

- PRF Instructions
- PRF What's New?
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 - Compliance Guide
- ERSS Technical Helpline (EGMS): (612) 624-1600
- ERSS Business Helpline (EGMS): (612) 624-1033
- E-mail Help or Comments
 - help@egms.umn.edu

PRF Navigation

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- Conflict of Interest
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- Space
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- Program Income
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- Submit this PRF

View or Edit Returned EGMS PRF Request 563726

STATUS

Created Returned **Pending** Approved

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 ▼ icon, additional fields/information will display.

Proposal ID:

(1) Sponsor Name: ?

Is this proposal a subaward? No Yes ▼

If yes, indicate the Prime Funding Source:

(2) Proposal Title: ?

(limit of 170 characters)

Short Title

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

(3) Sponsor Due Date: ?

Receipt Postmark Target

Due Time (if not 5pm CST)

(4) RFA/RFP/CFDA/FOA#: ?

(if applicable)

(5) Submission Medium: ?

Grants.gov ▼
[SPA Grants.gov Proposals](#)

Electronic (other than Grants.gov) ▼

Email/URL: *

Special Instructions:

Paper ▼

Instructions for paper proposal:

Number of Copies for Sponsor (including original)

Copy for SPA

Total Copies

Mailing Instructions:

Address: *

Phone/Emails/URL: *

Special Instructions:

Paper/Electronic ▼

Instructions for paper proposal:

Number of Copies for Sponsor (including original)

Copy for SPA

Total Copies

Mailing Instructions:

Address: *

Phone/Emails/URL: *

Special Instructions:

(6) University Contact Name:

Last Name, First Name MI: Phone: Email:

(7) Administering Department :

Department: DeptID:

(8) Principal Investigator:

x.500 Username:

Last Name, First Name MI: Phone: Emplid:

% Effort Paid:

% Cost-Shared Effort:

% Effort Total:

When % Cost Share Effort is greater than "0", one of the following must be completed:

- Department will provide cost share chart string at time of award
- Department will provide cost share chart string in [SECTION 19](#)

(9) Investigator(s): ?

x.500 Username:

Last Name, First Name MI: Phone: Emplid: Key Personnel

PI

% Effort Paid:
% Cost-Shared Effort:
% Effort Total:

When % Cost Share Effort is greater than "0", one of the following must be completed:

Department will provide cost share chart string at time of award
 Department will provide cost share chart string in [SECTION 19](#)

x.500 Username:

Last Name, First Name MI: Phone: Emplid: Key Personnel

PI

% Effort Paid:
% Cost-Shared Effort:
% Effort Total:

When % Cost Share Effort is greater than "0", one of the following must be completed:

Department will provide cost share chart string at time of award
 Department will provide cost share chart string in [SECTION 19](#)

(10) Proposal Is For: ?

Research ▼
Basic %: Applied %: Development %: Total:

Instruction

Other Sponsored Activity (including Public Service)

Clinical Trial ▼
 Sponsored Initiated PI Initiated The PI is also the Sponsor-Investigator of this trial

Equipment Only

Student Support Only

\$0 Master Agreement

(11) Proposal Is: ?

New

Revised Proposal (Resubmission)

Continuation ▼

Renewal ▼

Supplement ▼

Administrative Change ▼

Complete agency assigned award number:
(If available – example: 2R01HL342675-06)

Complete at least one of the following fields:

EFS Award Number: Primary Project:

Description of administrative change:

(12) Proposed Duration and Amount Requested: ?

a. Proposed Duration and Amount Requested

	Start Date	End Date	Direct \$\$	Indirect \$\$	Total \$\$
Initial/Current Budget:	<input type="text" value="04/01/2009"/>	<input type="text" value="03/31/2010"/>	<input type="text" value="100,000"/>	<input type="text" value="20,000"/>	<input type="text" value="120,000"/>
All Years (this competitive segment):	<input type="text" value="04/01/2009"/>	<input type="text" value="03/31/2012"/>	<input type="text" value="300,000"/>	<input type="text" value="60,000"/>	<input type="text" value="360,000"/>

b. Departmental Directions to SPA for Award Set Up

- Proposal Budget has been established in EGMS: this budget should be used to set up the award; SPA may pro-rate at time of award if needed to accommodate a reduced award amount.
- Proposal budget has been prepared outside of EGMS; Department will furnish a PeopleSoft-friendly budget to SPA prior to receipt of the award; SPA may pro-rate at time of award if needed to accommodate a reduced award amount.
- SPA should request a PeopleSoft friendly budget from the department at time of award (note that award set up may take additional time since set up cannot be finalized until this budget is furnished to SPA.)

