

# RAMSeS IPF

Research Administration Management System & eSubmission

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# RAMSeS IPF Overview



Overview of Proposal Intake Screens



Some General Tips & Tricks



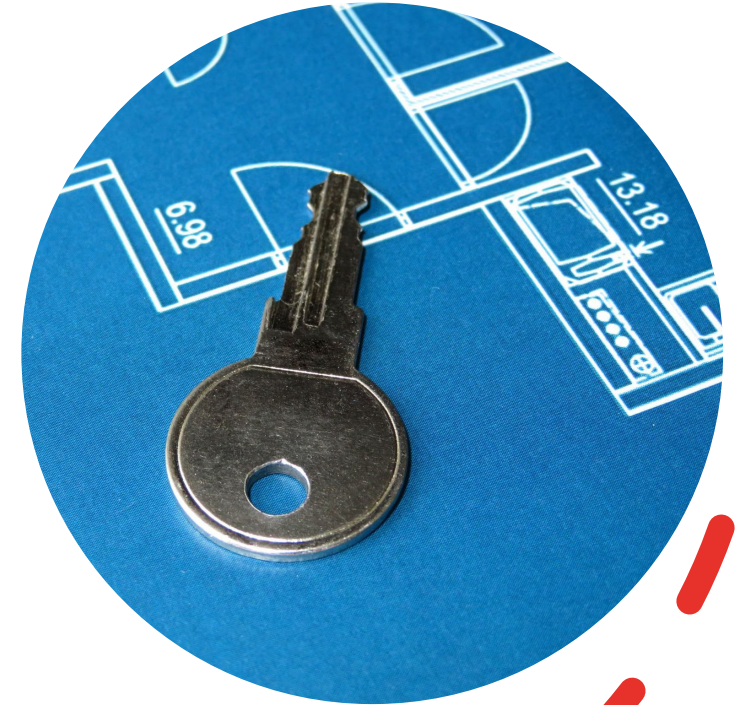
Documents/Attachments Review



Final Notes/Thoughts



Questions





## OVERVIEW

# What is RAMSeS IPF?

- Internal Processing Form (IPF)
  - Frequently referred to as an “IPF”, “eIPF”, “proposal”, or “internal proposal”
  - Required whenever a Principal Investigator (PI) anticipates receiving or plans to compete for new funding
  - Collects financial and compliance information and documentation needed for internal review and approval

# General Info Screen



Funding Agency – our sponsor, regardless of where the funding ultimately originated



Prime Funding Agency – the original source of funding



Short Project Name – used as an internal reference, not associated with the formal application



Project Start and End Date – Check for allowability in the project guidelines

>> General Information

\* Indicates Required Fields

**Funding Agency(ies)** [Help](#)

\* Funding Agency:

Funding Opportunity/Sponsor Application No:

Sponsor Program Name:

Proposal Guideline URL:

Prime Funding Agency:

Address:

Contact Phone:

**General Proposal Information** [Help](#)

\* Short Project Name:  (not project title, used for tracking purposes)

\* Project Start Date:

\* Project End Date:

\* Activity Type/Chess Code: [Click Here to Add/Remove CHESS Code](#) ([click here for descriptions](#))  
01 - Research & Development (R&D)

# General Info Screen Continued

**\* Proposal Type:**

**\* Award Type:**

**\* Will this proposal be submitted electronically to the sponsor ?**  Yes  No  
If yes, please enter the following information  
**Select electronic method:**  **If other please describe:**

**\* Does the sponsor require a paper copy of this proposal or any part thereof?**  Yes  No

**\* If NIH, is this proposal a RPPR?**  Yes  No  
(Research Performance Progress Report)  
(For additional information on RPPRs or NIH Progress Reports, click [here](#))

