1. Sponsor Name:  **Primary Funding Source:**
2. Proposal Title:
3. Sponsor Due Date/Time:
4. RFA/RFP/CFDA/FOA#:
5. Submission Medium:
6. University Contact:
7. Administering Dept:
8. Principal Investigator:

|  |  |
| --- | --- |
|  | **Paid Cost Share PI Key** |
|  |  |  |  |  | **X** | **X** |
|  |  | **DeptID**  |  |

1. Investigator(s):

|  |  |
| --- | --- |
|  | **Paid Cost Share PI Key** |
|  | **ID**  |  |  | **0** |  | **X** |
|  |  | **DeptID**  |   |

**RESEARCH EQUIPMENT OTHER $0 MASTER**

**INSTRUCTION STUDENT SUPPORT CLINICAL TRIAL**

1. Proposal is for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RESUBMISSION NEW RENEWAL ADMIN CHANGE SUPPLEMENT****REVISED CONTINUATION** |  | **0** | **0** |  |

1. Proposal is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Direct $$ Indirect $$ F&A Rate****Department ID:** **Initial/Current Budget****All Years**Departmental Directions to SPA for Award Set Up**Proposal budget has been prepared outside of EGMS: Department will furnish PeopleSoft- friendly budget to SPA prior to receipt of the award; SPA may pro-rate at the time of award if needed to accommodate a reduced award amount.****Basic %****Apllied %****Development %****Total %****Agency Award # EFS Award #****Start****End****F&A Rate Used****F&A Comments****Full F&A Rate****% MTDC****Primary Project****Total** |  |  |  |  |

1. Proposed Duration & Amount Requested:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **% MTDC** |  |
|  |  |  |  | **% MTDC** |  |

1. Project Involves: **Status Category # Study Code # Approval Date**

**Status**

**Study Code/Protocol ID**

**Approval Date**

**ADD TEXT**

**Involved entitites are:**

**ADD TEXT**

**Primary role(s) description:**

**ADD TEXT**

**Comments:**

**Budgets will be provided at time of award**

**ICR is required to be shared based on budgets**

**place holder**

**There is sufficient and suitable space to house this project presently assigned to the principal investigator's or other investigator's department or college.**

ADD TEXT

**b. There is a familial connection OR financial or business interest (of any amount) with a proposed subrecipient or collaborator.**

**ADD TEXT**

**Chemicals**

**ADD TEXT**

**Radioactive Materials**

**ADD TEXT**

**Infectious Materials**

**ADD TEXT**

**Custom Antibodies**

**Pending**

**Animal Subjects**

**Pending**

**Human Subjects**

 **This project involves University resources, space or staff from more than one department**

|  |
| --- |
| **a. There is a significant financial interest, OR business interest in a business entity that could benefit from the results of this project.** |
| **REPA #:****Comments:** | **#####** | **Approval Date:** | **XX/XX/XXXX** |  |
| **ADD TEXT** |



|  |  |
| --- | --- |
| **Recomb or synth NA mols, infect agents, or bio- derived toxins** | **ADD TEXT** |
| **Application status of this project with the Institutional Biosafety Committee** | **Status Study Code/Protocol ID Approval Date** |
|  |  |  |
|  |





1. Subawards:



Outside Entities:



1. Conflict of Interest:





1. Inventions:



1. Space:



1. Resources/Space/Staff:



|  |
| --- |
| **It is likely that patents will result from the current research project** |
| **Inventions have been conceived or reduced to practice under prior research on project. This has been previously reported.** |
| **This proposal contains private commercial or trade secret information.** |
| **The PI or Investigator have active patent disclosures with the Office of Information Technology Commercialization relating to the work contemplated in this proposal.** |

1. Indirect Cost Recovery:
2. Matching and Cost Sharing:

**Fund DeptID Program Acct**

**CF1**

**CF2**

**Bud Ref EmplID Amount**

**OnCore or TASCS #**

**#####**

**Use of Fairview Health Services is expected**

**##**

**CS**

**#####**

**#####**

**####**

**See chart below for dept contributions**

**Cost sharing, matching or in-kind is required by sponsor and included in proposal**

**Is anticipated from license fees and royalties on patents and copyrights that develop from project**



1. Program Income:



1. International Component:



1. Fairview Health Services:
2. **PROPOSAL ABSTRACT or EXECUTIVE SUMMARY**

|  |
| --- |
| **International travel is contemplated in:** |
| **ADD TEXT** |
| **A collaborating partner or institution is located in:** |
| **ADD TEXT** |

1. **NOTES**

**APPROVALS and CERTIFICATIONS**

**Principal Investigator:**

1. I certify the information submitted within the application is true, complete and accurate to the best of the PI's knowledge;
2. that any false, ficticious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and
3. that the PI agrees to accept the responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

**Investigator(s):**

The information provided on this form and in the accompanying proposal is correct to the best of my knowledge. Equipment budgeted in this application is not otherwise available for use on this project from existing departmental or collegiate inventories. In the event this application is awarded, I (we) agree to abide by all applicable institutional and sponsoring agency policies and procedures including the Intellectual Property Policy of the University of Minnesota and to follow commonly accepted scientific practices in recording and maintaining records of research. I (we) certify that I (we) have read the University of Minnesota Code of Conduct policy and agree to abide by the rights and responsibilities as identified therein.

**Signature**

PI NAME: Principal Investigator **Date**

**Department Head(s) and/or Division Head(s): Academic Dean(s), Chancellor or Provost:**

We certify that the above statements are correct to the best of our knowledge. The commitment of departmental and collegiate resources, if any, has been noted and approved. We agree that the scientific objectives of this application are in keeping with departmental and collegiate goals. We certify that the individuals from our unit(s) listed on this PRF have filed a current Report of External Professional Activities (REPA).

**Signature**

**Department Head(s), Division Head(s), Academic Dean(s), Chancellor or Provost**

**Date**

**Signature**

**Department Head(s), Division Head(s), Academic Dean(s), Chancellor or Provost**

**Date**

**SPECTRUM Certifier:**

We certify that this proposal is compliant with SPECTRUM preaward certification requirements.

**No SPECTRUM certifier assigned**