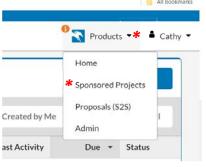
1. CREATING A NEW PROPOSAL RECORD (do NOT create until you have completed the PDF Application Form)

To create a proposal for the President's Research Grant (PRG) or Quality of Life (QOL) grant, log into Cayuse at <u>https://nova.app.cayuse.com/</u> and click on Products > Sponsored Projects located on the top right-hand corner of the screen:



From the Sponsored Projects dashboard, click on the "Start New Proposal" button.

			Products	Catherine Harlan
_			* + s	tart New Proposal
Ľ	0 Under Consideration Sponsors have contacted your Institution with Interest	1459 Funded Proposals were accepted by the sponsor		

Select "This proposal is not related to any existing proposals or awards (Create New Project)"

Create New Proposal	×
This proposal is not related to any existing proposals or awards (Create New Project) This proposal is related to existing proposals or awards (Add Proposal to Project)	

Enter your project title using the following format: "FY25 PRG: project title" or "FY25 QOL: project title"

Create New Proposal	×
 This proposal <i>is not</i> related to any existing proposals or awards (Create New Project) Enter a title for your project: "FY25 PRG: project title" or "FY25 QOL: project title" 	
O This proposal is related to existing proposals or awards (Add Proposal to Project)	
	Cancel Create New Project

Once you have created your new proposal record, you can begin filling out the Proposal Sections listed on the left-hand pane under the Proposals > Proposal Form tabs. The instructions below provide detail IN RED for what must be entered into each field of the PRG/QOL proposal record.



The Funding Agency is the entity that will directly award funding to NSU (i.e. a federal agency if NSU is the lead applicant, or a pass-through entity such as a University, if NSU is not the lead applicant but will receive a subaward if funded). The

2. GENERAL INFO SECTION

Sponsor Information

Prime Funding Agency is tied to the source of funds, only if a		g Agency. If			nd agency type should align.	
Funding Agency (If not listed, choose "Organization Not List	ed" and then specify below):*		Prime Funding Agency (if applicab			
"Nova Southeastern University (NSU)"		\sim	not applicable, do not enter		ld	~
The is NSU's direct sponsoring agency.			If this award is pass-through funding, ple			
If Organization Not Listed above, Please Indicate the Fundir			If Organization Not Listed above, I			
not applicable, do not enter anything in this field			not applicable, do not enter	anytning in this jie	10	
Agency Type: *			Source of Funds:*			
select "Higher Education"		\sim	"President's Research Grant			~
This is connected to NSU's direct sponsoring agency.					funds. If no prime agency, then the source is based on the oppic refer to awards counted in IA's CASE totals.	lirect
Sponsor Deadline:*	Funding Opportunity Title	/Sponsor F	Program Name:*		Funding Opportunity/Sponsor Application No:	
"01/22/2024"	"FY25 PRG" or "FY25	QOL"			enter "N/A"	
If no sponsor deadline, list the planned submission date.	Example: Research Experience 1	for Undergra	duates (REU). If no title or program name is	available, please enter	If no number please enter 'N/A'.	
Please provide the URL for the proposal guidelines and/or a						
How did you find out about this funding opportunity?	ttach a copy of the guidennes below.		Proposal Guidelines URL:*		Please Attach Proposal Guidelines (if available)	
			not applicable, enter "N/A"		Drag and drop new files or click to select from file system.	
Not required to complete, leave blank			Indicate "See Attached" if proposal guide	lines are attached	not applicable, do not enter anything this field	in
enter project title	ample: The Effects of Filling Out Forms on Researcher	Attention Sp	ans			1.
		Attention Sp	ans			
	Project End Date:*		l			
"07/01/2024" ndicate the estimated start date.	"06/30/2025" Indicate the estimated end date.					
	noicate die estimated end date.		Is the college (unit within the NCL	Lloolth Professions Div	ision2t	
College/Unit Responsible for Proposal:*			Is the college/unit within the NSU Ves No select yes or n		ISION?	
select Principal Investigator's college/unit Please select the college/unit that will be responsible for administering	the award if awarded.					
s this research connected to one of the following NSU Insti	tutes? If yes, please select the institute(s). *		Will this research require use of a	core facility?*		
if no, select no, if yes, please select the institute(s	s)	~	select applicable answer			~
Will the proposed project require use of NSU Health/Divisiv Health/DCO staff/providers/space/etc.)? * YesNo select yes or no as applicable	on of Clinical Operations (DCO) resources (NS	50				
Which space will the research activity take place?*						
select appropriate dropdown		\sim				
ACTIVITY TYPE DEFINITIONS: <u>Research</u> - includes all R&D activities i aim is a fuller knowledge of the subject under study, rather than any prz processes. <u>Development -</u> systematic use of the knowledge gained fror training activity established by the sponsored project. <u>Other (Commur</u>	actical application of that knowledge. <u>Applied Researcl</u> m research directed toward the production of useful ma	<u>h -</u> attempts aterials, devi	to determine and exploit the potential of sc ces, systems or methods including the desig	ientific discoveries or impro mand development of prote	wements in technology, such as new materials, devices, me otypes and processes. <u>Instruction</u> - includes specific instru	ethods, ar
Activity Type:*			Proposal Type:*			
select either "Research – Basic", "Research – Applied", "Research – De	velopment", see definitions listed above this field in Co	ayuse 🗸	select "New"			
			project), Renewal (competing continuat (continuation of a previously funded pro	ion of a project that was project for which no competit	of a previously submitted project), Revision (of a previous eviously funded by the agency), Noncompeting Continuata ion occurs), Pre-Proposal (when required by the sponsor) ansfer (transfer of an award to NSU, usually with a new fa	tion , Suppler
unding Instrument Type:*			Is this project being submitted to		s?*	
select "Grant"		\sim		oriate response		
he expected award instrument. Note: Subcontract whenever it is pass nstitutional Advancement (IA)'s CASE totals; please discuss with your		lin				
-low will this proposal be submitted?*			1			
select other, then type "Cayuse"		\sim	l			
s this submission resulting from a PFRDG award?* Yes o No <i>select "no"</i>						

