

Form 1304 FR. 03 –Instructions**TranSum Instructions**

Effective Date: 7/15/2010

General Guidance

Questions regarding the completion of this form should be directed to the appropriate GCA Team. See <http://www.yale.edu/grants/contacts/GCAStaff.html> for information on GCA Teams.

FIELD	INSTRUCTIONS
Section I	Principal Investigator
Principal Investigator/Program Director's Name	Enter PI/PD's full name (first, middle initial, last – "John Q. Smith")
Appointment Title	From the drop down list, choose the title of the PI/PD's Yale appointment.
Proposal Owning Org	Enter the six-digit organizational number for the PI/PD's home department/unit or the department/unit that has responsibility for the administration of this proposal and any subsequent funding.
Department Name	Enter the name of the department of the PI/PD's home department or the department that has responsibility for the administration of this proposal and any subsequent funding.
Section II	Proposal, Sponsor and Deadline Information
Institution/Proposal Number	If available, enter the IRES-generated record number.
Legacy Number	Enter the TCN for this application (the 'M' or 'C' number from the Transaction Control Number generator). TCNs can be obtained at https://www-iisp1.its.yale.edu/tcn/ .
Proposal Type	From the drop down list, select the appropriate type for this application
Program Type	From the drop down list, select the appropriate type of program for this application
Instrument Type	From the drop down list, select the type of award document that is expected should this application be funded.
Federal Pass Through	Indicate whether the prime funding for this project originates from the US government.
ARRA Proposal	Indicate whether this proposal is soliciting funding under the American Recovery and Reinvestment Act (ARRA)
ARRA Type	If ARRA funding is being sought, choose the type of ARRA funding from the drop down list.
Does the solicitation contain data security requirements?	Indicate whether the solicitation (BAA, RFA, RFP, RFQ, etc.) contains data security requirements (e.g., FERPA, FISMA, HIPAA or Privacy Act). See http://www.yale.edu/grants/policies/index.html for additional information.
Proposal Title	Enter full title of project/proposal
Short Title	Enter the short title of the PT Record. This is a required field. The format should be as follows: <i>DEPT CODE (Caps) + Pls Wording or Title</i>

FIELD	INSTRUCTIONS
Proposal Start Date	Enter the requested start date.
Proposal End Date	Enter the requested end date.
PI Deadline Date	Enter the date that the PI wishes to submit this application (if it differs from the sponsor's deadline).
Sponsor	Enter name of sponsor (if Yale is a subawardee or subcontractor, this is the name of the organization that will be issuing the sub to Yale)
Sponsor Contact Phone	If available, please provide the phone number of a contact at the sponsor to whom any questions about this application can be referred. This is especially important for non-federal applications.
Sponsor Contact Email	If available, please provide the email address of a contact at the sponsor to whom any questions about this application can be referred. This is especially important for non-federal applications.
Sponsor ID (FOA/RFA/RFP#)	Enter the number, if the sponsor has indicated one, associated with this solicitation for applications.
Sponsor Deadline	Enter the date of the sponsor's stated deadline for this application
Submission Type	From the drop down list, select the method with which the proposal will be submitted to the sponsor.
Sponsor Award ID (if known)	If the sponsor has already assigned an award number (or potential award number) for this application, please include it here. This would include, for example, the existing award number if the application being submitted is a non-competing continuation.
Deadline Type	From the drop down list, choose the type of deadline that is applicable to this application (i.e., electronic, receipt, etc.)
CFDA # (if applicable)	For support being requested from the federal government, please include the Catalog of Federal Domestic Assistance number associated with this solicitation. If you are requesting federal support through another organization (Yale will be the subawardee), please include the CFDA number if known.
Prime Agency	If this proposal is to be included as part of a larger application being submitted by another organization (where Yale will be a subawardee/subcontractor) indicate the name of the prime source of funding for the entire project.
New Space/Technology Required	Indicate if this proposal will require additional space or equipment beyond that currently available to the PI.
If yes, please explain	If new space or technology is required, provide details.
If continuation, please provide the previous Proposal Number	If this proposal is for continued support of an existing project, please provide the proposal number ("M" or "C" or InfoEd record number)
If resubmission, indicate original Proposal Number	If support has been requested for this proposal previously, please provide the proposal number from the earlier application.
Resubmission Number	From the drop down list, indicate whether this is the 1 st , 2 nd , 3 rd or other resubmission of this proposal to this sponsor.
Department Administrator Contact	Provide the name of the person in the PI/PD/s department that should be contacted to answer any questions.
Phone	Provide the telephone number of the Department Administrator.
Email	Provide the email address of the Departmental Administrator.
Call for Pickup Name	Provide the name of the person to be called to pick up this application once it has been approved or if it needs to be returned to the department/PI for editing.