c. F&A Rate Used: F&A Base: MTDC TDC OTHER

F&A Rate (check one below)

- Full F&A Rate (proposal uses University published F&A rate applicable to this type of project.) [F&A Rate Chart](#)
- F&A requested is the published rate of a governmental or non-profit sponsor (check one box below)
 - Lower rate appears on SPA reduced rate list
 - Backup has been/is being provided with proposal
- No F&A requested because:
 - State of Minnesota Funding
 - Equipment Only
 - \$0 Master Agreement
- An F&A waiver is needed for this project (see [F&A waiver process](#) for details)
 - Small Project Waiver (applicable to award amount requested \$50,000 or less per year)
 - Regular Waiver (complete [F&A waiver request](#); waiver must be approved prior to proposal submission)
 - Strategic Waiver (complete [F&A waiver request](#); waiver must be approved prior to proposal submission)

Comments (use for Small Project Waiver justification if required by your college; other comments may also be included here)

(13) Does this Project Involve Any of the Following? ?

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 ▼

Study Code Number

Lookup Study

Approval Date

Study Code Number

Lookup Study

Approval Date

Human Research Protection Programs: (612) 626-5654

b. Animal Subjects ?

No Yes ▼

If yes, what is the status of the Animal Usage Application?

Pending Approved ▼

Study Code Number

0001M33001

Lookup Study

Approval Date

03312009

Office of Animal Welfare: (612) 626-5654

c. **Purchase/Use of Custom Antibodies** that have been or will be produced in animals housed outside the University?

No Yes

Office of Animal Welfare: (612) 626-5654

d. **Human Blood, Body Fluids, or Other Potentially Infectious Materials**

No Yes ▼

If yes, do you have Blood borne Pathogen training and immunizations?

No Yes

Department of Environmental Health & Safety (DEHS): (612) 626-6002

e. **Stem Cell**

Will your research in involve:

Human embryonic stem (hES) cells No Yes

Human embryos less than 14 days old No Yes

Human induced pluripotent stem (iPS) cells, or other human stem cell sources, that are intended to make or contribute to an embryo No Yes

[ESCRO](#)

f. **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

0903H00004

Lookup Study

Approval Date

03312009

Office of Animal Welfare: (612) 626-5654

g. **Radioactive Materials and/or Ionizing or Nonionizing Radiation Producing Equipment**

No Yes ▼

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

No Yes

Department of Environmental Health & Safety (DEHS): (612) 626-6002

h. **Chemicals**

No Yes ▼

If yes, do you have the appropriate chemical safety training and hazardous waste training records?

No Yes

Department of Environmental Health & Safety (DEHS): (612) 626-6002

(14) **Financial and Business Conflict of Interest:** 

No Yes ▼

Indicate the REPA #:

Approval Date:

511284

03312009

Additional Comments – note, these will display on and print on the PRF; please do not include information you prefer to keep private:

Own two shares of stock – already discussed with unit head.

(15) Inventions: ?

- a. Is it likely that anything patentable (i.e. new, useful, or improved) will result from the current research project?
 - No Yes
- b. Is this 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
- d. Does the PI or any Investigator have any active patent disclosures with the Office of Technology Commercialization relating to the work contemplated in this proposal?
 - No Yes

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

No Yes ▼ This space location is in:

Rooms Number (s): 456

Building Name: Mayo Building

Add Another Building

(17) 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. Department of Geography | 2. Department of Political Science |
| 3. Department of History | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

(18) Indirect Cost Recovery (ICR) Sharing: ?

(chose one of the following)

ICR is required to be shared ▼

(This proposal is over \$100,000 per year with indirect costs of at least \$1000, and it involves an intercollegiate center or more than one college.)

See http://www.fpd.finop.umn.edu/groups/ppd/documents/procedure/cost_proc4.cfm

ICR will be shared:

By separate budgets ▼

- Budgets are attached to proposal
- Budgets will be provided at time of 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 percentage for each Dept ID (contingent upon final negotiations, or budget reductions.)

DeptID: Lookup Dept Dept Name: %

Add Another Dept

(Total must =) 100% %

Comments
Geography percentage is contingent upon final negotiations.

Academic units involved have chosen to share ICR revenue

ICR will be shared:

By separate budgets

- Budgets are attached to proposal
Budgets will be provided prior to 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 percentage for each Dept ID (contingent upon final negotiations, or budget reductions.)

Table with 4 columns: DeptID, Lookup Dept, Dept Name, and percentage. Rows include History (80%), Geography (10%), and Political Science (10%).

