New **5/2 Day Proposal Submission** and **PI Eligibility** policies are now in effect.

**Proposal Description & Contacts**

### 1.0 *Short title of proposal:*
(FY) 2021 Graduate Assistance in Areas of National Need (GAANN) Program

For NIH, maximum 200 characters allowed.

### 2.0 *Principal Investigator (for NIH NRSA only, select the fellow's name as PI):*
- PI One

- **Select appropriate PI Title:**
  - Professor, including Chairman, Leading

- **Other PI Title:**

**If an NIH NRSA, identify the faculty PI/Mentor:**

- **Salary Offset (SUNY IFR)?**
  - Yes
  - No

**Enter IFR Account Number:**

<table>
<thead>
<tr>
<th>IFR Account Number</th>
<th>% Effort</th>
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</table>

There are no items to display

**Biosketch:**

**Other Support:**

- **Note:** IFR does not apply to clinical trials. SOM Offset is addressed on the General Proposal Information page.

Upload the Biosketch and Other Support documents as PDF files, if required by Sponsor.

- **Note:** Other Support: Not usually required for NIH. Please refer to the Funding Announcement to see if this is required.
3.0 Departmental Research Coordinator:

Staff chosen for this question will have edit access rights to the proposal.

4.0 Departmental Administrative Contact:

Staff chosen for this question will have edit access rights to the proposal, i.e. department administrator.

5.0 * Select Direct Sponsor:

US Department of Education

If Sponsor does not appear in list please submit the Request Add New Sponsor Form

If flow through, select Prime Sponsor:

A direct sponsor funds our institution directly. The prime sponsor funds the direct sponsor. Only enter a prime sponsor if this is flow-through submission.

The sponsor list is limited to these categories:
- Industry
- Foundation
- Government Agency/Sponsor
- College
- Institution
- State/Local Government

If you do not find the sponsor in this list, select TBD or TBD Foreign from the list as a placeholder while awaiting confirmation of sponsor addition. Proposal routing is permitted for TBD sponsors but for export control compliance TBD Foreign proposals require the correct sponsor name before routing can occur.

6.0 * Are there other personnel associated with this funding proposal (including key personnel, co-investigators, project staff and TBDs)? If "yes", you will be required to add them to the Additional Personnel page. Note that Additional Personnel cannot be added to the Budget manually.

Yes  No

Proposal Access Rights Definition:

7.0 Select team members that have EDIT rights:

These users have
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>READ and EDIT access to the funding proposal.</th>
</tr>
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<td>There are no items to display</td>
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</table>

**8.0 Select team members that have READ only rights:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>These users have READ access to the funding proposal.</th>
</tr>
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<td>There are no items to display</td>
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</tbody>
</table>
General Proposal Information

1.0 Type of Application:
   New

   * Proposal Type:
     New

   Type of Sponsor Selected:
     Federal

2.0 * Modular budget?
   
   - Yes
   - No

2.0 * Modular budget?
   
   - Yes
   - No

3.0 If Resubmission or Renewal, please enter the Sponsor #:

   Is this award transferring in from another institution?
   
   - Yes
   - No

4.0 * Indicate how the proposal will be submitted to the Sponsor:
   
   - Other

5.0 * Instrument Type:
   
   - Grant

6.0 * Describe the purpose of this project:
   
   - Fellowship - Pre-Doctoral

7.0 * Is this a Clinical Trial?
   
   - Yes
   - No

8.0 * Is this a multi-PI Submission?
   
   - Yes
   - No

9.0 * Is this an on campus submission, an off campus submission, or both?
   
   - 100% On Campus

Excluding any subcontract effort, indicate the % of project’s on/off campus effort (in 25% increments) and, if there is any off campus effort, indicate the specific location(s) where the project will be performed.

Caution - Be specific on the SBU location as the following facilities are considered to be off campus: BNL, Cancer Center, Mind-Body Clinical Research Center (CRC), Flax Pond Lab, Tech
10.0 * Is this application in response to an opportunity specifically related to COVID-19?