3. PERSONNEL SECTION

For this section, please add the PI and any other co-investigators only. DO NOT ADD students or non-investigators who are on the project. This will be addressed in the required Application Form.

+ Add Team Member Role, and Internal Association fi			0% of total credit l	nas been allocated				
Name 🚹			Role*					
add PI name or Co-Investigator name as applicable*		\geq	select "Princ	ipal Investigator	r" or "Co-Investigator" c	is applicable	18	Î
*To search, type most unique aspect of PI or Co-Investigator n the system is John F. Smith, typing "John Smith" will not popul George Hanbury).	ame in the box, as nan ate a response. Typing	nes are impo "Hanbury" v	rted via Banne vill give better i	r and may includ responses than s	le middle initials (i.e., if searching "George" if loo	a name in oking for		
Internal Association*	Credit*	Cost Sha	are Effort		Sponsored Effort		Total Effort	
	c		A	s (C A	s		
select appropriate college affiliation*	% 0	% 0	% 0	% 0	36 0 96	0 %		Î
Add Internal Association * Please note – occasionally NSU Contact Principal Investigator:*					act PI a Dean or VP?			
Add PI name (again)			~	Ves No	select appropriate re	esponse		
ist the NSU Contact PI for the submission (for OSP routing/management purposes).				 For routing purpose 				
PI Eligibility Form (if applicable per OSP Policy #3.1 - Principal Investigator E	ligibility, form located at ht	tps://www.nova	.edu/osp/forms/P	I-Exception-Approv	/al.pdf)			
Drag and drog new files or <u>click</u> to select from file system not applicable, however, please contact pra@nova.edu or gol	l@nova.edu if you have	e any questio	ns about eligib	ility requirement	ts			
Responsible Conduct in Research Plan (for NSF and NIH T/K/F projects, loca	ted at: https://www.pova.ed	lu/osn/nolicies/	forms/responsible	conduct of resear	ch plan pdf):			
Drag and drop new files or <u>click</u> to select from file system		ia, osp, poneies,			en_pranipar).			
not applicable, do not add anything to this dropbox								
PI Effort Waiver Approved by OSP Director (if applicable):								
Drag and drop new files or <u>click</u> to select from file system								
not applicable, do not add anything to this dropbox								
Consult with your OSP Grant Officer.								

