

ORS LOG #	PROPOSAL DUE DATE	UNIVERSITY OF PENNSYLVANIA <i>OFFICE OF RESEARCH SERVICES</i> PROPOSAL TRANSMITTAL AND APPROVAL FORM See instructions at www.upenn.edu/researchservices Telephone: 215-898-7293 FAX: 215-898-9708				TYPE OF PROPOSAL <input type="checkbox"/> CHANGE OF GRANTEE INST <input type="checkbox"/> COMPETING (RENEWAL) <input type="checkbox"/> NEW PROJECT <input type="checkbox"/> NON-COMPETING CONTINUATION <input type="checkbox"/> PRE-PROPOSAL <input type="checkbox"/> REVISED BUDGET <input type="checkbox"/> REVISION <input type="checkbox"/> SUPPLEMENTAL Check if sent for CTA EARLY REVIEW <input type="checkbox"/>	
SCHOOL LOG#		PI NAME	PENN ID #	E-MAIL			
				PHONE #			
Has PI Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, previous PI						SPONSOR GRANT TYPE AND/OR #	
SCHOOL	DEPT	POSITION/TITLE					
CO-PI/FACULTY SPONSOR NAME		PENN ID #	E-MAIL		UNIVERSITY FUND # (IF KNOWN)		
			PHONE #				
SCHOOL	DEPT	POSITION/TITLE				ORG. NO.	PROG. NO.
						CTR. REF.	
CONTACT PERSON, PHONE# & EMAIL			DEPT. ADMINISTERING PROJECT			If Sub-accounts are needed, complete and attach a Sub-account Worksheet	
TITLE OF PROJECT					SPONSORING AGENCY/GRANTING ORG		
					Name:		
					Address:		
Is this a title change from the last submission? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, please provide previous title)					Contact Name & Phone #:		
PROPOSED PROJECT START DATE					PROPOSED PROJECT END DATE		
PROGRAM TYPE						F & A COST RATE(S)	
<input type="checkbox"/> COMMUNITY SERVICE		<input type="checkbox"/> FELLOWSHIP				ON CAMPUS %	
<input type="checkbox"/> CONFERENCE		<input type="checkbox"/> OTHER				OFF CAMPUS %	
<input type="checkbox"/> CTA SINGLE SITE		<input type="checkbox"/> RESEARCH					
<input type="checkbox"/> CTA MULTIPLE SITES		<input type="checkbox"/> RFP/RFA/PA					
<input type="checkbox"/> FACILITIES/EQUIPMENT		<input type="checkbox"/> TRAINING					
FUNDS REQUESTED	1st Budget Period	2nd Budget Period	3rd Budget Period	4th Budget Period	5th Budget Period	TOTALS	
Direct Cost	_____	_____	_____	_____	_____	_____	
F & A Cost	_____	_____	_____	_____	_____	_____	
Total Cost	_____	_____	_____	_____	_____	_____	
Cost Sharing <i>If cost share included, cost share form req'd</i>	_____	_____	_____	_____	_____	_____	
SUBCONTRACTOR(S) (Attach Subcontractor's official authorization for participation in this project.) Name(s)			SPECIAL INSTRUCTIONS Please specify:			COMMENTS:	
FACILITIES (list all to be utilized by project) <input type="checkbox"/> Existing Space Building _____ Room _____ <input type="checkbox"/> New Space Required (Attach Description and Facilities Management Cost Estimate) <input type="checkbox"/> New Construction/Renovation <input type="checkbox"/> Proposal includes funds for construction/renovation <input type="checkbox"/> Major Equipment Installation <input type="checkbox"/> Other _____				INTERNATIONAL COMPONENT and/or EXPORT CONTROL A. This project has an International Component YES NO B. To the best of my knowledge, this project <input type="checkbox"/> is <input type="checkbox"/> is not subject to Export Control Laws Please see the ORS web site, at http://www.upenn.edu/researchservices/exportcontrols.html , for guidance on making this determination.			
RS-002 (Rev. 02/12)				Page 1 of 2			

REGULATORY & OTHER APPROVALS

Call Regulatory Affairs, 898-2614, for guidelines involving Human Subjects and/or Vertebrate Animals or see www.upenn.edu/regulatoryaffairs