- Yes
- No
Research Department Determination

1.0 * Select the Submitting Department:
Chemistry

2.0 Sponsored Research Location (Institution):
The Research Foundation for The State University of New York

Office of Sponsored Programs (OSP):
Office of Sponsored Programs

3.0 Is this proposal affiliated with the:
There are no items to display

The selection of an institute determines whether an institute is involved in the proposal review process. If this affiliation should result in a credit distribution to the Center/Institute, be sure to add the Center/Institute on the Credit Distribution activity.
Compliance Review

1.0 [Select All No's For This Question]

For each item listed below, indicate if it is involved in this project:

* Human Subjects:  
  - Yes  
  - No

* Vertebrate Animals:  
  - Yes  
  - No

* Recombinant or Synthetic Nucleic Acid Molecules (rsNAM):  
  - Yes  
  - No

* Hazardous Materials:  
  - Yes  
  - No

* Radioactive Materials:  
  - Yes  
  - No

* Radioisotopes:  
  - Yes  
  - No

* Human Stem Cells:  
  - Yes  
  - No

* Radioactive Drugs:  
  - Yes  
  - No

* Select Agents:  
  - Yes  
  - No

* Controlled Substances not covered under the DLAR or Pharmacy DEA registration and NYS licensure:  
  - Yes  
  - No

2.0 * Does the project involve (a) classified research (b) proprietary research (c) controlled unclassified information or (d) use or development of export controlled items or information?

  - Yes
  - No
  - Maybe

3.0 * Does this project provide data or services to, conduct any transaction with, or require travel to an embargoed country as defined by the Office of Foreign Asset Controls, such as Cuba, Iran, North Korea, Sudan or Syria?

  - Yes  
  - No
Commitment of Additional Resources

1.0 If the proposal requires any items that require either institutional approval or commitment, identify them below:
   There are no items to display.

2.0 * Does this research involve the use of Veterans Administration's patients, personnel, and/or facilities?
   ○ Yes  ● No

3.0 If your application is in response to a PHS agency solicitation, and if you or any of the co-investigators on your proposal hold a VA joint appointment, please access this link and complete the VA MOU prior to the submission of this proposal. This is a requirement of the PHS 398 to prevent the possibility of dual compensation for the same work, or of an actual or apparent conflict of interest regarding such work.

For any questions, contact the Office of Scientific Affairs in the School of Medicine at 631-444-8342.
Program Classification

Select the two most relevant terms for each of the program classifications listed below:

1.0 Discipline / Field:
   Primary: 
   Secondary: 

2.0 This proposal is related to:
   * Cancer Research:
     ○ Yes  ☐ No
   * HIV Research:
     ○ Yes  ☐ No

3.0 * Provide the appropriate Classification of Instructional Programs (CIP) Code for this application:
   Note: The values in this list all start with a number. To search/filter this list, always start with the wildcard character %
   For example, to locate any entry with the word "Adult", filtering with '%Adult' finds:
   13.1201-Adult and Continuing Education and Teaching
   19.0702-Adult Development and Aging
   51.3803-Adult Health Nurse/Nursing
   99.9999-To Be Determined
Federal Grant Information (Non-Grants.gov Submission)

1.0 Opportunity ID:
84.200A

2.0 Opportunity Title:
Graduate Assistance in Areas of National Need (GAANN) Fellowship Program

3.0 Agency Name:

4.0 NIH Grant Type (if applicable):

5.0 * Required Routing Documents

Is this a Clinical Trial?
- Yes    - No

* Attach your Abstract/SOW, Facilities Statement, and Budget Justification or a full copy of your proposal, as appropriate. Click the button to upload the mandatory routing documents:
Submit Proposal Documents

6.0 General Submission Documents:

<table>
<thead>
<tr>
<th>Name</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>cost share commitment letter</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Additional attachments, as applicable: RSR form, subrecipient commitment form, subrecipient budget, subrecipient budget justification, subrecipient scope of work, funding announcement, opportunity ID# and FOA/RFP guidelines.
Federal Grant Program Income and Proposal Attachments

