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Proposal Routing Form for External Research, Training or Public Service Support

(1) Sponsor Name: Hebrew University-Jerusalem

a) Is this a subcontract? [X] Yes [ ] No

If yes, indicate the Prime Funding Source:

Binational Science Foundation

(2) Proposal Title: Experimental and Theoretical Study of Actively Deforming Sheets

11-14-2008 A10:49

Short Title: Experimental and Theoretical Study

(3) Sponsor Due Date: 11/17/2008 [X] Receipt [ ] Postmark [ ] Target

Due 11/19

(4) Funding Opportunity RFA/RFP/CFDA #: 11/17/2008

(5) Submission Medium:

[ ] Grants.gov [X] Electronic COM 0000000016313

Gregg spoke to EW.

Email Address: www.bsf.org.il

Instructions: Submit online through sponsor website

[ ] Paper or Paper/Electronic (combination) Number of Copies for sponsor plus one copy for SPA: Original + [ ] copies.

Mailing Information: (street address required for courier delivery) Instructions: Country: Address 1: Address 2: City: State/Province: Zip/Postal Code: Email Address: Phone:

(6) University Contact Name: Gregg A. Pioske Phone: 63651

(7) Principal Investigator Name: Siegel, Ronald A Title: HEAD (WITH FACULTY RANK) [9361] X500 Username: siege017 Phone: (612) 624-6164 % Paid: 0 Unpaid: 5 Total: 5 Dept.: COP PHARMACEUTICS Deptid: 11409

(8) Co-Investigator [ ] is also PI Name: Title: X500 Username: Phone: % Paid: Unpaid: Total: Dept.: Deptid:

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(9) Proposal is for:

Research  Instruction  Other sponsored activity  Equipment only  Clinical Trial

If for Research: Basic%  Applied%  Development%   
 If for Clinical Trial:  Pi Initiated  Sponsor Initiated

(10) Proposal is:  New  Renewal  Revision to previous Proposal  Supplement  Continuation

If other than new or revision, provide University account number:  Fund  Area  Org

(11) Proposed duration and amount requested:

	Start	End	Direct\$	Indirect\$	Total\$
Budget	<input type="text" value="10/01/2009"/>	<input type="text" value="09/30/2010"/>	<input type="text" value="15542"/>	<input type="text" value="2331"/>	<input type="text" value="17873"/>
Project	<input type="text" value="10/01/2009"/>	<input type="text" value="09/30/2013"/>	<input type="text" value="68341"/>	<input type="text" value="10249"/>	<input type="text" value="78590"/>

Have you requested a reduced F&A rate (IDC)?

No  
 Yes

Please enter the Request Number and date approved

Request Number:   
 Date Approved:

Pending

Please enter the date the reduced F&A rate was requested.

Date Requested:

If using an F&A other than the negotiated F&A rate or sponsor mandated rate, provide Justification below.

Sponsor guidelines only allow for 15% F&A

If you will be requesting a waiver or reduction of F&A, contact the Office of Sponsored Projects Administration at 612-624-1648.

(12) Does this project involve:

Yes  No a) Human Subjects (Research Subjects' Protection Program 612-626-5654)

If yes what is the status of the Human Subjects Application?  Approved  Exempt  Pending

If Approved or Exempt: Study Code Number:

If Approved: Approval Date:

Yes  No  Pending b) Animal Subjects (Research Subjects' Protection Program 612-626-5654)

If yes  Approved Approval Date:  Study Code Number:

Yes  No c) Purchase/use of custom antibodies that have been or will be produced in animals housed outside the University?

(Research Subjects' Protection Programs 612-626-5654)

Yes  No d) Human Blood, Body Fluids, or Other Potentially Infectious Materials

If yes do you have Bloodborne Pathogen training and immunization?  Yes  No  
 (Dept. of Environmental Health and Safety - 626-5892)

Yes  No e) Recombinant DNA, Infectious Agents or Biological Toxins

If yes have you filed a registration form concerning this project with the Institutional Biosafety Committee? (Research Subjects' Protection Programs 612-626-5654)

Yes

Study Code Number:

Approval Date:

No

Pending

Yes  No f) Radioactive Materials and/or Ionizing or Nonionizing Radiation Producing Equipment

If yes do you have the appropriate permits and adequate radiation safety information?

