

EGMS Forms Preparation PRF Proposal Routing Form

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help@egms.umn.edu

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Submit this PRF

New stand-alone EGMS PRF



NOTE: For security reasons, EGMS has a 2 hour session timeout. This means that if you do not click on the "submit request" button within 2 hours of starting a document, the information you have entered will be lost.

To avoid losing data you have entered, always click on the submit request button before quitting work on a document. This button is located just below the comments box near the bottom of the screen. To resume work on a form, select "status of requests" from the main menu and your document(s) will be listed.

Statement of Purpose

This is a stand-alone PRF and should only be used with a paper proposal. Proposals created electronically with the EGMS Proposal Prep system generate their own PRF upon final audit.

NOTE: When you select fields labeled with a v icon, additional fields/information will display.

(1) Sponsor Name:

Proposal Id: Not Set

MN.DOT?

Subcontract?

- No
Yes v

If yes, indicate the Prime Funding Source:

TOP

(2) Proposal Title:

(limit of 170 characters)

Short Title:

TOP

(to easily identify the PRF prior to routing the PRF for approvals)

(3) Sponsor Due Date:

mmdyyyy



Receipt Postmark Target

(4) RFA/RFP/CFDA/FO #:

(if applicable)

(5) Submission Medium:

- Grants.gov v
Electronic v
Paper or Paper/Electronic (combination) v

Number of copies:

(include sponsor copies and a copy for SPA)

Mailing Information:
(street address required for courier delivery)

Instructions:

Country: <!-- Select a country -->

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Phone: _____

Email Address: _____

[TOP ▲](#)

(6) University Contact Name:

Lookup X 500 ID 

Last Name, First Name MI:

Phone: _____

(7) Principal Investigator:


X.500 Username: _____ Lookup X 500 ID Clear ALL

Last Name:


First Name:

Middle Initial:

Phone: _____

 Department:

Deptid:

 Job Title:

% Effort Paid: 0

% Effort Unpaid: 0

% Effort Total: 0

[TOP ▲](#)

(8) Investigator(s):

X.500 Username: _____ Lookup X 500 ID Clear ALL


PI: 

Last Name:


First Name:

Middle Initial:

Phone: _____

 Department:

Deptid:

 Job Title:

% Effort Paid: 0
 % Effort Unpaid: 0
% Effort Total: 0

[TOP▲](#)

[Add Another Investigator](#)

[Remove Last Investigator](#)

(9) Proposal is for:

Research ▼
 Basic % 0
 Applied % 0
 Development % 0
Total % 0

Instruction
 Other Sponsored Activity
 Equipment Only
Clinical Trial ▼

[TOP▲](#)

(10) Proposal is:

- New
- Revision to Previous Proposal
- Continuation ▼
- Renewal ▼
- Supplement ▼

Original PRF Number: Not Set

For Continuation, Renewal, and Supplement the PeopleSoft Award Id is: Not Set

For historical reference:

[TOP▲](#)

Fund: Area: Org:

(11) Proposed duration and amount requested:

	Start Date	End Date	Direct	Indirect	Total
Initial/Current Budget:	mmddyyyy <input type="text"/>	<input type="text"/> mmddyyyy <input type="text"/>	<input type="text"/> \$ 0	\$ 0	0
Entire Budget:	mmddyyyy <input type="text"/>	<input type="text"/> mmddyyyy <input type="text"/>	<input type="text"/> \$ 0	\$ 0	0

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

No
 Yes ▼

Please enter the Request Number and date approved:

Request Number: Date Approved: mmddyyyy

Pending ▼

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

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

- [F&A Reduction Request Form](#)
- [Procedures and Instructions](#)
- [Facilities & Administrative/Indirect Cost Rates](#)

[TOP▲](#)

(12)

Does this project involve any of the following: ⓘ

- [Human Subjects](#)
- [Animal Subjects](#)
- [Purchase/Use of Custom Antibodies](#) produced in animals housed outside the University
- [Human Blood, Body Fluids, or Other Potentially Infectious Materials](#)
- [Recombinant DNA, Infectious Agents or Biological Toxins](#)
- [Radioactive Materials and/or Ionizing or Nonionizing Radiation Producing Equipment](#)
- [Chemicals](#)

No

Yes ▼

If yes, please answer the following:

a. [Human Subjects](#)

No

Yes ▼

If yes, what is the status of the [Human Subjects Application](#)?