Yale University Forms Instructions

Call for Pickup Phone	Phone number of person who is to be called if this application needs to be returned to the department for editing or submission.
Project Work Location	From the drop down list, select the location where the proposed work will be performed.
Building	Indicate the name of the building where the proposed work will primarily be undertaken.
Floor Number	Floor of building where work will primarily be undertaken.
Room Number	Room where the work will primarily be undertaken.
Section IIA	For Clinical Trials Only
	Note: For clinical trials, the Clinical Trial Budget Summary must be completed and uploaded/attached to the TranSum. The Clinical Trail Budget Summary form is available as part of the TranSum form package on PPDEV.
Is this a PI Initiated Clinical Trial?	Indicate whether this is a sponsor or a PI initiated clinical trial proposal.
Clinical Trial Phase	From the drop down list, choose the appropriate CT phase for the work proposed.
Section III	Proposal Budget
	For each budget period (year or other period), enter amounts for Yale Total Direct Costs, Yale F&A, and Total SubAward Costs. Total Funding Requested and Total Yale Direct Costs less SubAward Costs will automatically calculate
Total Funding Requested	Total support being requested (total of all years). This field will automatically be calculated.
F&A Rate	Indicate the F&A rate that is being applied to the budget.
Base	From the drop down list, select the F&A base upon which the indirect costs are being calculated
F&A Rate	If more than one F&A rate is being used in this application, indicate the additional F&A rate that is being used.
Base	If more than one F&A rate is being used, from the drop down list, select the F&A base upon which the F&A costs are being calculated.
Is there cost sharing in this proposal?	Indicate whether cost sharing is included in the proposal and/or its budget (see University Policy 1306 for definitions and additional information on cost-sharing). If yes, an approved Cost Sharing Approval form must be either on file with GCA or attached to this TranSum.

Yale University Forms Instructions

Is salary over the cap included?	<p>Salaries of individuals identified with the project having an institutional base salary exceeding a sponsor imposed salary rate cap. Indicate appropriate Yale Award and Yale Org numbers with dollar amount. See Policy 1306: http://www.yale.edu/ppdev/policy/1306/1306.pdf & Procedure 1315 PR03: http://www.yale.edu/ppdev/Procedures/gc/1315PR.03SalariesaboveCap.pdf</p> <p>List the names of all individuals on this application whose institutional base salary (IBS) exceeds the amount allowed under the sponsor's regulations ("salary over the cap"); For each individual named, indicate the PTA_O (s) that will be used to cover the difference between the IBS and the capped amount. Enter the total amount of salary over the cap expected to be associated with this proposal. DO NOT LIST AMOUNTS BY PERSON, only a combined total amount for all personnel on the proposal.</p>
Section IV	Subrecipient Information
	<p>If any of the work on this application will be assigned to another organization, provide the requested information for each proposed subrecipient on the Subrecipient Compliance and Certification Form and the Subrecipient Spreadsheet (included as part of the TranSum form set).</p> <p>In addition to these forms, provide GCA with a subrecipient budget and justification, a statement of work, and a letter of participation signed by the authorized official of the subrecipient organization.</p> <p>Note: A Subrecipient Compliance and Certification must be submitted for each subrecipient prior to GCA's execution of the subrecipient Agreement.</p>
Section V	Senior/Key and Responsible Personnel Data
	Provide the following information for each person named as a key and/or responsible participant in this application.
Name	Full name of each participant ("Jane Q. Smith")
Key?	<p>Indicate whether this person will be considered "key" for work on this application.</p> <p>Key Personnel are defined as all individuals who contribute in a substantive, meaningful way to the scientific development or execution of the project, whether or not salaries are requested. Consultants should be included if they meet this definition.</p>

