

# On-Line Grant Request Instructions

## Application Access –

In order to use the On-Line Grant Request application, you must first be granted access to it. If you do not currently have access to the application, you must complete a Self-Serve Request Form to request access.

To create a Self-Serve application request, log-in to Self-Serve and click on the “Account\_Request\_Form” option located under the “Help” menu option. When requesting access to the application it is important that you provide the level of access you require (explained below).

## About Access Levels –

There are a number of access levels allowed within the application but only 4 will apply to the majority of users.

*\*\* The 4 Access Levels below are based on DEPARTMENT. When requesting access as explained above, it is important you specify which department(s) you will be creating or reviewing requests for. \*\**

DH -Level-1: This access level is for users who will need to create a grant request on behalf of the Principal Investigator(s). This level allows the user to Create, Change, Void, and Submit/Re-Submit a request for processing for all grant requests in the specified department(s). This Level HAS NO electronic signing authority.

DH-Level-2: This access level has the same authority as DH-Level-1 except the user has the additional ability to electronically sign an approval, rejection, or void of a request as the Principal Investigator. This level should be selected for those users who are to have the responsibility of Principal Investigator.

DH-Level-3: This access level has the same authority as DH-Level-2 with the additional ability to electronically sign an approval, rejection, or void of a request as the Department Chair/Co-Char. This level should be selected for those users who are to have the authority of Department Chair/Co-Chair.

PROXY: This access level is the same as DH-Level-2. The user at this level IS NOT actually a Principal Investigator but is given the rights to sign ON BEHALF of a Principal Investigator.

*\*\* The 4 Access Levels below are based on EMPLOYEE ID. Users with application access using one of the levels below will have access to ALL grant requests for ALL Departments. \*\**

MST-Level-0: This level is reserved for I.T. staff.

MST-Level-1: This level is reserved for those users in the Sponsored Programs group.

MST-Level-2: This level is reserved for Robert Quinn, Karen Coty, and any user who will need to review and electronically sign when “Vertebrate Animal Subjects” will be used for the requested grant.

MST-Level-3: This level is reserved for users in Radiology who will need to review and electronically sign requests when “Radiology Services” are required.

## Starting The Application –

To start the On-Line Grant Request Application, log-in to Self-Serve and select the “Grant\_Requests” option found under the “Applications” Menu. The Grant Requests Dashboard will be displayed.

## The Grant Requests Dashboard –

Friday, May 23, 2014

Self-Serve

My Information Department Information Applications Reports Directory Help Home Logoff

Welcome to the SUNY Upstate On-Line Grant Request System

Grant Request Dashboard

Drag & Drop Columns To Re-Order And Click Column Heading To Choose Sort Order

Quick Status Key: ◆ = Not Submitted ◆ = Needs Signature(s) ◆ = Voided ◆ = Rejected ◆ = S.P. Completed

Quick Status	Req. ID	Deadline	P.I. Name	P.I. Status	Department Name	Chair Status	DLAR Status	RAD. Status	S.P. Status
◆	22	06/16/2014	[REDACTED]	Approved	OPHTHALMOLOGY	Not Reviewed	Not Reviewed	N/A	Not Reviewed

**DASHBOARD ACTIONS**

New Request Open Selected Print Selected Show: --- ALL Requests --- Requests Found: 1 [Instructions](#)

Figure 1 - Grant Request Dashboard

The Grant Requests Dashboard shows all Grant Requests that apply to the logged-in user based upon the access granted to the application. As in the example above (with the exception of “MST” access), only users with access to the OPHTHALMOLOGY Department will see grants in Ophthalmology.

- The columns can be rearranged by using the mouse cursor to drag-and-drop the column(s) in the desired order.
- Rows can be sorted by clicking the desired column and selecting the sort order.

## The Dashboard Columns –

**Quick Status:** This is a color code to allow for a quick indication of the current status of a grant request.

- Orange** – The Form has been created but HAS NOT been submitted for approvals by the other parties who need to review and electronically sign the form.
- Blue** – The Form HAS BEEN submitted and is waiting for review and signing by the other parties in the process flow.