4. FINANCIAL CONFLICTS OF INTEREST

Financial Conflicts of Interest in Research – Disclosure Process

Members of the research team must complete an Outside Interest (COI) research-based disclosure form if any of the following criteria apply for that member:

- The research team member substantially contributes to the design of the study
- The research team member is conducting any experiments or activities
- The research team member is directly involved in or have control over the collection of data
- The research team member is involved in the analysis of the data

* Indicates Required Fields

I certify that all required research team members have submitted their research-based disclosure.*

check box, please note that COI disclosures are generated after proposals are completed and routed (i.e., submitted).

l certify that all research team members required to submit a research-based disclosure also have completed a current COI training.*

check box, but it is understood that this is not applicable for PRG/QOL Applications.

Outside Interests Disclosures

Name	Role	Disclosure	Status	Resolution
	No research tear	n members have been added yet.		

Outside Interests

Do any individuals that are part of the research team have any senior/key-personnel foreign appointments, employment with a foreign institution, and/or any foreign activities and/or resources available for their research (whether or not they have monetary value) that will require disclosure in Current & Pending (Other) Support?"* Yes ONo select yes or no as applicable

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5. RESEARCH SUBJECTS

Please note that depending on your response to the questions on this page, additional information may be requested. Please respond accurately and contact pra@nova.edu or gol@nova.edu with any questions.

Human Subjects

Does this project involve human subjects research?*

○^{Yes} **●**^{No} select yes or no as applicable

Research is defined as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Some service/training projects may involve research; service/training projects that include program evaluation may require IRB review, but will be classified as Instruction (Teaching/Training) or Community Service (not research) in Section I(B) based on the main activity of the project. For guidance whether a service/training project involves human subjects under item 2 below, contact the IRB office at x25369 or irb@nova.edu. A human subject is a living individual about whom an investigator conducting research obtains (1) data or samples through intervention or interaction with individual(s), or (2) identifiable private information. Before beginning any activities involving human subjects research, you will need Institutional Review Board (IRB) review and approval. For guidance, please contact the IRB office (x25369 or irb@nova.edu) or your center/college representative.

Will the project involve individuals who have insurance through a federal health care program (e.g. Medicare, Medicaid, Tricare, Veteran's Affairs)?*

○^{Yes} **o**^{No} select yes or no as applicable

If yes, you may need to ensure billing compliance - contact the Office of Health Care Compliance at x24141 for guidance.

Personally Identifiable Information

Will the project use, receive, and/or disclose Personally Identifiable Information (PII)?*

○Yes oNo select yes or no as applicable

Personally Identifiable Information means data that could potentially be used to identify a particular individual such as full name, Social Security number, bank account number, passport number, driver's license number, and email address

Animal Subjects

Does this project involve research using live vertebrate animals or live invertebrate animals that are of the Cephalopod class?*

○Yes oNo select yes or no, if "yes," please list the Species involved with this project

Before beginning any activities involving live vertebrate animal research, you must have IACUC review and approval. If yes, please contact the IACUC Chair at NSUIACUC@nova.edu for guidance and authorization.

6. SUBCONTRACTORS & CONSULTANTS

For this section, please select "No" for the two questions below. If this is applicable to your project, it should be addressed in the PDF Application Form that will be uploaded to this Proposal Record. Please contact prg@nova.edu or gol@nova.edu if you have any questions.

Subcontractors

Subaward/Subcontractor means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of an award received by the pass-through entity. It does not include payments to a contractor or payment an individual that is a beneficiary of a sponsored program. Characteristics of a subcontractor:

- · Has its performance measured against whether the objectives of the sponsored program are met
- Has responsibility for programmatic decision making
- Has responsibility for adherence to applicable sponsored program compliance requirements
- · Uses the sponsored funds to carry out a program or activity for a public purpose, as opposed to providing goods or services for the benefit of the prime award recipient

Does the proposed research include any subcontractor(s)?*

Yes oNo select no and describe any applicable relationships clearly within your narrative

Consultants

Consultants are considered to be contractors that are subject to NSU Procurement policies (<u>https://www.nova.edu/procurement/policies.html</u>) and federal regulations (<u>https://www.ecf.gov/current/title-2/part-200#subject-group-ECFR45ddd419ad435d</u>). Please consult with the Office of Procurement Services prior to engaging any Consultant to ensure you have proper sourcing documentation (i.e., quotes, sole source justification, etc.) in accordance with NSU policy and federal standards. A consultant is an individual who is not an NSU employee and who renders independent services for a limited amount of time tha tare needed for the performance of a particular project.