Add Another Dept

(Total must =) 100%

Comments
Geography percentage is contingent upon final negotiations.

ICR revenue will not be shared

(19) Matching and Cost Sharing

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

If yes to either question, please describe departmental contribution and/or provide chart string(s) below:

See chart string below for departmental contributions.

Table with 9 columns: Fund ID, DeptID, Program, Acct, CF1, CF2, Bud Ref, Emplid, Amount. Rows show contributions for Fund IDs 3002 and 3003.

Add Another Chart String

(20) 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-d below:

- From fees for services performed?
From the use of rental of real or personal property acquired under this project?
From the sale of commodities or items fabricated under the award?
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.

(21) International Component

- Do you contemplate foreign travel (including conferences)?
Do you contemplate a foreign component (collaboration or field work)?

(22) Fairview Health Services

Does this proposal make use of Fairview Health Services Resources?

See <http://www.ahc.umn.edu/research/rso/information/fairview/policy> for further information.

No Yes If yes, TASCs Request #

PROPOSAL ABSTRACT OR EXECUTIVE SUMMARY (optional)

Geopolitical equilibrium. This has been for decades the major concern to Michael Phelps, a Maryland by birth. Since the early 1960s, when his first book was published Phelps has conceived geopolitics not as a tool of conquest and dominance in the interests of some national states, but as a tool for promoting and managing equilibrium amongst powers in the interest of the whole world. In the 1950s, another geographer, aimed to convert geopolitics into an instrument of peace. Taylor's *Geopacifics*, however, cannot be assimilated to Cohen's geopolitics. Apart from the fact that in Phelps there is not the same explicit moral agenda as in Taylor, the major difference is that Phelps actually does not envision any future world of peace. He is in fact aware, in political realist terms, that conflict and rivalries are structural components of the world. Therefore, it is only realistic to wish for a 'dynamic geopolitical equilibrium', which can keep the world in balance in the face of dynamic changes. His interest in the geopolitics of nineteenth century Maryland came from his immigrant grandparents who settled in Baltimore during this period. The love of the water Dr. Phelps has come from practicing his swimming in the Chesapeake bay. This lead to Dr. Phelps achieving 5 gold medals in the World Contest held in 2009 in Italy. The research will focus on geophysics aspect.

THE PRF'S APPROVAL CHAIN

In order to submit an application for external funding a proposal needs to be approved. The PRF Approval Chain is a tool to obtain approvals from all signers who are required to approve each proposal.

In order to process your proposal, SPA requires you to send in an approved (fully routed if electronic or inclusive of all signatures if paper) PRF along with paper or electronic versions of the proposal at submission. Click here for additional information <http://www.ospa.umn.edu/policiesandprocedures/deadlines/deadlineFAQs.html>

See chart below indicating signer roles required for PRF approval:

Signer Role		Signature Required?
Principal Investigator	(includes multiple PIs)	Y
Investigator		N
Department Head(s)/Delegate	(all depts involved in study)	Y
Department Administrator/Representative		N
Research Associate Dean/Delegate	(all colleges involved in study)	Y
SPA		N

Do not route electronically

eSIGN	Sign Date	x.500 ID	Name	Role	
<input checked="" type="checkbox"/>	09/01/09	1. princ001 @umn.edu	Thomas B. Price	Principal Investigator	<input type="text" value="Lookup x.500"/>
<input checked="" type="checkbox"/>		2. mouse001 @umn.edu	Michael Mouse	Investigator	<input type="text" value="Lookup x.500"/>
<input checked="" type="checkbox"/>		3. mouse003 @umn.edu	Marley Mouse	Department Head/Delegate	<input type="text" value="Lookup x.500"/>
<input checked="" type="checkbox"/>	09/02/09	4. mouse004 @umn.edu	Misty Mouse	Department Administrator/Representative	<input type="text" value="Lookup x.500"/>
<input checked="" type="checkbox"/>		5. marle001 @umn.edu	Robert Marley	Research Associate Dean/Delegate	<input type="text" value="Lookup x.500"/>
<input checked="" type="checkbox"/>		6. <input type="text" value=""/> @umn.edu		<input type="checkbox"/> Investigator <input type="checkbox"/> Dept Head/Delegate <input type="checkbox"/> Dept Administrator/Representative <input type="checkbox"/> Research Associate Dean/Delegate	<input type="text" value="Lookup x.500"/>

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.

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

We certify that the above statements are correct to 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 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 14 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.

NOTES

Program officer is expecting this proposal and has verbally indicated interest in funding.

Append to Notes

View/Print Acrobat PDF