(Dept. of Environmental Health and Safety - 626-6764)  Yes  No

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[X] Yes [ ] No g) Chemicals

If yes do you have the appropriate chemical safety training (626-2330) and hazardous waste training (Dept. of Environmental Health and Safety - 626-7744) records? [X] Yes [ ] No

(13) [ ] Yes [X] No Does a potential conflict of interest exist?

If yes, please indicate REPA (Report of External Professional Activities), Part III and Part IV

Number: [ ] Approval Date: [ ]
Comments: [ ]

(14) [ ] Yes [X] No Is it likely that anything patentable (i.e. new, useful, or improved) will result from this research?

[ ] Yes [X] No If this is a renewal or continuing project, have any inventions been conceived or reduced to practice under prior research on this project?

If yes, [ ] not previously reported [ ] previously reported

[ ] Yes [X] No Does this proposal contain private commercial or trade secret information? If yes, clearly identify the private commercial information in the text of the proposal.

(15) [X] Yes [ ] No Is sufficient and suitable space to house this project presently assigned to the principal investigator's department or college? If yes, this space is located in:

Room Number(s) and Building Name(s)
9-125, WDH

If no, this problem must be reviewed with the department head. A tentative solution must be identified and documented prior to submission of this proposal. If alterations are necessary, funds must be requested from the sponsor, or a University source.

(16) [ ] Yes [X] No Does this project involve University resources, space or staff from more than one department or college? If yes, this form must be approved by all department heads and deans involved.

1. [ ]
2. [ ]
3. [ ]
4. [ ]
5. [ ]

(17) [ ] Yes [X] No Is this proposal over \$100,000 per year with indirect of at least \$1000, AND does it involve an intercollegiate center or more than one college?

If yes, proposals involving an intercollegiate center or more than one college require sharing of Indirect Costs Recovery (ICR) unless waived by the dean.
http://www.fpd.finop.umn.edu/groups/ppd/documents/procedure/cost\_proc4.cfm

How will ICR be shared?

- [ ] By separate budgets
[ ] Budgets are attached to proposal
[ ] Budgets will be provided prior to grant award
[ ] Based on contribution
[ ] Will be shared but percentages have not been negotiated
[ ] Separate agreement has been negotiated and is attached to the proposal
[ ] Enter the tentative percentage, contingent upon receipt of grant and final negotiations, for each college or intercollegiate center

1. [ ]
OR Intercollegiate Center (please, type in field):
[ ] %
2. [ ]
OR Intercollegiate Center (please, type in field):
[ ] %
3. [ ]

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OR Intercollegiate Center (please, type in field):

[ ] %

4. [ ]

OR Intercollegiate Center (please, type in field):

[ ] %

5. [ ]

OR Intercollegiate Center (please, type in field):

[ ] %

- (18)  Yes  No Is cost sharing, matching, or in-kind proposed and required by the sponsor for this submission?
- Yes  No Is cost sharing, matching, or in-kind proposed but not required by the sponsor?

If yes to either question, indicate the funding source(s) and amount(s).

Sponsor does not allow salary for PI. Pi salary in the amount of \$70,644 and fringe \$21,476 from 1000-11392-20018.

(19) Program Income

- Yes  No Is program income anticipated on this project?

If yes, indicate specific type(s) of program income by selecting one or more items from questions a through d below.

- a) From fees for services performed?
- b) From the use or rental of real or personal property acquired under this project?
- c) From the sale of commodities or items fabricated under the award?
- d) From license fees and royalties on patents and copyrights that may develop from this project?

If yes to any of the above, agency rules, regulations, and University procedures regarding accounting for and reporting program income must be followed.

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(20) [ ] Yes [X] No Does this proposal make use of Fairview/University Hospital Resources? See http://www.ahc.umn.edu/research/rso/information/fairview/policy/ for further information.

If yes, E-Form Request #: [ ]

(A) Executive Summary:

[Empty box for Executive Summary]

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, fictitious, 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:

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.

siege017

Signature: \_\_\_\_\_

Investigator(s)

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. When question 13 regarding conflict of interest is marked yes, we acknowledge that the INTEREST has been reviewed with the principal investigator and will not comprise a conflict.

gregg, schro601, speed001

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

The University of Minnesota is an equal opportunity educator and employer

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