**Purple** – The Form has been VOIDED by someone in the review and approval process. **Voided forms are not editable and are locked from further processing.**

**Red** – The Form has been REJECTED by someone in the review and approval process. When a form is rejected, there is usually an issue where something needed as part of the request has not been specified or included. When a form is rejected, a reason is required by the user who is rejecting the form. This allows the P.I. to resolve the outstanding issue and RE-SUBMIT the form for continued processing.

**Black-** The last step in the Approval process is to have review and sign-off by the Sponsored Programs group.

**Req. ID:** This is the unique numeric identifier of the Grant request.

**Deadline:** This is the Deadline Date specified when the request was submitted.

**P.I. Name:** This is the name of the Principal Investigator specified when the request was created.

**P.I. Status:** This is the current Approval Status of the Principal Investigator.

**Department Name:** This is the Department specified when the request was created.

**Chair Status:** This is the current Approval Status of the Department Chair/Co-Chair.

**DLAR Status:** This is the current Approval Status if “Vertebrate Animal Subjects” is specified on the request.

**RAD. Status:** This is the current Approval Status if “Radiology Services” is specified on the request.

**S.P. Status:** This is the current Approval Status of the Sponsored Programs group.

### **The Dashboard Actions –**

- To create a new Grant Request, click the “New Request” button. A blank form will be displayed and the user can begin filling-out the request.
- To open a request displayed on the dashboard, select the desired request and click the “Open Request” button.
- To print a request displayed on the dashboard, select the desired request and click the “Print Request” button. A new window will open showing the details of the grant request form that you can view and/or send directly to a printer.
- To filter the displayed requests, select one of the options from the “Show:” drop-down and the dashboard will automatically re-refresh to show the requests you wish to see.

## The Grant Request Form –

### PRINCIPAL INVESTIGATOR INFORMATION

Click to print this form after saving or loading

Click to close this form and return to the Grant Requests Dashboard

Click to view instructions for completing this form

Request ID:

**PRINCIPAL INVESTIGATOR INFORMATION**

Principal Investigator:  (Required)

Department:  (Required)

SUNY E-mail:

SUNY Phone:

Alternate E-mail:

Alternate Phone:  -  -

Multi-Principal Investigators:

Name:  Dept.:  Inst.:

Name:  Dept.:  Inst.:

Name:  Dept.:  Inst.:

Name:  Dept.:  Inst.:

Submitter:

Upstate is the submitting institution and I am the prime PI

I am a collaborator and Upstate will receive a sub-award

Originating Institution:

Figure 2 - Grant Request Form - Principal Investigator Section

**Request ID:** Once the form is saved for the first time, the request is given a unique ID for easy tracking.

**Principal Investigator:** This drop-down contains the names of those users with P.I. (DH-Level-2) or Chair (DH-Level-3) access for the specific department(s) the user has access to. For example; If a user is creating a request for the Ophthalmology Department, only those names of people with P.I. and Chair level access in Ophthalmology will appear in the list.

**Department:** This drop-down contains the name(s) of the department(s) the user has access to, and associated with, the P.I.'s and Chair's in the above field.

**SUNY E-mail:** When a Name is selected from the drop-down, the selected person's E-mail address will automatically display. This field IS NOT editable.

**SUNY Phone:** When a Name is selected from the drop-down, the person's phone number will automatically display. This field IS NOT editable.

