



Completing the Non-System-to-System SmartForms in MyFunding

SmartForms

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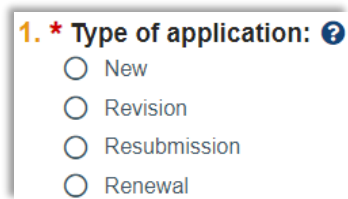
From the MyFunding tab select Create Funding Proposal.



Questions that are required will be preceded by a red asterisk. Help for each item can be found by selecting the question mark icon that follows each.

The General Proposal Information SmartForm

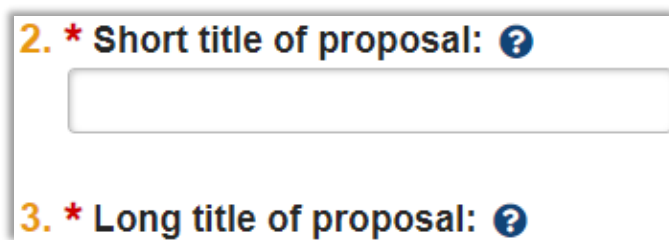
1. Complete the General Proposal Information SmartForm starting with the Type of Application.



1. * Type of application: ?

- ☐ New
- ☐ Revision
- ☐ Resubmission
- ☐ Renewal

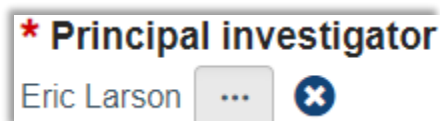
2. Enter a Short and Long Title.



2. * Short title of proposal: ?

3. * Long title of proposal: ?

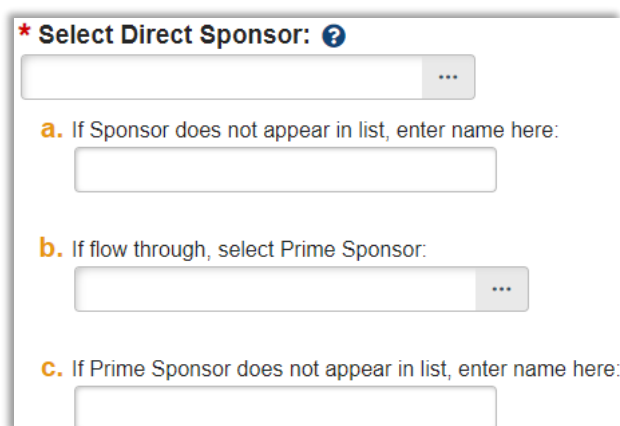
3. If necessary, edit the Principal Investigator. This field will default to the individual that selected Create Funding Proposal. When the X icon is present selecting it will clear the data and allow a progressive text entry. If an advanced search is necessary, select the box with the three ellipses.



* Principal investigator

Eric Larson ... X

4. Enter Sponsor data.



* Select Direct Sponsor: ?

...

a. If Sponsor does not appear in list, enter name here:

b. If flow through, select Prime Sponsor:

...

c. If Prime Sponsor does not appear in list, enter name here:

5. Provide information on the instrument type of the application that is being submitted.

*** Is this a NIH Tethered Application or NSF Collaborative Proposal?**

☐ Yes ☐ No [Clear](#)

Instrument type: [?](#)

- ☐ Grant
- ☐ Contract
- ☐ Cooperative Agreement
- ☐ Subaward/Subcontract
- ☐ Fee For Service
- ☐ Other

Will this originate from a Federal Contract or Other Transaction Agreement(OTA)?

☐ Yes ☐ No [Clear](#)

6. Disclose the Primary Purpose of the Project.

*** Primary purpose of this project:** [?](#)

- ☐ Research and Development
- ☐ Curriculum Development/Enhancement
- ☐ Other Training
- ☐ Research Fellowship
- ☐ Research Training
- ☐ Scholarship or Fellowship (non-research) Program
- ☐ Community Service Program
- ☐ Conference Grant
- ☐ Construction/Renovation Grant
- ☐ General Program Support (non-gift)
- ☐ Instrumentation/Equipment Grant
- ☐ Intergovernmental Personnel Act (IPA) Agreement
- ☐ Clinical Trial
- ☐ Other

7. Enter the Expected Start Date.

*** Expected start date:** [?](#)

8. Indicate if this is a Limited Submission. If it is a letter of approval will need to be attached.

*** Is this a limited submission? ?**

☒ Yes ☐ No [Clear](#)

*** If Yes, please attach your approval letter:**

[Choose File](#)

9. Select Continue to advance to the Personnel SmartForm. It is at this point that your Funding Proposal number will be assigned.

The Personnel SmartForm

1. Indicate if this is a multi-PI submission. Answer in the affirmative if more than one individual has the role of Principal Investigator in the project. All participants with the role of Principal Investigator will need to complete the PI Certification.

*** Is this a multi-PI Submission:**

☐ Yes ☐ No [Clear](#)

2. Review the defaulted value of the department responsible for the submission. If a change is necessary, answer No and enter the department responsible.

Will the submitting department/division/center/institute be the PI's home department: Office of Sponsored Programs

*** ☐ Yes ☒ No [Clear](#)**

*** Select a Submitting Department/Center/Institute that is different than the Department value shown above:**

...