Does the proposed research include any consultant(s)?

Ves oNo select no and describe any applicable relationships clearly within your narrative

7. EXPORT CONTROL

Please note that depending on your response to the questions on this page, additional information may be requested.

Export Control

For more information regarding Export Control, please review our Export Control Policy (https://www.nova.edu/osp/export-control/index.html).

Will the proposed project involve activities conducted outside of the United States?

Yes •No select yes or no as applicable

Does the project involve conducting proprietary research with a potential military application?

Yes oNo select yes or no as applicable

Do you anticipate sending/transporting anything or receiving anything from outside of the US?*

○Yes oNo select yes or no as applicable

Do you anticipate any travel outside the US associated with this project?*

Yes oNo select yes or no as applicable

Will you send your research results in either paper or electronic format to a foreign country or foreign national?*

○Yes on No select yes or no as applicable

Is any member of the research team a foreign national?

Yes •No select yes or no as applicable

Does this proposal involve carrying out classified research (not to include work with "select agents") on campus or require a security clearance for any personnel?*

∩Yes **•** No select yes or no as applicable

8. **RESEARCH MATERIALS** Please note that depending on your response to the questions on this page, additional information may be requested.

Radiation Safety

Does this study involve the use of Radioactive Materials?*

```
• No Yes, H-3 Yes, C-14 Yes, S-35 Yes, P-32 Yes, I-125 Yes, Cr-51 Yes, Other select no or isotope as applicable

If yes, please choose the isotope. If yes, you will also need appropriate review/approval of the Radiation Safety Officer prior to beginning any activities involving these materials. Please contact RSO@nova.edu for guidance and authorization. Note that this includes radiation producing devices or lasers.
```

Chemical Safety

Does this study involve the use of Hazardous Chemical Materials?*

─Yes on select yes or no as applicable

Biological Safety

Does this study involve the use of Biological Materials?*

Yes or no as applicable

If yes, you will need appropriate Biosafety review/approval prior to beginning any activities involving these materials. Please contact the Institutional Biosafety Committee at IBC@nova.edu for guidance and authorization.

Other Questions Related to Research Materials

Does this study involve the use of materials provided by the sponsor or any other party?*

○Yes oNo select yes or no as applicable

Does the project use embryonic stem cells?* Yes •No select yes or no as applicable

If yes, you will need Embryonic Stem Cell Research Overview (ESCRO) Committee review/approval prior to beginning any research activities. Please contact ESCRO@nova.edu for guidance and authorization

Does this study involve the use of Schedule 1 or Schedule 2 Drugs?*

• No Schedule 1 Drugs Schedule 2 Drugs select no or schedule drug as applicable

9. INTELLECTUAL PROPERTY

Please note that depending on your response to the questions on this page, additional information may be requested.

Intellectual Property

Does the proposal contain confidential/proprietary information that might be the subject of intellectual property protection (e.g., patents, trade secrets)?*
(Yes No select yes or no as applicable)

If yes, the dificultation will filely be made public; write in way to eliminate confidential proprietary (C/P) info. In the proposal body, identify socillars with C/P info with a heading or watermark

Have you previously disclosed any of this research to NSU for intellectual property protection?* Yes No N/A - Not Research select yes, no, or N/A as applicable

Does the research in this proposal involve any filed or issued patents?*

Yes No N/A Not Research select yes, no, or N/A as applicable

10. BUDGET

*Please ensure budget is set to "Manually enter budget information."

Budget Summary

How would you like to show your budget?