**Alternate E-mail:** If you wish, you can enter an alternate E-mail address for the selected P.I.

**Alternate Phone:** If you wish, you can enter an alternate phone number for the selected P.I.

**Multi-Principal Investigators:** Enter up to 4 Multi-P.I.'s that will be associated with this request.

**Submitter:** Click the appropriate radio-button to indicate who is submitting this request.

## PROGRAM DETAILS

PROGRAM DETAILS	
P.I. Effort - Percent:	<input type="text"/> % (XXX . XX) - DO NOT Enter "%" Symbol.
P.I. Effort - Months:	<input type="text"/> (XXX . XX)
Projected Budget:	\$ <input type="text"/> (XXXXXXXX . XX) - DO NOT Enter Commas or Dollar-Sign.
Sponsor Name:	<input type="text"/>
Proposal Title:	<input type="text"/>
Submission Deadline:	<input type="text"/> (mm/dd/yyyy)
PA/RFA Name or Number:	<input type="text"/>
Application Type:	<input checked="" type="radio"/> New <input type="radio"/> Renew <input type="radio"/> Resubmit <input type="radio"/> Supplemental
Proposed Start Date:	<input type="text"/> (mm/dd/yyyy)
Proposed End Date:	<input type="text"/> (mm/dd/yyyy)
Cost Sharing/Matching Funds Incl.:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will any Hospital resources, facilities, and/or services be required for this proposal?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will Radiology services be required for this proposal?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will the proposal require additional space commitment or additional resources from the department or school ?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Performance Site(s):	<input checked="" type="checkbox"/> SUNY <input type="checkbox"/> CH <input type="checkbox"/> VAMC <input type="checkbox"/> OTHER - Explain: <input type="text"/>

Figure 3 - Grant Request Form - Program Details Section

- P.I. Effort - Percent:** If percentage is required, enter the amount between 0.00 and 100.00. DO NOT include the percent (%) symbol
- P.I. Effort - Months:** If number of months is required, enter the amount between 0.00 and 100.00.
- Projected Budget:** Enter the amount of the project budget for this grant. DO NOT enter commas or the dollar (\$) sign.
- Sponsor Name:** Enter the name of the sponsor of this grant.
- Proposal Title:** Enter the title of this grant request
- Submission Deadline:** Enter (mm/dd/yyyy format) or select the last possible date that this grant request can be submitted.
- PA/RFA Name or Number:** Enter the PA/RFA Name or number associated with this request.
- Application Type:** Select whether this request is for a New, Renewal, Resubmittal, or Supplemental project. If you select any option other than NEW, you are required to specify the Project, Task and Award of the existing Project (These items will automatically display for entry).

**Proposed Start Date:** Enter (mm/dd/yyyy format) or select the proposed start date for this grant.

**Proposed End Date:** Enter (mm/dd/yyyy format) or select the proposed end date for this grant.

**Cost Sharing/Matching Funds Incl.:** Select whether Cost Sharing and/or Matching funds are included with this request.

**Cost Sharing/Matching Funds Desc.:** If you selected “Yes” to the above field, you will be required to provide a description of the included funds. This field remains hidden, and is not required, if you select “No” to the above field.

**Will any Hospital resources, facilities, and/or services be required for this proposal?:** Select whether you will need any of these services.

**Describe the Hospital resources, facilities, and/or services proposed:** If you selected “Yes” to the above field, you will be required to provide a description of the needed services. This field remains hidden, and is not required, if you select “No” to the above field.

**Will Radiology services be required for this proposal?:** Select whether you will need Radiology services for this grant.

**Describe the Radiology services proposed:** If you selected “Yes” to the above field, you will be required to provide a description of the needed services. This field remains hidden, and is not required, if you select “No” to the above field.

**Will the proposal require additional space commitment or additional resources from the department or school?:** Select whether you will need additional space and/or resources from the school or department for this grant.

**Describe the additional department or school resources required:** If you selected “Yes” to the above field, you will be required to provide a description of the space and/or resources. This field remains hidden, and is not required, if you select “No” to the above field.

