submit to Grants.gov | | | | |

| ✓ Setup Questions | Finalize 🎯 | |
|------------------------------|---|---|
| ✓ LSU Questionnaire | Build PDF / Form Pages | |
| ✓ Budget | Assemble Application Build Grants.gov Application | To assemble the application, all sections must be marked Completed, all Pages/PDFs must be built. |
| ✓ Personnel | Submit for Internal Review | |
| ✓ SF424 (R&R) | Submit to Grants.gov | |
| ✓ Internal Uploads & Routing | 3 | |

• Step 3: Click XML Validation to check for Grants.gov Errors and Warnings.

| ' Setup Questions | Finalize * | | | | | | |
|--------------------------------|--|--|--|---|--|--|------------------|
| LSU Questionnaire | Build PDF / Form Pages | | | | | | |
| ⁷ Budget | Assemble Application Submit for Internal Review | | | | | | |
| Personnel | Once your proposal has been completed, it can be elected | onically routed internally for necessary approvals | This page will display in two modes: Un | -submitted and Submitted. | | | |
| SF424 (R&R) | The screen is in Un-submitted mode when your propose | al has not yet been routed. You can determine thi | s by visually identifying a "thumbs up" on | the screen. If it is there, then the proposal ha | as not yet been submitted. | | |
| / Internal Uploads & Routing | The screen is in Submitted mode when your proposal h | as been submitted and you can see the approval | path it is on. Your Administrators have co | infigured the approval path that they feel is a | ppropriate for your proposal. If you have a | ny questions regarding this process, pleas | se contact them. |
| Performance Sites | i i i i i i i i i i i i i i i i i i i | | | | | | |
| S25 Forms | Current Proposal Status: Routing | | | | | | |
| | Components for Initial Application | | | | | | 1 |
| Other Project Info | | | | Current Submission | | | |
| | FORM/DOCUMENT NAME | | EDIT | STATUS | UPLOAD | REMOVE | |
| Finalize | Assembled Doc | | 661 | Completed | 1 | | |
| | LSU Questionnaire | | 66* | Completed | 192 | Mandatory | |
| | | | | | | | |
| | Review Summary | | | Completed | ng . | Mandatory | |
| asks | | | Š. | Completed | | Mandatory | |
| | Review Summary | | | Completed | × | Mandatory | Open Full |
| asks vroposal Tracking (PT) | Review Summary Add Institution Forms/Supporting Documents | AM200176 | ß | Completed | | Mandatory | Open Full |
| | Review Summary Add Institution Forms/Supporting Documents | AM200176 Who | ß | t Grants.gov NSF submission for Dept / Notified | Admin training." | Decision | Open Full |
| | Review dommany Add backhow Formad/Supporting Documents Active Routing Progress Route Name Route Type Step Humber/Name Route Stropped Pit-Review Step 1 - Gold/Rurgle Astign | Who ment Ryan Russell Greer | ß | t Grants.gov NSF submission for Dept / Notified 12-Nov-2019 9:(| Admin training." | Decision Informad - | |
| | Review Sommary Add Institution Form/Supporting Documents Active Routing Progress Route Name Route Type Step Number/Name Route Process Principles | Who ment Ryan Russell Greer Dana Tuminello | ß | t Grants.gov NSF submission for Dept / Notified 12-Nov-2019 9f. 12-Nov-2019 9f. | Admin training." 00:23 AM 00:24 AM | Decision Informad - Informad - | |
| | Review Sommary Ad Institution Forma/Supporting Documents Active Routing Progress Route Name Route Type Step Number/Name Route Proposal Pre-Review Route Proposal Pre-Review | Who Ryan Russell Greer Dana Tuminallo Darya Dalaune Courville | ß | t Grants.gov NSF submission for Dept / Notified 12-Nov-2019 5rl 12-Nov-2019 5rl 12-Nov-2019 5rl | Admin training." 00:23 AM 00:24 AM | Decision Informad - Informad - Informad - | |
| | Add Istabilier Burnnery Add Istabilier Tomal Supporting Decomments Active Routing Progress States Report Press, States (Comparison States) States Report Press, States (Comparison States) Report Report Press, States Report Report Press, States | Who ment Ryan Russell Greer Dana Tuminalio Darya Daluane Courville Rebecca Trahan | ß | t Grants.gov NSF submission for Dept / NetVine 12-Nov-2019 9(12-Nov-2019 9(12-Nov-2019 9(12-Nov-2019 9(| Admin training." 00122 AM 00124 AM 00125 AM 00125 AM | Devision Informed - Informed - Informed - | |
| | Resin: Burnary Add Istabilium FrancisSoppring Documents Add United Immediageneting Documents Active Routing Progress Rough Program State State Conference Association Rough Program Francisco Rough Program Francisco Rough Program Francisco Rough Program Francisco Rough Program Francisco | Who ment Ryan Russell Greer Dana Tuminello Darya Delaune Courville Rebecca Trahan Tracy Wang | ß | t Grants.gov NSF submission for Dept / Net/Fiel 12-Net-2505 9/ 12-Net-2505 9/ 12-Net-2505 9/ 12-Net-2505 9/ 12-Net-2505 9/ | Admin training." 00:23 AM 00:23 AM 00:23 AM 00:27 AM 00:27 AM | Decision Informad - Informad - Informad - Informad - | |
| | Add Isabide Format/Departing Decements Add Isabide Format/Departing Decements Add Isabide Format/Departments Addition Route Name Route Type Step Number/Name Route Route Route Properties Route Route Route Properties Route R | Who ment Ryan Russell Greer Dara Tuminallo Darya Dalaune Courville Rebecca Trahan Tracy Wang Animalsy Krista Adams | ß | t Grants.gov NSF submission for Dept 1:740-2019 9(1:740-2019 9(1:740-2019 9(1:740-2019 9(1:740-2019 9(1:740-2019 9(1:740-2019 9(| Admin training." 00:23 AM 00:23 AM 00:23 AM 00:23 AM 00:23 AM | Decision Jofornad - Lotornad - Lotornad - Lotornad - Lotornad - | |
| | Add Installer Formal Supporting Decements Add Installer Formal Supporting Decements Add Installer Formal Supporting Decements Add Installer Formal Support Star (1998) Rose Register Decements Rose Register Decements Rose Register Decement Rose Register Decement | Who Ryan Russell Greer Dasa Tuminalio Darya Delaune Courville Rebecca Traban Tarey Wang Krista Adama Rhett Whoman Stout | ß | t Grants.gov NSF submission for Dept 12-Nor-2019 M 12-Nor-2019 M 12-Nor-2019 M 12-Nor-2019 M 12-Nor-2019 M 12-Nor-2019 M 12-Nor-2019 M 12-Nor-2019 M | Admin training." 00:02 AM 00:02 AM 00:02 AM 00:02 AM 00:03 AM 00:03 AM | Decision Informad - Informad - Informad - Informad - | Insert Remove |
| | Add Isabide Format/Departing Decements Add Isabide Format/Departing Decements Add Isabide Format/Departments Addition Route Name Route Type Step Number/Name Route Route Route Properties Route Route Route Properties Route R | Who Ryan Russell Greer Dasa Tuminalio Darya Delaune Courville Rebecca Traban Tarey Wang Krista Adama Rhett Whoman Stout | ß | t Grants.gov NSF submission for Dept 1:740-2019 9(1:740-2019 9(1:740-2019 9(1:740-2019 9(1:740-2019 9(1:740-2019 9(1:740-2019 9(| Admin training." 00121 M 00123 M 00123 M 00123 M 00123 M 00123 M 00124 M 00124 M | Decision Jofornad - Lotornad - Lotornad - Lotornad - Lotornad - | Insert Remove |
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• Click Attachment Filenames at any time to check for errors in the filenames.