**\* Is >50% of the project being conducted at the North Carolina Research Campus at Kannapolis, NC?**  Yes  No

**\* Will the proposed project involve activities primarily conducted outside of the United States?**  Yes  No

**\* Is this project related to COVID-19?**  Yes  No

**\* Award Admin Dept:**

**\* Please identify a primary award contact who will manage this project should it be awarded:**

**Affiliated Center(s) (if applicable):** [Click Here to Add/Remove Affiliated Center\(s\) \(if applicable\):](#)  
420804 - The North Carolina Translational and Clinical Sciences (TrCS) In

Proposal Type – Can impact the award setup if funded

Award Type – includes options such as contract, grant, incoming subaward, clinical trial, cooperative agreement, and NIH grant

Submission Method – how materials should be submitted to the sponsor (note: this should be verified via the proposal guidelines)

Sponsor Deadline – This should represent UNC-CH's true sponsor deadline (note if we are a subaward our deadline may be earlier). Submissions without a firm deadline should allow for our required 5 business days to review.

# Personnel

PI eligibility and commitment of a minimum of 1% effort

UNC personnel listed in the budget attachment should also be included on the Personnel tab

Confirm the selected role for each person aligns with the description of their contribution to the project

>> Personnel [Help](#)

**Add Personnel Information**

\* Indicates Required Fields

This individual is non-UNC personnel.

Last Name: \*

First Name: \*

Phone:

Email: \*

Role: \*    
Please refer to the [role definitions](#)

Dept:

Sponsored Effort %:

Cost Shared Effort %:

Calendar Months:

[Save Personnel](#)

**List of Personnel:**

Show Inactive Personnel

| Person            | Dept                             | Role                          | Added Post Approval | FT/ PT | FTE  | Clinical | 9/12 Month | Sponsored Effort % | Cost Shared Effort % | % Effort Total |  |
|-------------------|----------------------------------|-------------------------------|---------------------|--------|------|----------|------------|--------------------|----------------------|----------------|--|
| Amanda Gillespie  | Child Medical Evaluation Program | Social Worker                 | No                  | F      | 1.00 | No       | N/A        | 10%                | 0%                   | 10%            | <a href="#">Remove</a><br><a href="#">Edit</a> |
| Natalie O'Brien   | Psychiatry - Research            | Clinical Research Coordinator | No                  | F      | 1.00 | No       | 12 Month   | 15%                | 0%                   | 15%            | <a href="#">Remove</a><br><a href="#">Edit</a> |
| Lindley Reynolds  | Psychiatry - General             | Social Worker                 | No                  | F      | 1.00 | Yes      | 12 Month   | 10%                | 0%                   | 10%            | <a href="#">Remove</a><br><a href="#">Edit</a> |
| Danielle Roubinov | Psychiatry - Research            | Lead Principal Investigator   | No                  | F      | 1.00 | Yes      | 12 Month   | 25%                | 0%                   | 25%            | <a href="#">Remove</a><br><a href="#">Edit</a> |
| Sondi Stachowski  | Psychiatry - General             | Social Worker                 | No                  | F      | 1.00 | No       | N/A        | 10%                | 0%                   | 10%            | <a href="#">Remove</a><br><a href="#">Edit</a> |

[Reset](#)

>> Personnel

Add Personnel Information [Help](#)

\* Indicates Required Fields

This individual is non-UNC personnel.

Non-UNC-CH personnel are recorded as Independent Contractors. Last Name and First Name are editable. Email Address is required and used as the person's unique identifier. **IMPORTANT:** Please verify that the email address entered is correct, and ensure that non-UNC-CH personnel log in to the Research COI Training system and complete training using the same email address. If email addresses aren't identical, COI requirements will be reflected as incomplete for non-UNC-CH personnel.