**Performance Site(s):** Select all performance sites that apply to this grant.

## POLICY REMINDERS

POLICY REMINDERS	
<b>PI and all project staff must maintain current Responsible Conduct for Research Training.</b>	
<ul style="list-style-type: none"><li>▪ Policy: <a href="http://www.upstate.edu/researchadmin/document/rcr_edprogram.pdf">http://www.upstate.edu/researchadmin/document/rcr_edprogram.pdf</a></li><li>▪ RCR Training: <a href="http://www.citiprogram.org">www.citiprogram.org</a></li></ul>	
<b>PI and those designated by the PI as responsible for the design, conduct or reporting of sponsored research, must maintain current COI Training prior to Grant Submission.</b>	
<ul style="list-style-type: none"><li>▪ Policy: <a href="http://www.upstate.edu/policies/documents/CAMP_A-24.pdf">http://www.upstate.edu/policies/documents/CAMP_A-24.pdf</a></li><li>▪ COI Declarations: <a href="https://sunyupstate.coiriskmanager.com">https://sunyupstate.coiriskmanager.com</a></li></ul>	
<b>Please indicate all individuals who meet the definition of investigator:</b>	(Please separate names with commas)
	<input type="text"/>
	(FCOI disclosures are required for those designated by the PI as being <u>responsible</u> for the design, conduct or reporting of sponsored research.)
<input type="checkbox"/> <b>I acknowledge that as the P.I., ALL project staff will be made aware of RCR and COI Training.</b>	

Figure 4 - Grant Request Form - Policy Reminders Section

This section has links to specific policy documents that you can view and/or print.

**Please indicate all individuals who meet the definition of Investigator:** Enter the names all individuals that will have Project Investigator status on this grant.

**Acknowledgement:** Prior to submitting this request for review and approvals, you are required to acknowledge that ALL project staff will be made aware of proper of RCR and COI Training.

## VERTEBRATE ANIMAL SUBJECTS

VERTEBRATE ANIMAL SUBJECTS
Does this grant involve live Vertebrate Animal Subjects? <input type="radio"/> Yes <input checked="" type="radio"/> No

Figure 5 - Vertebrate Animal Subjects Section

Select whether or not this Grant Request will make use of Vertebrate Animal Subjects. If you select “Yes”, you will be required to specify if the Project has been approved yet and, if so, you will also be required to provide the Project Approval date and the IACUC number. You will also be required to attach (described later) the appropriate Vertebrate Animal document(s) to this request.

## DNA / INFECTIOUS AGENTS / HUMAN TISSUE / RADIOISOTOPES

DNA / INFECTIOUS AGENTS / HUMAN TISSUE / RADIOISOTOPES	
Does this project involve recombinant DNA?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does this project involve work with infectious agents that are potentially hazardous to man or animals?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does this project involve the use of fresh human tissue, blood or body fluids being handled in a research laboratory other than a licensed clinical pathology laboratory?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does this project involve the use of Radioisotopes?:	<input type="radio"/> Yes <input checked="" type="radio"/> No

Figure 6 - Grant Request Form - DNA / Infectious Agents / Human Tissue / Radioisotopes Section

- If this grant will involve the use of recombinant DNA, select “Yes”.
- If this grant will involve work with hazardous agents, select “Yes”.
- If this grant involves use of human tissue, select “Yes”.
- If this grant involves use of radioisotopes, Select “Yes”. If you select “Yes”, you will be required to provide the License number.

## HUMAN SUBJECTS

HUMAN SUBJECTS	
Does this proposal involve Human Subjects?:	<input type="radio"/> Yes <input checked="" type="radio"/> No

Figure 7 - Grant Request Form - Human Subjects Section

Select whether or not this Grant Request will make use of Human Subjects. If you select “Yes”, you will be required to specify if the Project has been approved yet and, if so, you will also be required to provide the Project Approval date and the IRBNET number

## CLINICAL TRIALS

CLINICAL TRIALS	
Is this proposal for a Clinical Trial?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this study currently registered with <a href="http://clintrials.gov">clintrials.gov</a> ?:	<input type="radio"/> Yes <input checked="" type="radio"/> No

Figure 8 - Grant Request Form - Clinical Trials Section

- If this grant is for a Clinical Trial, select “Yes”.

- If this study is currently registered with [clinicaltrials.gov](http://clinicaltrials.gov), select “Yes”. If you select “Yes”, you will be required to provide the NCT Number.

## SHARED TECHNOLOGIES

SHARED TECHNOLOGIES	
Will any items or technologies be shared with foreign entities or collaborators?:	<input type="radio"/> Yes <input checked="" type="radio"/> No

Figure 9 - Grant Request Form - Shared Technologies Section

If this grant will be sharing technologies, select “Yes”. If you select “Yes”, you will be required to describe the technologies shared, where those shared technologies will be going and who will have access to those technologies.