- Manually enter budget information *
- O Display summary from Budget Builder

Budget Item		Total
Total Direct Costs		\$0.00
F&A		\$0.00
Total Sponsor Costs	DO NOT COMPLETE THIS TABLE, NOT REQUIRED	\$0.00
Internal Cost Share		\$0.00
External Cost Share		\$0.00
Total Cost Share		\$0.00
Total Project Cost		\$0.00

Total Sponsor Direct Costs*	Total Sponsor Indirect (F&A) Costs*		Total Sponsor Project Cost*		
enter budget total, up to \$15,000	enter \$0 as F&A is prohibited/not internal awards	t applicable on	enter budget total, up to \$15,000 (this figure should match Total Sponsor Direct Costs) The "Total Sponsor Costs" from the "Display summary from Budget Builder" table abo		
The "Total Direct Costs" from the "Display summary from Budget Builder" table above.	The "F&A" from the "Display summary from Budge	et Builder" table above.			
Indirect (F&A) Rate*	Ple	ease indicate the rate as a percent		F&A Rate Type (Historical Data Only)	
select "N/A – PRG or QOL Internal Award"	~ (%)*.*	%		
		enter 0%			
	Spe	ecify Rate as a Percentage			
*Note: If greater than 50% of the project will be performed in facilities not ov	ned by NSU, the off-campus rate of 26% of mo	odified total direct costs (MTDC) wil	lapply.		
Upload the F&A Distribution Agreement if F&A recovery will be split betwe	en multiple Colleges and/or investigators:				
Drag and drop new files or <u>click</u> to select from file system					
not applicable					
Form Located at: https://www.nova.edu/osp/resources/pre-award.html. Note that this for	m must be submitted by the PI/College to Contract an	d Grant Accounting before the funded acc	count/index number is s	set up.	
Salary Cap					
Salary Cap					
	ry can limite? If you the propertional amount	t of salary based on the offert of ea	ch individual to the	Salary can information is available at	
Are any faculty/staff included in the proposed budget subject to federal sala			ch individual to the	Salary cap information is available at http://www.nova.edu/osp/resources/nsu-fact-sheet.htr	
Are any faculty/staff included in the proposed budget subject to federal sala			ch individual to the		
Are any faculty/staff included in the proposed budget subject to federal sala project, must be covered by the College/Unit (this is not considered cost sha			ch individual to the		
Are any faculty/staff included in the proposed budget subject to federal sal: project, must be covered by the College/Unit (this is not considered cost sh: Yes O NO <i>select no</i>			ch individual to the		
Are any faculty/staff included in the proposed budget subject to federal sal: project, must be covered by the College/Unit (this is not considered cost shi Yes No <i>select no</i> Cost Share	re). This applies, but is not exclusive to NIH, s		ch individual to the		
Are any faculty/staff included in the proposed budget subject to federal sala project, must be covered by the College/Unit (this is not considered cost shi Yes •No select no Cost Share Note: Select "NO" as this question will be addressed within the	re). This applies, but is not exclusive to NIH, s	SAMHSA, AHRQ, CDC, and HRSA.*		http://www.nova.edu/osp/resources/nsu-fact-sheet.ht	
Are any faculty/staff included in the proposed budget subject to federal sal: project, must be covered by the College/Unit (this is not considered cost shi Yes No select no Cost Share Note: Select "NO" as this question will be addressed within the Does this proposal include funds or contributions in the form of cost sharing	re). This applies, but is not exclusive to NIH, s	SAMHSA, AHRQ, CDC, and HRSA.*			
Are any faculty/staff included in the proposed budget subject to federal sale project, must be covered by the College/Unit (this is not considered cost she Yes oNo select no Cost Share Note: Select "NO" as this question will be addressed within the Does this proposal include funds or contributions in the form of cost sharing third-party matching/in-kind.*	re). This applies, but is not exclusive to NIH, s	SAMHSA, AHRQ, CDC, and HRSA.*		http://www.nova.edu/osp/resources/nsu-fact-sheet.htm	
Are any faculty/staff included in the proposed budget subject to federal sal: project, must be covered by the College/Unit (this is not considered cost shi Yes No select no Cost Share Note: Select "NO" as this question will be addressed within the Does this proposal include funds or contributions in the form of cost sharing	re). This applies, but is not exclusive to NIH, s	SAMHSA, AHRQ, CDC, and HRSA.*		http://www.nova.edu/osp/resources/nsu-fact-sheet.htm Refer to OSP Policy #36 Cost Sharing or Matching located at:	
Are any faculty/staff included in the proposed budget subject to federal sale project, must be covered by the College/Unit (this is not considered cost she Yes •No select no Cost Share Note: Select "NO" as this question will be addressed within the Does this proposal include funds or contributions in the form of cost sharing third-party matching/in-kind.* Yes •No select no	re). This applies, but is not exclusive to NIH, s	SAMHSA, AHRQ, CDC, and HRSA.*		http://www.nova.edu/osp/resources/nsu-fact-sheet.ht Refer to OSP Policy #36 Cost Sharing or Matching located at:	
Are any faculty/staff included in the proposed budget subject to federal sale project, must be covered by the College/Unit (this is not considered cost she Yes •No select no Cost Share Note: Select "NO" as this question will be addressed within the Does this proposal include funds or contributions in the form of cost sharing third-party matching/in-kind." Yes •No select no	rre). This applies, but is not exclusive to NIH, s e <i>Dean's Commitment Form.</i> ; or matching? DO NOT include unallowable c	SAMHSA, AHRQ, CDC, and HRSA.*		http://www.nova.edu/osp/resources/nsu-fact-sheet.ht Refer to OSP Policy #36 Cost Sharing or Matching located at:	
project, must be covered by the College/Unit (this is not considered cost she Yes No select no Cost Share Note: Select "NO" as this question will be addressed within the Does this proposal include funds or contributions in the form of cost sharing third-party matching/in-kind.* Yes No select no Additional Resources Needed	rre). This applies, but is not exclusive to NIH, s e <i>Dean's Commitment Form.</i> ; or matching? DO NOT include unallowable c	SAMHSA, AHRQ, CDC, and HRSA.*		http://www.nova.edu/osp/resources/nsu-fact-sheet.htm Refer to OSP Policy #36 Cost Sharing or Matching located at:	