Last Name: \*

First Name: \*

Phone:

Email: \*

Role: Independent Contractor

Did this person substantially contribute to the design of the study?  
 Yes  No

Is this person conducting any experiments or activities?  
 Yes  No

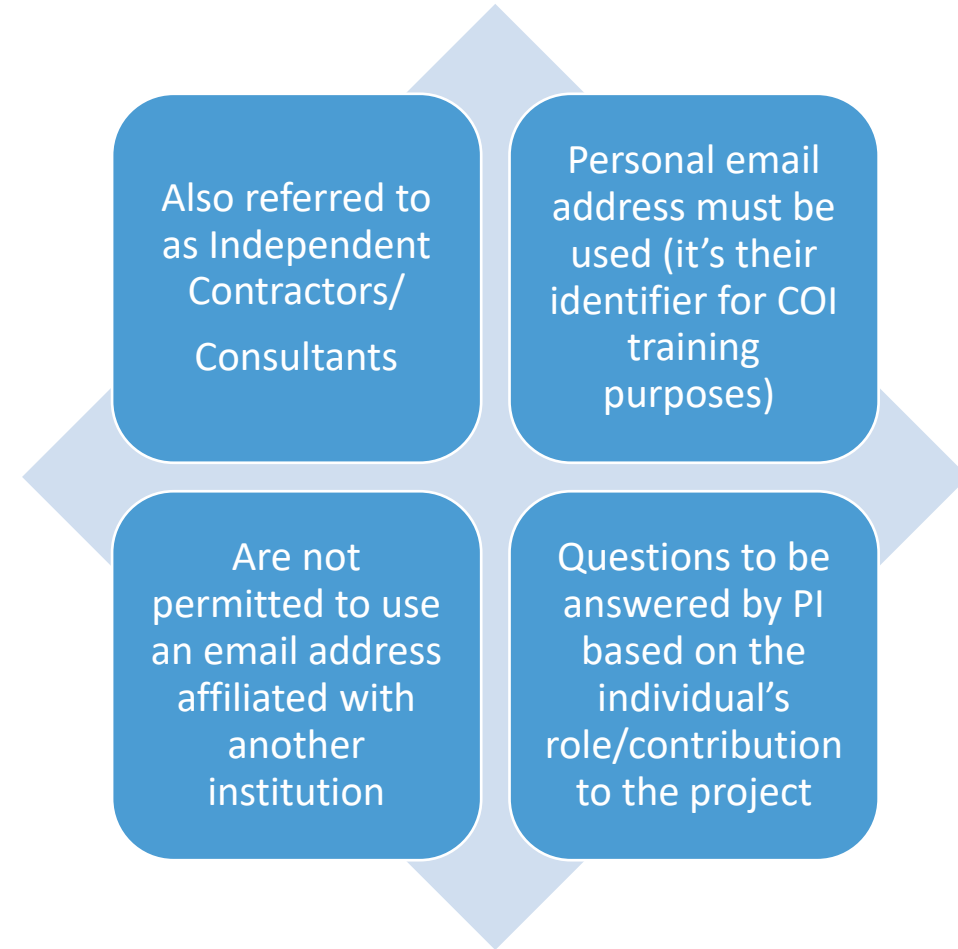
Is this person directly involved in or have control over the collection of data?  
 Yes  No

Is this person involved in the analysis of the data?  
 Yes  No

Is the person going to be an author on any public dissemination such as a manuscript, paper, presentation, abstract, etc. coming from this research project?  
 Yes  No

[Save Personnel](#)

# Non-UNC Personnel



# Budget

- Confirm appropriate F&A rate and base type  
<https://policies.unc.edu/TDClient/2833/Portal/KB/ArticleDet?ID=132294>
- Check for indications of cost share or matching commitments
- Confirm budget and project period dates align with sponsor guidelines

Periods of performance and estimated budgets. For one-year projects and non-competing continuations, both columns should match.