## KEYWORDS

KEYWORDS	
Please enter keywords to describe the research proposed:	(Please separate keywords with commas) <input type="text"/>
Please enter keywords to describe models or methods:	(Please separate keywords with commas) <input type="text"/>

Figure 10 - Grant Request Form - Keywords Section

Please provide a list of words that can be used to describe the research proposed and the models or methods used. Please separate the keywords with commas.

## ADDITIONAL EXPLANATIONS AND ATTACHMENTS

**ADDITIONAL EXPLANATIONS AND ATTACHMENTS**

Please enter any additional changes or explanations regarding this request:

**Attachments(0)**

**NOTE: You Will Be Able To Upload Attachments When You Have Saved This Form For The First Time.**

**File:**  No file selected.      **Description:**

Uploaded By	Upload Date	File Name	Attachment Description

**Figure 11- Grant Request Form - Additional Explanations And Attachments**

A box is provided to allow the user to enter any additional changes or explanations that should be part of this request.

Once a request form has been saved for the first time or opened from the Grant Request Dashboard, it will be possible to upload and “Attach” documents of any format to the request.

**\*\* Failure to attach the required document(s) can delay the approval of the request \*\***

### **How To Upload (Attach) / View / Remove Documents –**

1. Click the “Browse” button to find and select the document you wish to attach.
2. Once the document has been selected, optionally provide a description of the attached document and click the “Upload” button.
3. Once uploaded, the name of the person who uploaded the document, the upload date, file name, and description (if provided) will appear in the grid and is electronically attached to the request.

**Note:** Should a file with a duplicate name already exist in the upload folder, the system will append a sequential number to the end of the file name for you in order to make it unique.

4. To view an uploaded document, select the desired document in the list and click “View Selected”.
5. To remove an uploaded document, select the desired document in the list and click “Remove Selected”.

**\*\* CAUTION – if you remove a document, it will be PERMANENTLY DELETED from the Upload folder! \*\***

## APPROVALS / ELECTRONIC SIGNATURES

APPROVALS / ELECTRONIC SIGNATURES			
<p><b>PI</b> - I Agree To Abide By The Policies Of SUNY, The Research Foundation Of SUNY, And Upstate Medical University In The Performance Of This Project. I Understand The Proposed Use Of Human Subjects, Human Materials, Vertebrate Animals, And Hazardous Substances Require Appropriate Review And Approval PRIOR TO Involving Them In This Project.</p> <p>In Addition, The Principal Investigator Assures:</p> <ol style="list-style-type: none"> <li>1. That The Information Submitted Within The Application Is True, Complete, And Accurate To The Best Of The P.I.'s Knowledge.</li> <li>2. That Any False, Fictitious, Or Fraudulent Statements Or Claims May Subject The P.I. To Criminal, Civil, Or Administrative Penalties.</li> <li>3. That The P.I. Agrees To Accept Responsibility For The Scientific Conduct Of The Project And To Approve The Required Progress Reports If A Grant Is Awarded As A Result Of The Application.</li> </ol> <p><b>Application Approval</b> - I Have Reviewed This Proposal And Find It Consistent With Departmental And Institutional Policies. Appropriate Space And Facilities Are Available Within The Department For Its Performance. Appropriate Salary Off-set (IFR/SOS) Has Been Requested If Applicable, Co-Operating Department Approval Is Indicated Below.</p>			
<p><b>*** DISCLAIMER ***</b>            Clicking any of the buttons below indicates your "Electronic Signature" and serves as verification of the statements above.</p>			
<p><b>Created By:</b> RUDESJ <b>On:</b> 05/16/2014  <b>Last Updated By:</b> BRUNKENW <b>On:</b> 05/22/2014</p>			
<b>Requestor:</b>	<input type="button" value="Save"/>	<input type="button" value="Re-Submit"/>	<input type="button" value="Void"/> <b>Re-Submitted On:</b> 05/22/2014 <b>By:</b> MICHAEL ZUBER
<b>Proj. Inv./Auth. Designee:</b>	<input type="button" value="Approve"/>	<input type="button" value="Reject"/>	<input type="button" value="Void"/> <b>Approved On:</b> 05/22/2014 <b>By:</b> MICHAEL ZUBER
<b>Robert Quinn / Karen Coty:</b>	<input type="button" value="Approve"/>	<input type="button" value="Reject"/>	<input type="button" value="Void"/> <b>Awaiting Signature</b>
<b>Radiology:</b>	<input type="button" value="Approve"/>	<input type="button" value="Reject"/>	<input type="button" value="Void"/> <b>Not Applicable</b>
<b>Department Chair:</b>	<input type="button" value="Approve"/>	<input type="button" value="Reject"/>	<input type="button" value="Void"/> <b>Awaiting Signature</b>
<b>Sponsored Programs:</b>	<input type="button" value="Approve"/>	<input type="button" value="Reject"/>	<input type="button" value="Void"/> <b>Awaiting Signature</b>