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• Step 4: To complete eRA Commons validations, click NIH Pre-submission Validation at the bottom of the tab.

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| IIH Commons Validation | NIH Pre-Submis | ion Validation | | |
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• This will show all eRA Commons errors (in red) and warnings. Errors must be corrected. Warnings can be corrected at your discretion, but do not prevent submission.

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| 12-Sep-2022 10:49:54 AM | Warning | In most cases, a Bibliography and References Cited attachment should be included. | | | |
| 12-Sep-2022 10:49:54 AM | Warning | The name provided for the PD/PI, (L17) Mike Tiger does not match the name listed on the eRA Commons account: Gina Billiot. The application image will display the name as submitted here. If the name listed in the eRA Commons is not current, please update it in the eRA Commons. Instructions on updating profile information are available at <a< td=""><td></td><td></td><td></td></a<> | | | |
| | | href=\"http://era.nih.gov/reg_accounts/manage_personal_profile.cfm\" target=\"_blank\">http://era.nih.gov/reg_accounts/manage_personal_profile.cfm | N/A | N/A | |
| 12-Sep-2022 10:49:54 AM | Error | The Commons account provided in the Credential field for the PD/PI larpengm is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set-up correctly | | | |

- Once you correct all errors, you will need to repeat Steps 1-4 above until you have an error free proposal.
- Once all errors are cleared you will see a Grant Image. Click View to see application in NIH format.

| NIH Commons Validation | NIH Pre-Submis | ion Validation | | | |
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| 24-Jun-2022 1:41:59 PM | OK | No errors/warnings | Viev | v N/A | * |