\* Indicates Required Fields

| Initial/Current Budget Period   | Total Period/Total Request    |
|---------------------------------|-------------------------------|
| Begin Date: 01/01/2024          | Begin Date: 01/01/2024        |
| End Date: 12/31/2024            | End Date: 12/31/2026          |
| Direct: \$ 123718.00            | Direct: \$ 208232.00          |
| F&A Base: \$ 123718.00          | F&A Base: \$ 208232.00        |
| F&A Rate: 20.00 %               | F&A Rate: 20.00 %             |
| F&A Amount: \$ 24743.60         | F&A Amount: \$ 41646.40       |
| Initial Funds Req: \$ 148461.60 | Total Funds Req: \$ 249878.40 |

Budget and Budget Justification must be attached in the attachments section of this proposal.

If this proposal's F&A Rate is not 55.50% and/or cost sharing or cash matching is being requested, please include a submission note stating where to find this in the agency guidelines.

Cost Sharing or Cash Matching (initial/current budget period)

\*Does this proposal include funds or contributions in the form of required cost sharing or required cash matching?  
 Yes  No

If yes, please fill in below:  
[Click Here to Add Cost Sharing/Cash Matching Unit](#)  
No cost share units have been added.

Check the appropriate cost sharing/cash matching type(s). Please check all that apply.

|  |  |
|--|--|
| <input type="checkbox"/> Agency Mandated % or Amount: <input type="text"/> | <input type="checkbox"/> Voluntary (Mandatory if Awarded) Amount: <input type="text"/> |
| Please check all that apply  |  |
| <input type="checkbox"/> F&A   | <input type="checkbox"/> F&A   |
| <input type="checkbox"/> In-Kind   | <input type="checkbox"/> In-Kind   |
| <input type="checkbox"/> Matching  | <input type="checkbox"/> Matching  |
| <input type="checkbox"/> Salary Cap  | <input type="checkbox"/> Salary Cap  |
| Other: <input type="text"/><br>(Limit 20 characters)                       | Other: <input type="text"/><br>(Limit 20 characters)                                   |

\*Are you requesting the Dean, Chair or VC for Research provide funds to support this proposal?  
 Yes  No

Personnel/Space/Equipment

\*Do you need new additional resources to do this project over and above what is requested in the proposal budget?  
 Yes  No

If yes, check those needed resources below. Please check all that apply.

|                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Personnel | Please provide a brief explanation for the additional resources:<br><input type="text"/> |
| <input type="checkbox"/> Space     |  |
| <input type="checkbox"/> Equipment |  |

Save Reset



# Subcontractors

- Review subaward documents provided and confirm consistency with IPF
- Confirm subrecipient has a compliant COI policy:  
<https://thefdp.org/default/fcoi-clearinghouse/compliant-entities/>
- Required Attachments:
  - Letter of Intent (with signatures)
    - *AOR signature is required, information provided should match the one added in RAMSeS.*
  - Scope of Work
  - Detailed budget and justification

### >> Subcontractors

If this proposal involves Subcontractors, please add them below, and provide the following information to OSR:

1. Statement of Work
2. Budget
3. Budget Justification
4. [Click here for the Subrecipient Letter of Intent \(Outgoing\) form](#)

#### Add Subcontractor

Subcontractor:

\* The proposed subcontractor's scope of work includes the use of human subjects.  
 Yes  No  Unknown

\* The proposed subcontractor's scope of work includes the use of animal subjects.  
 Yes  No  Unknown

\* The proposed Subcontractor's scope of work includes the use of research materials.  
 Biological  Chemical  Radiological  No  Unknown

[Add Subcontractor](#)

#### List of Subcontractors

| Subcontractor                              | Animal Subjects | Human Subjects | Research Materials |
|--|-----------------|----------------|--------------------|
| Area L Area Health Education Center (AHEC) | No              | No             | No                 |

[Reset](#)

# Subcontractor Personnel



COI

- Subrecipients that do not have an active and/or enforced Conflict of Interest policy which meets the PHS or NSF standards needs to abide by the UNC-CH Individual Conflicts of Interest policy.