vin the proposed project require any equipment instantion, space modification, ventuation, ventuation,

Attachments: Please email a copy of your salary-only budget and full budget justification to your <u>OSP Grant Officer</u> who will include it with the proposal record (as salaries are kept confidential at NSU to the extent possible).

Fhe final salary-only budget and full budget justification have been sent to my OSP Grant Officer (who will include it with the proposal record).*
check this box, but you do NOT need to send separate documents to the OSP Grant Officer. The Line Item budget will be completed in the PRG/QOL Application Form

11. APPLICATION ABSTRACT

Proposal Abstract*

cut and paste your abstract from your PRG/QOL Application Form into this field

Provide a succinct and accurate description of the proposal in no more than 1000 words. The abstract must capture the academic significance of the research, the hypotheses or research questions to be addressed, the approach and feasibility of the study.

CIP Code*

select most appropriate code from dropdown options

Please select a CIP code (Science Code) that mostly closely describes the primary research contained in this proposal:

12. ATTACHMENT AND SUBMISSION NOTES

Scope of Work, Narrative, or Research Plan*

Drag and drop new files or click to select from file system...

upload your PRG/QOL Application Form to this dropbox

Additional Attachments

Drag and drop new files or click to select from file system...

upload all additional Attachments to this dropbox*

*Additional attachments should include the Dean's Commitment Form, biosketches (no more than 5 pages), letters (if applicable), and supplemental tables & charts referenced in the narrative (do not include narrative explanations if you are attaching tables and charts). <u>Please note that the attachment limit for each file is 10MB</u>. If you have an attachment that exceeds this limit, please contact pra@nova.edu or gol@nova.edu.

Submission Notes

Enter any additional comments on this proposal

Not required, do not complete.

stract

Please include any special notes, comments or instructions regarding your proposal in the box below. This is internal information for the University only and will not be forwarded to the sponsor.

13. ROUTE TO REVIEW

Once your proposal form is complete as evidenced by green checkmarks by each section, "Route for Review" will be enabled. You must click "Route for Review" prior to 5:00PM EST, 01/22/2024 for your proposal to be considered as timely submitted.

My Actions			P	Proposal Sum	mary				
	Complete Revi	iew				PI:			
* Route for Review				Admin Unit:					
*	Route for Revi	ew							
Proposal Form	Routing	History	Access	Tasks	Notes	Attachments	Links	Admin Only	
General Info	9								
Personnel	9								
Financial Conflicts Of Interest In Researd	9								
Research Subjects	9								
Subcontractors & Consultants	9								
Export Control	9								
Research Materials	9								
Intellectual Property	9								