Figure 12 - Grant Request Form - Approvals / Electronic Signatures Section

### The Review And Approval Process Flow –

Once a request form has been SUBMITTED form processing (by clicking the “Submit” button) the approval process flow begins.

E-mail notifications are sent to the appropriate individuals in order to make them aware that a request form is in the approval process flow and that it needs to be reviewed and signed; The E-mail notification will contain a direct link to the individual form needing review and action. No notification is sent if information on the form does not apply to the given individual needing to review and sign. For Example: If “NO” is selected for “Vertebrate Animal Subjects”, no notification will be sent to Robert Quinn or Karen Coty. Notice also in the above example the buttons for signing are disabled and cannot be chosen. Also note that the person and date of each of the “Signature” line is recorded and displayed for easier tracking.

There is no specifically defined order to the review and approval process flow except that the “last stage” of the process is the review and signing by the Sponsored Programs group. For Example: Although, logically, the P.I. would review and sign the request prior to the Department Chair, this is not required and the Department Chair COULD review and sign the request BEFORE the P.I.

### A Note About Sponsored Programs Access –

Since the Sponsored Programs group has the ultimate authority in moving the grant request through the system and should it become necessary, the users in this group can sign on behalf of any of the line-items listed in this section.

For Example: If time is of the essence for a request and a Department Chair is not available to review and sign it, a user from Sponsored Programs can sign on behalf of the Chair in order to avoid delaying the request.

### **What The Buttons Mean –**

#### Save:

Because all of the information needed to complete a grant request may not be readily available, it is possible to create a request and save it for future completion and submission once all of the needed items and/or information has been gathered. If a form is SAVED, it IS NOT ready to be reviewed. No other buttons for signing are displayed until the form has been SUBMITTED.

#### Submit/Re-Submit:

When the form is ready to be reviewed and signed, click the “Submit” button. Unless voided, a form can be edited and “Re-Submitted” at any time. This may be necessary if a form is rejected for some reason. When this button is clicked, a series of checks are performed prior to completing the submission. If errors exist, a message-box listing all errors will be displayed. The form CANNOT be Submitted/Re-Submitted until the noted errors are corrected.

#### Approve:

Once reviewed by the appropriate party and all information is in order, that person approves the request by clicking the Approve button to continue the review process flow.

#### Reject:

If the user rejects a form, that user is required to provide a reason for the rejection so that the issue(s) can be resolved by the form’s creator or the P.I. Once corrected, the form can be re-submitted for appropriate review and approval. If a form is rejected, an E-mail notification is sent to the P.I. noting why the rejection took place. If a form is being re-submitted, the Rejecter will receive an E-mail notification that the request needs to be reviewed again.

#### Void:

If a form is voided, that form is locked and cannot be edited, submitted or re-submitted. However, voided forms CAN be viewed and printed if desired. **A confirmation message is shown to ensure that the user wants to void the form. If a form is accidentally voided, it must be manually re-set by I.T. staff or it must be recreated and the approval process will re-start from the beginning.** If a form is voided, an E-mail notification is sent to the P.I. noting who voided the form and the date on which the form was voided.