Subcontractor  
Personnel

- The subrecipient's personnel information should be input into the IPF under the "Subcontractor Personnel" tab.

>> Research Subjects

\* Indicates Required Fields

**Human Subjects** [Help](#)

\* Does this research involve **HUMAN SUBJECTS**?  
 Yes  No

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\* Does the research include "human subjects research" as defined by federal regulations, including exempt research where data is identifiable?  
 Yes  No

\* Does the research involve the collection or use of biospecimens that are individually identifiable or for which there is at least a very small risk that there is some way to deduce the identity of an individual?  
 Yes  No

\* Does the research generate individual level, human genomic data from biospecimens, or the use of such data, regardless of whether the data is "identifiable" per the Common Rule?  
 Yes  No

\* Does the research involve information about an individual for which there is at least a very small risk, as determined by current scientific practices or statistical methods, that the subject's identity could be deduced?  
 Yes  No

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\* Is human research being conducted at UNC-CH?  
 Yes  No

\* If yes, has your research team submitted an application for IRB approval?  
 Yes  No

\* If yes, please provide human subject information below:  
[Click Here](#) to select from the list of IRB Applications we have on file for your research team.

# Research Subjects

- Required if human subject research is to take place at UNC-CH or a subsite under an award
- IRB approval is required to engage in human subject research; however, it's not required at the time of proposal. If it has not been received, the department can indicate "JIT" or "Not yet submitted".

# Research Subjects

- Required if the project includes the use of animal subjects (by UNC-CH or a subrecipient)
- If an application has been submitted for IACUC approval at UNC-CH, confirm PI name, title/funding agency, date(s), and species involved with the project align with what is being proposed.

The screenshot shows a web form titled '>> Research Subjects'. It contains several sections with required fields indicated by an asterisk. The 'Human Subjects' section has a question 'Does this research involve HUMAN SUBJECTS?' with radio buttons for 'Yes' and 'No', where 'No' is selected. The 'Animal Subjects' section has a question 'Does this research involve ANIMAL SUBJECTS?' with radio buttons for 'Yes' and 'No', where 'Yes' is selected. Below this, there are three more questions: 'Is animal research being conducted at UNC-CH?' (Yes selected), 'If yes, has your research team submitted an application for IACUC approval?' (Yes selected), and 'If yes, please provide animal subject information below:'. The third question includes a link 'Click Here' to select from a list of Animal Use Applications, a search box containing '18-099.0', and a text input field for 'List the Species involved with this project' containing 'Mice'. At the bottom, there is a question 'Is animal research being conducted by subcontractor(s)?' with radio buttons for 'Yes' and 'No', where 'Yes' is selected. 'Help' links are present at the end of the 'Human Subjects' and 'Animal Subjects' sections.

# Intellectual Property

- Details regarding IP are mostly included in the application package;
- If the materials, data, and inventions incorporated into the proposed project are subject to licensing or transfer agreements, the terms can conflict with the incoming agreement, restricting what we are able to accept/delaying the setup of the project.
- The Office of Technology Commercialization (OTC) receives funding notifications automatically if “Yes” is selected for one of the IP questions in case their assistance is required.
- If the proposal is an SBIR/STTR, the phase should be selected, UNC waives F&A for Phase 1.

The screenshot shows a web-based form titled "Intellectual Property". It contains several required questions with radio button options for "Yes" and "No".