FIELD	INSTRUCTIONS
Responsible?	Indicate whether this person will be considered "responsible" for work on this application. Generally, responsible individuals include: <ul style="list-style-type: none"> ▪ Principal investigators (required), co-principal investigators (required), co-investigators (required); and ▪ Any other members(s) of the research team identified by the principal investigator as having the responsibility for the design, conduct or reporting of the research.
Role	From the drop down list, choose a role on this proposal for each person listed. If not on the list, choose 'Other' and manually enter the appropriate role.
If Other	See above
Joint VA Appt?	Indicate whether the named person has a Yale/VA joint appointment.
# Person Months	Enter the number of person months that the person is devoting to this project (if varies, indicate first year only)
Appt Type	From the drop down list, choose whether the months will be based on an Academic, Calendar or Summer appointment.
Dept/Org #	Enter the six digit Yale department or organizational number to which each person is assigned.
	NOTE: If you need to add more Senior/Key and Responsible Personnel than there is space, please attach an additional sheet with this data.
Section VI	Compliance and Approvals
Use of Human Subjects	Indicate whether the work proposed will involve the use of human subjects.
Location #1	If human subjects will be used, choose a location from the drop down list.
Location #2	If human subjects will be used at more than one location, choose a second location from the drop down list.
HRPP# and Approval Date	If a HIC/HSC Protocol number has been associated with this proposal, include the number as well as the latest approval date.
HRPP# and Approval Date	If a HIC/HSC Protocol number has been associated with this proposal, include the number as well as the latest approval date.
Use of Animal Subjects	Indicate whether the work proposed will involve the use of animal subjects.
Location #1	If animal subjects will be used, choose a location from the drop down list.
Location #2	If animal subjects will be used at more than one location, choose a second location from the drop down list.
IACUC # and Approval Date	If an IACUC Protocol number has been associated with this proposal, include the number as well as the latest approval date.
IACUC # and Approval Date	If an IACUC Protocol number has been associated with this proposal, include the number as well as the latest approval date.

Research Materials/Equipment	
Are EHS materials used on this proposal?	Indicate whether any of the materials listed (“Environmental Health & Safety Materials”) will be used in the conduct of this project. If yes, provide information on each of the items listed. Any questions should be directed to the Yale Office of Environmental Health and Safety.
Human Embryonic Stem Cells; If yes, provide ESCRO #	Provide the number assigned by the Yale Embryonic Stem Cell Research Oversight (ESCRO) Committee.
Export Controls	Indicate whether any of the work proposed will involve the transfer of or provision for equipment, materials data or services outside the US. If yes, choose the name of each country from the drop down list provided. Answer all additional questions (yes/no). See “Guidelines on Export Controls” (http://www.yale.edu/grants/policies/exportcontrols.html) for additional information.
Routing/Approvals	The following approvals are required:
PI/PD Signature & Date	Signature of the Principal Investigator/Program Director. Indicate date of signature.
Co/Multiple-PI/PD Signature & Date	Signature of the Co/Multiple Principal Investigator/Program Director, if applicable. Indicate date of signature.
Department Chair’s or Dean’s Signature & Date	Signature of the PI/PD’s Department Chair or Dean (or Designee). Indicate date of signature.
Administrator/Business Manager’s Signature & Date	Signature of the appropriate administrator who will provide the necessary certifications and administrative oversight. Indicate date of signature.
	Other approvers as required by University or sponsor policies:
Faculty Mentor’s Signature & Date	Signature of the Faculty Mentor if this is an application for a Fellowship. Indicate date of signature.
VA Approval	Approval is required if this project proposes to use any space or other resources from the Veteran’s Administration Connecticut Health Care System West Haven Campus. Indicate date of signature.
CMHC	Approval is required if this project proposes to use any space or other resources from the Connecticut Mental Health Center. Indicate date of signature.
Other Department Administrator	If more than one department is involved in this application, the signature(s) and date of signature, phone, and email address of the additional administrators must also be included.
Other Department’s Name	Name of other department(s) participating in this proposal.

The official version of this information will only be maintained in an on-line web format. Any and all printed copies of this material are dated as of the print date. Please make certain to review the material on-line prior to placing reliance on a dated printed version.