Pending

Approved ▼

Exempt ▼

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

b. [Animal Subjects](#)

No

Yes ▼

If yes, what is the status of the [Animal Usage Application](#)?

Pending

Approved ▼

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

c. [Purchase/use of custom antibodies](#) that have been or will be produced in animals housed outside the University?

No

Yes

d. [Human Blood, Body Fluids, or Other Potentially Infectious Materials](#)

No

Yes ▼

Do you have Bloodborne Pathogen training and immunization?

No

Yes

Dept. of Environmental Health and Safety: (612) 626-5892

e. [Recombinant DNA, Infectious Agents or Biological Toxins](#)

No

Yes ▼

If yes, have you filed a [registration form](#) concerning this project with the Institutional Biosafety Committee?

Pending

No

Yes ▼

Study Code Number:

[Lookup Study](#)

Approval Date:

mmddyyyy



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

f. Radioactive Materials and/or Ionizing or Nonionizing Radiation Producing Equipment

- No
- Yes ▼

Do you have the appropriate permits and adequate radiation safety information?

- No
- Yes

Dept. of Environmental Health and Safety: (612) 626-6764

g. Chemicals

- No
- Yes ▼

Do you have the appropriate chemical safety training and hazardous waste training records?

- No
- Yes

Chemical safety training: (612) 626-2330
Dept. of Environmental Health and Safety: (612) 626-7744

[TOP▲](#)

(13) Financial and Business Conflict of Interest:

- No
- Yes ▼

Indicate the REPA Part III and Part IV #:

Approval Date:

mmddyyyy

Additional Comments:

[TOP▲](#)

(14) Inventions:

a. Is it likely that anything patentable (i.e. new, useful, or improved) will result from the current research project?

- No
- Yes

b. If this is a renewal or continuing project, have any inventions been conceived or reduced to practice under prior research on this project?

- No
- Yes ▼

Not Previously Reported
Previously Reported

c. Does this proposal contain private commercial or trade secret information? If yes, clearly identify the private commercial information in the text of the proposal.

- No
- Yes

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(15) Is sufficient and suitable space to house this project presently assigned to the principal investigator's department or college?

- No ▼
- Yes ▼

This space is located in:

Room Number:

Building Name:

[TOP▲](#)

[Add Another Building](#)

(16) Does this project involve University resources, space or staff from more than one department or college?

- No
- Yes ▼

If yes, this form must be approved by all department heads and deans involved.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

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(17) Indirect Cost Recovery (ICR) sharing: ⓘ

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?

- No
- 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 ▼
- Based on contribution ▼

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(18) Matching and Cost Sharing:

Is cost sharing, matching, or in-kind proposed and required by the sponsor for this submission?

- No
- Yes ▼

Is cost sharing, matching, or in-kind proposed but not required by the sponsor?

- No
- Yes ▼

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

[TOP▲](#)

If matching funds are proposed, regardless of whether they are required by the sponsor, a commitment letter must be attached to the proposal.

(19) Program Income:

Is program income anticipated on this project?

No

Yes ▼

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) Fairview/University Hospital: ⓘ

Does this proposal make use of Fairview/University Hospital Resources?
See <http://www.fairview.org/Research/Forms/index.asp> for further information.

No

Yes ▼

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E-Form Request #:

(A) Proposal Abstract or Executive Summary:

[TOP ▲](#)

(Optional, 2000 character limit)

THE PRF'S APPROVAL CHAIN

- Approvers should include, but are not limited to, Department Heads of all departments involved in the study. If you need to look in the directory for an X.500 id, [click here](#).
- All signers must be included in this chain. If some approvers are not yet setup for electronic signature, then use the Do not route electronically option and print out for ALL ink signatures.
- Do NOT include SPA staff in your routing chain.
- The PI's Alternate Approvers in EGMS cannot electronically approve a PRF in the PI's absence. The PI's responsibility for signing the PRF cannot be delegated, based on requirements outlined in the University's [Sponsored Projects Roles and Responsibilities document](#). EGMS was updated to be consistent with roles and responsibilities for PIs of sponsored projects.

Do not route electronically

- 1. [Lookup X 500 ID](#)
- 2. [Lookup X 500 ID](#)
- 3. [Lookup X 500 ID](#)

Add Another Approver

[TOP ▲](#)

APPROVALS AND CERTIFICATIONS

Principal Investigator:

(1) I certify that 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; (3) and 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.

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.

Comments: (Request History)

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