- Have you disclosed any of this research to the Office of Technology Development?**  
 Yes  No  
If yes, please enter the title: [text input field]
- If you have not disclosed any of this research, do you think this research has the potential for a patent?**  
 Yes  No
- Does the research in this proposal involve any filed patents?**  
 Yes  No
- Does the research in this proposal involve any issued patents?**  
 Yes  No
- Will this research use any materials obtained from a third party under a transfer agreement granting ownership rights in inventions and/or data out of the use of the research?**  
 Yes  No
- Will this research use any material, patented or otherwise, which is owned by UNC-CH and licensed to a commercial entity?**  
 Yes  No
- Is this proposal an SBIR (Small Business Innovative Research Program)?**  
 Yes  No  
If yes, please enter the following information:  
Which phase does this pertain to?  
 Phase 1  Phase 2
- Is this proposal an STTR (Small Business Technology Transfer Program)?**  
 Yes  No  
If yes, please enter the following information:  
Will you be the designated Principal Investigator for this project?  
 Yes  No  
What is your formal relationship with the applicant organization?  
Board of Directors [dropdown menu]  
Will at least thirty percent (30%) of the work of the STTR be performed by UNC-CH?  
 Yes  No  
Which phase does this pertain to?  
 Phase 1  Phase 2

# Additional IPF Tabs for Review

**>> Community Engagement**

Community Engagement describes the collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity. The purpose of community engagement is the partnership of college and university knowledge and resources with those of the public and private sectors to enrich scholarship, research, and creative activity; enhance curriculum, teaching and learning; prepare educated, engaged citizens; strengthen democratic values and civic responsibility; address critical societal issues; and contribute to the public good. (Carnegie Foundation for the Advancement of Teaching)

**\* Indicates Required Fields**

**Project Activity:**

\* Can some or all of the proposed project activity be considered community engagement?  
 Yes  No

What percentage of the overall project activity meets the definition of community engagement? 0 %

Please distribute the percentage of community engaged activity by location. Total must equal 100%

0 % In North Carolina  
0 % Outside NC, but within US  
0 % Internationally

**Project Budget:**

\* Will some or all of the proposed project budget be used for community engagement?  
 Yes  No

What percentage of the overall project budget meets the definition of community engagement? 0 %

Please distribute the community engaged budget by location. Total must equal 100%

0 % In North Carolina  
0 % Outside NC, but within US  
0 % Internationally

Save Reset

**>> Locations of Budget Expenditures**

Please indicate the locations where your research budget will be expended and assign a percentage of the budget expended to each location. Percentages should reflect the portion of the total budget which would be expended in that location.

\*Note: If budget expenditures occur on campus, do not also add Orange County as a separate In-State location. Likewise for the state and country.

**UNC-CH Locations:**

If any sponsored activity budget will be expended on campus, please enter below the percentage of budget that will be expended there, and click "Add."

Location:

Percent of Work:  % Add

| On-Campus Location | Percent Work |                        |
|--------------------|--------------|------------------------|
| UNCCH              | 100.00%      | <a href="#">Remove</a> |

**Out-of-State Locations:**

If any sponsored activities occur in U.S. States other than North Carolina, please enter each state below, noting the percentage of budget that will be expended there, and click "Add."

Location:

Percent of Work:  % Add

There are no Out-of-State locations added to the proposal

**In-State County Locations:**

If any sponsored activities occur in-state, please enter each in-state county location below, noting the percentage of budget that will be expended there, and click "Add."

Location:

Percent of Work:  % Add

There are no In-State County locations added to the proposal

**International Locations:**

If any sponsored activities occur in countries other than the United States, please enter each country below, noting the percentage of budget that will be expended there, and click "Add."

Location:

Percent of Work:  % Add

There are no Country locations added to the proposal

Reset

**>> Locations Relevant to Your Project**

Many projects are associated with a particular geographic location. For example, for projects involving or affecting human or animal populations (collecting new data or analyzing existing data), these geographic locations would be where the humans or animals live. For environmental studies, these geographic locations would include the site(s) of the phenomenon under study. Please add geographic location(s) relevant to your project below. Ensuring that all pertinent locations are reflected allows UNC-CH to accurately map the areas relevant to this project.

**In-State County Locations Relevant to Your Project:**

If the locations relevant to your project are in-state, please select each in-state county location below, and click "Add."