1.0 * Will there be program income?
   - Yes
   - No

   If yes, provide program income details:
   - Period
   - Source
   - Amount

   There are no items to display

2.0 * Required Routing Documents

   Is this a Clinical Trial?
   - Yes
   - No

   * Attach your Abstract/SOW, Facilities Statement, and Budget Justification or a full copy of your proposal, as appropriate. Click the button to upload the mandatory routing documents:
     Submit Proposal Documents

3.0 General Submission Documents:

   Name | Version
   --- | ---
   cost share commitment letter | 0.01

   Additional attachments, as applicable:
   - RSR form
   - Subrecipient commitment form
   - Subrecipient budget
   - Subrecipient budget justification
   - Subrecipient scope of work
   - Funding announcement
   - Opportunity ID# and FOA/RFP guidelines
Submission Dates

1.0 * Application submission deadline (if there is no sponsor deadline, indicate the date you would like to submit):
   3/1/2021

2.0 OSP Administrative Proposal Submission Deadline:
   2/22/2021 9:00 AM

   Review the Opportunity instructions carefully to determine the submission deadline.

   Routing must be completed by 9 AM, 48 hours prior to Application submission deadline date. You can find the published policy at S/2 Submission Policy

3.0 * Expected Start Date:
   1/1/2022

   Please review the link below to determine an appropriate start date for NIH applications.
   "Review and Award Cycles"
# Budget Periods

Complete this page with the exception of Target Direct $ and Target Indirect $

<table>
<thead>
<tr>
<th>Period Number</th>
<th>Duration (Months)</th>
<th>Target Direct ($)</th>
<th>Target Indirect ($)</th>
<th>Start</th>
<th>End</th>
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<td>$0.00</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>1/1/2024</td>
<td>12/31/2024</td>
</tr>
</tbody>
</table>

*Date Project Starts: 1/1/2022

Date Project Ends: 12/31/2024

Project Length (Years): 3
Research Performance Sites

1.0 Sponsored Research Location (Institution):
The Research Foundation for The State University of New York
W5510 Melville Library
Nicolls Road
Stony Brook, NY 11794-3362

2.0 If there are additional project locations for Stony Brook personnel, select them below:

<table>
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<tr>
<th>Name</th>
<th>Category</th>
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</table>

There are no items to display

If your additional project location does not have a physical address, do not respond to this question. However, be sure that the information is provided on the General Proposal Information screen (at question 9) to address the on/off campus split effort.

If the location does not exist in the drop-down, contact your OSP Administrator.
Intellectual Property Questions

1.0  * Does the research contemplated by the proposal require the use of information that you wish to keep confidential and protected?
   - Yes
   - No

2.0  * Do you already have a new idea that may be an invention or have you already developed software or technology that has not yet been disclosed to the Office of Technology Transfer? If so, please contact that office at 631.632.9009.
   - Yes
   - No

3.0  * Could the research contemplated by the proposal result in a new invention, technology, or software, or an improvement/modification to an existing invention, technology, or software?
   - Yes
   - No

4.0  * Does the research contemplated by the proposal contain any information that may be related to a new technology disclosure that you or your co-investigators have submitted to the Office of Technology Licensing and Industry Relations?
   - Yes
   - No

5.0  * Do you have, or have you had, any sponsored research related to the subject of this proposal?
   - Yes
   - No

   There may be certain obligations to the sponsor, emanating from prior research support that needs to be reviewed by the Office of Sponsored Programs.

6.0  * Does the proposal contemplate the transfer of any biological or other research materials to or from a third party?
   - Yes
   - No

7.0  * Will you use any existing (background) intellectual property owned by SUNY/RF to perform the research outlined in the proposal?
   - Yes
   - No
Completion Instructions

You have completed the first section of required information for this application.

Once you select "Finish", you will be returned to the application’s main workspace to complete the "Credit Distribution" and to create a "Budget".

If applicable, select the "Create/Update SF424" activity to create the SF424 application. You will need to manually enter additional information into the SF424 to complete your grant application. Note that the SF424 will not route to Chair and Dean.

Once all required sections are completed, submit for Department Review to initiate the institutional approval process.

*MyResearch Assistance can be used for additional guidance throughout the completion of the application.*