- | | Protocol # | Date Regulatory Approval |
|---|--|--------------------------|
| • Human Subjects | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | _____ |
| • Investigational new drugs or new devices
Provide IND/IDE # _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | _____ |
| • Vertebrate Animals | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | _____ |

Contact Environmental Health & Radiation Safety, 215-898-7187 or see www.ehrs.upenn.edu:

- | | License # | |
|--|--|-------|
| • Radioactive materials or radiation-producing equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | _____ |

Contact Environmental Health & Radiation Safety, 215-898-4453 or see www.ehrs.upenn.edu:

- [In vitro formation of recombinant DNA](#) No Yes, IBC registration #'s: _____
- [Select agents](#) No Yes, provide facility registration # _____
- [Potentially infectious agents, including human blood or tissues](#) No Yes
- [Carcinogens, teratogens, or mutagens](#) No Yes

APPROVAL CERTIFICATIONS

The undersigned certify that neither the PI nor anyone proposed to work on this project are, to the best of their knowledge, excluded from participation in Federally funded activities as a result of government-wide suspension or debarment. (The complete text of the certification may be found at: http://grants.nih.gov/grants/policy/nihgps_2010/nihgps_ch4.htm#debarment_suspension).

PI/PROJECT DIRECTOR: I certify that the above information is true, accurate and complete as of this date. I understand that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I agree to accept responsibility for the conduct of this project and for provision of required reports if a grant or contract is awarded as a result of this application. If an award is made, I will administer it in accordance with the policies of the sponsor and the University.

Does any person who is responsible for the design, conduct, or reporting of the proposed research (or their spouses, parents or children) have: - a Significant Financial Interest* or - ANY financial interest if the research involves human subjects, or -- any fiduciary role (e.g., officer, director or manager), that may affect or be affected by this research, including any of the above financial interests or relationships with any entity whose interests may affect or be affected by this research?

Yes No PI Initials _____

If YES to the above, any person identified with such financial interest or relationship must submit a financial disclosure via Penn's Financial Interest Disclosure Electronic System ("FIDES"). FIDES may be accessed at <https://fides.isc-seo.upenn.edu>

**See, Financial Disclosure Policy for Research and Sponsored Projects, <http://www.upenn.edu/almanac/v47/n21/ORdisclosure.html>
See also, Financial Disclosure and Presumptively Prohibited Conflicts for Investigators Participating in Clinical Trials, <http://www.upenn.edu/almanac/volumes/v54/n01/or-clinical.html>*

In accordance with the Patent and Tangible Research Property Policies and Procedures of the University of Pennsylvania, all personnel on this project, including postdocs, students and visiting scientists, will have signed Participation Agreements prior to the initiation of this project. (Call the Center for Technology Transfer, 898-9585, for information on inventions, patents, copyrights, etc.)

PI/Project Director's Signature/Typed Name Date

Co-PI's Signature/Typed Name Date

BUSINESS ADMINISTRATOR (or other individual responsible for proposal preparation and project administration): The budget and administrative information contained on this Transmittal Form and in the attached proposal is complete and accurate to the best of my knowledge. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the University.

B.A. Signature Date

B.A. Typed Name

DEPARTMENT CHAIR: The attached application is approved. It is within the total program and academic objectives of the Department. Adequate space is available or planned for the conduct of the project. The professional time allocations described therein are realistic. If matching funds/cost sharing is required as a condition of an award resulting from this proposal, I will be responsible for assuring that the necessary resources are made available. If the individual named as Principal Investigator does not hold the academic rank of Professor, Associate Professor or Assistant Professor, in accordance with Sponsored Projects Policy No. 2136, I accept responsibility for oversight of the project. The information contained on the Proposal Transmittal and Approval Form is accurate and correct to the best of my knowledge.

Department Chair's Signature/Typed Name Date

Participating Dept. Chair's Signature/Typed Name Date

DEAN OF SCHOOL (or Designee): The proposed project is approved. It is consistent with the total program objectives of this school and the commitments for this project, including required matching funds/cost sharing, are acceptable.

Dean's Signature/Typed Name Date

Participating Dean's Signature/Typed Name Date