# Last updated April 21, 2023

# SPA 2.0 New Proposal Questionnaire

General Proposal Information

1. Type of application: Choose an item.
	* If continuation/supplement, please provide award ID:
	* *Limited Competition, please provide OVPR’s approval letter.*
2. Deadline date: Click or tap to enter a date.
3. Deadline type: Choose an item.
4. Sponsor’s Guidelines (attach or provide link):
5. Long title of proposal:
6. UVM Principal investigator:
7. Direct sponsor’s name:
	* If flow-through, enter prime sponsor’s name:
8. Location of sponsored project based on where most of the work will be performed: Choose an item.
9. [Activity](https://www.uvm.edu/spa/purpose-and-activity-codes) of the sponsored project: Choose an item.
10. Expected start date: Click or tap to enter a date.
11. Expected end date: Click or tap to enter a date.

Personnel

1. Responsible department:

Subaward(s)

1. Will there be subaward(s): Choose an item.
2. Please provide contact information:

Compliance Review

1. Human subjects involved in this project: Choose an item.
2. Laboratory animals involved in this project: Choose an item.
3. Radioactive materials and/or radioisotopes involved in this project: Choose an item.
4. Human embryonic stem cells involved in this project: Choose an item.

Budget Information

Please provide information in the table below for the Unit Pre-Award Administrator to create an internal draft budget spreadsheet.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel Name** | **Project Role** | **Key or Non-Key** | **Sponsor Funded Effort %****Or person-months** | **Appt. Type** |
|  | Choose an item. | Choose an item. |  | Choose an item. |
|  | Choose an item. | Choose an item. |  | Choose an item. |
|  | Choose an item. | Choose an item. |  | Choose an item. |
|  | Choose an item. | Choose an item. |  | Choose an item. |
|  | Choose an item. | Choose an item. |  | Choose an item. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UVM Budget Category** | **Yr1 Cost** | **Yr2 Cost** | **Yr3 Cost** | **Yr4 Cost** | **Yr5 Cost** |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |
| Choose an item. |  |  |  |  |  |

If cost-share is required, please provide information (e.g., effort, amount, sources):

Other Information

Please use this section to add any other information.