3. Select +Add to provide details of project personnel.

Project personnel:

a. Select all institutional personnel to be involved in the project:

[+ Add](#)

Last Name	First Name	Key	Role	Biosketch
There are no items to display				

b. Identify all non-institutional personnel (except subaward/subcontractor personnel) to be involved in the project:

[+ Add](#)

6. Provide the name of the Department Administrator responsible for the proposal and enter other individuals that require Edit or Read rights.

Administrative personnel:

a. Department administrator:
Eric Larson

b. Select team members that have EDIT rights (in addition to the PI and Department Administrator)

Last Name	First Name	Department	E-mail
There are no items to display			

c. Select team members that have READ only rights:

The Submission Information SmartForm

1. Provide all available information: Opportunity ID, Opportunity Title, and/or attach the guidelines.

Opportunity ID:

Opportunity Title (Program Name):

Attach FOA/RFP Guidelines:

2. Indicate who will be submitting the proposal.

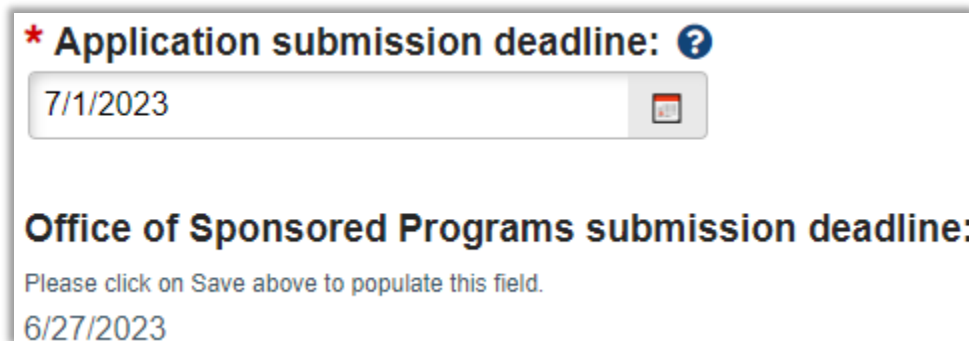
*** Who will be submitting this Proposal?**

☐ Office of Sponsored Programs

☐ Department

The Budget Periods and Key Dates SmartForm

1. Provide the Application Deadline. Click Save to see the Office of Sponsored Programs deadline.



*** Application submission deadline: ?**

7/1/2023

Office of Sponsored Programs submission deadline:

Please click on Save above to populate this field.

6/27/2023


2. Indicate whether or not the budget will be modular.



*** Modular budget?**

☐ Yes ☒ No [Clear](#)

3. The SmartForm will default to five budget periods. Select Add Period or Remove Period as necessary. Click Update Budget Periods for advanced editing.



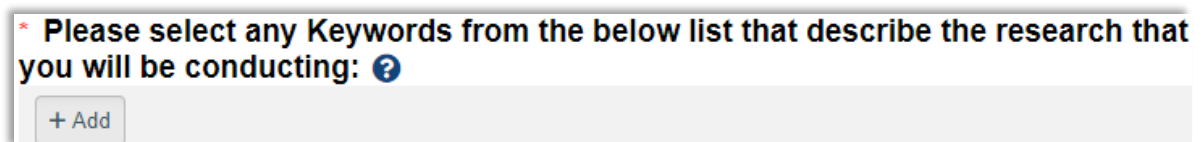
[Add Period](#) [Remove Period](#) [Update Periods](#)

The Pitt Additional Information SmartForm

1. Review and answer the required questions.

The Keywords SmartForm

1. At least one keyword describing the project must be provided. Click +Add, select an existing keyword or add a keyword of your own.



*** Please select any Keywords from the below list that describe the research that you will be conducting: ?**

[+ Add](#)

The Compliance Review SmartForm

1. Indicate if the compliance items are involved in the project. If so, you will be required to provide additional information.

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

* Human Subjects: ?	<input type="radio"/> Yes <input checked="" type="radio"/> No Clear
* Vertebrate Animals: ?	<input type="radio"/> Yes <input checked="" type="radio"/> No Clear
* Hazardous Materials: ?	<input type="radio"/> Yes <input checked="" type="radio"/> No Clear
* Human Stem Cells: ?	<input type="radio"/> Yes <input checked="" type="radio"/> No Clear
* Human Fetal Tissue: ?	<input type="radio"/> Yes <input checked="" type="radio"/> No Clear
* Regional Biocontainment Lab: ?	<input type="radio"/> Yes <input checked="" type="radio"/> No Clear

2. Indicate if Controlled Unclassified Information (CUI) be generated or handled under this project.

* **Will Controlled Unclassified Information (CUI) be generated or handled under this project?** ?

☒ Yes ☐ No [Clear](#)

The Additional Proposal Information SmartForm

1. Review the Sponsored Research Location, indicate if there will be program income, and if activities are being conducted in a foreign country provide them.

Sponsored Research Location (Institution):

The University of Pittsburgh
300 Murdoch I Building
3420 Forbes Avenue
Pittsburgh , PA 15260-3203

a. If there are additional internal project/performance locations (do not include subsites), select them below:

...

Name	Building Abbreviation
There are no items to display	

* **Will there be program income?** ?

☐ Yes ☒ No [Clear](#)

* **Will any of the activities in this proposal be conducted in a foreign country?**

☐ Yes ☒ No [Clear](#)

Review the Completion Instructions and click Finish