Location:  Add

| In-State County Location |                        |
|--------------------------|------------------------|
| Orange                   | <a href="#">Remove</a> |

**Other State Locations Relevant to Your Project:**

If the locations relevant to your project are in U.S. State(s) other than (or in addition to) North Carolina, please select each state below, and click "Add."

Location:

There are no Other State locations relevant to the project

**International Locations Relevant to Your Project:**

If the locations relevant to your project are outside of the U. S., please select each country below, and click "Add."

Location:

There are no International locations relevant to the project

Locations Listing Complete Reset

## Community Engagement



## Locations of Budget Expenditures



## Locations Relevant to Your Project

# Research Material

- For projects that involve the use of radioactive, hazardous chemical, or biological materials, additional safety regulations may be required.
- Based on these responses, the departments will be made aware of potential requirements and which units they should collaborate with so correctly identifying this information is important.

\* If yes, please contact the [Chemical Safety Section](#) of EHS to understand the requirements. The use of hazardous materials requires compliance with the University's Chemical Hygiene Plan.

**Biological Safety**

\* Does this study involve the use of **Biological Materials**?  
 Yes  No

\* Does your proposed research involve recombinant or synthetic nucleic acid research that is not covered by a current IBC registration (Lab Safety Plan Schedule G)?  
 Yes  No

\* If yes, then a Schedule G approval will be required. [Click here](#) for more information.

\* Does your proposed research involve an upgrade in containment to Biosafety Level 2+ or Biosafety Level 3?  
 Biosafety Level 2+  Biosafety Level 3  No

\* Does your proposed research involve select agents or toxins that are not currently registered with the federal Select Agents and Toxins program? (The list of select agents and toxins is available [here](#).)  
 Yes  No

\* Does your proposed research utilize one of the following 15 select agents AND produce, aim to produce, or can be reasonably anticipated to produce one or more of the following experimental effects?  
 Yes  No

\* If yes, the research may constitute Dual Use Research of Concern, which will require IBC approval and this activity must be coordinated with the [Biological Safety Section](#) of EHS.

\* Check all that apply:

|  |   |
|--|---|
| <input type="checkbox"/> Avian influenza virus (highly pathogenic) | <input type="checkbox"/> Marburg virus                                    |
| <input type="checkbox"/> Bacillus anthracis                        | <input type="checkbox"/> Reconstructed 1918 Influenza virus               |
| <input type="checkbox"/> Botulinum neurotoxin (any quantity)       | <input type="checkbox"/> Rinderpest virus                                 |
| <input type="checkbox"/> Burkholderia mallei                       | <input type="checkbox"/> Toxin-producing strains of Clostridium botulinum |
| <input type="checkbox"/> Burkholderia pseudomallei                 | <input type="checkbox"/> Variola major virus                              |
| <input type="checkbox"/> Ebola virus                               | <input type="checkbox"/> Variola minor virus                              |
| <input type="checkbox"/> Foot-and-mouth disease virus              | <input type="checkbox"/> Yersinia pestis                                  |
| <input type="checkbox"/> Francisella tularensis                    |   |

Experimental Effects:

- Enhances the harmful consequences of the agent or toxin.
- Disrupts immunity or the effectiveness of an immunization against the agent or toxin without clinical and/or agricultural justification.
- Confers to the agent or toxin resistance to clinically and/or agriculturally useful prophylactic or therapeutic interventions against that agent or toxin or facilitates their ability to evade detection methodologies.

# Export Control

- Depending on their response, the department is placed in contact with the Export Control Office.
- Department of Defense, NASA, and Department of Energy and National Labs are more likely to include export control related language in their guidelines.

>> Export Control

If you have a specific question about export control regulations, please contact the UNC Export Team at [exportcontrol@unc.edu](mailto:exportcontrol@unc.edu).

\* Indicates Required Fields

\* Do you anticipate this research project to involve any international shipment of materials or equipment from the United States?

Yes  No

Save Reset





# Document Review

**RAMSES PRE-AWARD**

# Attachments

Required documents will vary based on the intent of the IPF. Frequently encountered examples:

- Funding Announcement/Proposal Guidelines
- Internal Budget
- Budget Justification
- Scope of Work
- Letter of Intent
- Subrecipient Documents (budget, budget justification, scope of work, letter of intent)
- Final/Submitted proposal
- Draft agreement
- F&A Waiver Request
- Cost share commitment letter



# Proposal Guidelines



Proposal due date



Formatting requirements



Restrictions (budgetary, PI eligibility, F&A)



Special terms and conditions (OCI, terms applicable to post award management, export control)

## DOCUMENT REVIEW

# Budget & Budget Justification

- Review funding announcement or sponsor guidelines for salary caps or restrictions
- Confirm UNC-CH personnel institutional salary and fringe rates
- Confirm correct F&A rate and base is being used for calculation
- Confirm that amounts requested in the budget match the justification





## DOCUMENT REVIEW

# Scope of Work

- Ensure the Scope of Work contains enough detail to demonstrate our proposed work.
- If it contradicts the IPF or the other proposal materials, the SPS or Grant Analyst will request clarification from the department.



## DOCUMENT REVIEW

# Subcontract Documents

- Confirm consistency between Letter of Intent, Scope of Work, and Budget.
  - Should also be consistent with the Subcontractor tab of the IPF
- Ensure we have the subrecipient's institutional signature on the Letter of Intent.

# Internal Proposal Deadlines

## **5 business days**

*prior to sponsor deadline*

- Final administrative components
- Draft technical components
- Draft application package
- Routed RAMSeS IPF

## **2 business days**

*prior to sponsor deadline*

- Final administrative components
- Final technical components
- Final application package
- Final attachments

# Risks of Late Submission with a Partial Review

| Key Components in <b>Full Review</b>  | <b>RISKS</b> with only a <b>Partial Review</b>  |
|---|---|
| <ul style="list-style-type: none"><li>✓ <b>Compliance and congruency check with sponsor and agency guidelines</b></li><li>✓ <b>Adheres to University guidelines and documentation requirements</b></li><li>✓ <b>Administrative components have overall accuracy and meet formatting requirements</b></li><li>✓ <b>Technical components meet formatting requirements</b></li></ul> | <ul style="list-style-type: none"><li>➤ May result in <b>missed compliance</b> considerations prior to proposal submission.</li><li>➤ May result in <b>noncompliance</b> with established internal procedures and requirements.</li><li>➤ May result in <b>extensive revisions</b> and delays in award issuance.</li><li>➤ May result in <b>application errors and/or rejection</b> from sponsor.</li></ul> |



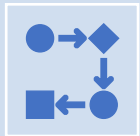
# Final Notes/Thoughts



Early communication between OSP or SPO and department is very helpful to allow as much time for review as possible.



A copy of the submitted proposal should be uploaded to the IPF (confidential information can be redacted if submitted by another party).



Take advantage of reviewing past IPFs to help inform current practices, but be aware that guidance and processes are always changing.



If you notice anything unusual at the time of the proposal stage, take advantage of the notes feature in the IPF to ensure it doesn't slip through the cracks.

# *Resources*



**GENERAL QUESTIONS: OFFICE OF SPONSORED PROGRAMS AT: [SPONSOREDPROGRAMS@UNC.EDU](mailto:SPONSOREDPROGRAMS@UNC.EDU)**

**PROPOSAL SPECIFIC QUESTIONS: ASSIGNED SPONSORED PROGRAMS SPECIALIST**

**GENERAL QUESTIONS: SCHOOL OF MEDICINE SPONSORED PROGRAMS OFFICER AT: [GRANTS@UNC.EDU](mailto:GRANTS@UNC.EDU)**

**PROPOSAL SPECIFIC QUESTIONS: ASSIGNED GRANTS ANALYST**

Questions?

