**PEFS PROPOSAL SUBMISSION REQUEST FORM**

**Section 1: General Proposal Information**

Proposal Title:

Sponsor *(NSF, NIH, ARO, UCLA, IBM, etc.)*   *If Penn is a sub, please list lead Institution and sponsor*:

RFP/PA # *(i.e. agency web-link or call number)*:

Sponsor Due Date:

Proposed Project Performance Period *(Start/End Dates)*:

Penn PI Name / Department:

*If Applicable*:

Penn Co-PI/Co-I Name(s) / Department(s) / Contact information:

Other Institution(s) / Subawardee(s), PI and grants officer, names and contact information:

**Section 2: ANNUAL BUDGET REQUESTED**

Penn Personnel

PI Effort (# mos): Co-PI Effort (name): (# mos):

Co-PI Effort (name): (# mos): Co-PI Effort (name): (# mos):

Co-PI Effort (name): (# mos): Co-PI Effort (name): (# mos):

Postdoc(s) (#): M.S. Student (#):

PhD Student(s) (#): Undergraduate Student(s) (#):

Other Personnel Costs (type, $):

Penn Other Budget Categories

Travel [Domestic] ($): Travel [Foreign] ($): Click or tap here to enter text.

Facilities ($): Publications: ($):

Materials & Supplies ($)**:** Consultant Services ($):

Computer Services ($): Equipment [unit cost > $5k] (item, $):

Human Subject Fees ($):  Animal Expense ($):

Other - ($): Other - ($):

Subawardee Budget Parameters

Name:  Annual/Total Maximum ($):

Name:  Annual/Total Maximum ($):

Name:  Annual/Total Maximum ($):

**Section 3: Proposal Setup Questions**

1. [ ] Fundamental [ ] Applied Is the planned research fundamental or applied?

2. [ ] Yes [ ] No Cost Sharing is required for this proposal

If Yes, enter percentage:

3. [ ] Yes [ ] No This project is subject to Export Control Laws

4. [ ] Yes [ ] No This project involves activities outside the U.S. or partnership with International Collaborators?

5. [ ] Yes [ ] No This project includes travel outside of the U.S.

 If Yes, please indicate countries:

6. [ ] Yes [ ] No Proprietary/privileged information is included in the application

7a. [ ] Yes [ ] No This proposal involves radioactive materials or radiation producing equipment

7b. [ ] Yes [ ] No If Yes to 7a, do you have EHRS approvals?

8a. [ ] Yes [ ] No There are suggested reviewers or individuals that you prefer do not review the proposal

 8b. If Yes to 8a, please list these individuals:

Suggested Reviewers (use Tab key to create new rows as needed):

|  |  |
| --- | --- |
| *Name* | *Email address* |
|  |  |

 Individuals requested not to review the proposal (use Tab to create new rows):

|  |  |  |
| --- | --- | --- |
| *Name* | *Email address* | *Reason for request* |
|  |  |  |

9. [ ] Yes [ ] No The proposed research involves Human Subjects

10. [ ] Yes [ ] No The proposed research involves human specimens and/or data

 If Yes and research is exempt, please provide exemption number:

If Yes to human specimens and/or data, but No to Human Subjects, please explain:

11a. [ ] Yes [ ] No Vertebrate Animals are used in the proposed research (If No, skip to 10)

 11b. [ ] Yes [ ] No If Yes to 11a, are animals euthanized?

 11c. [ ] Yes [ ] No If Yes to 11b, is the method consistent with AVMA guidelines?

 If No to 11c, describe method and justify:

12. [ ] Yes [ ] No This proposal involves human embryonic stem cells

If Yes, provide the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>

Registration Number:

If a specific stem cell line cannot be referenced at this time, please affirm the following:

[ ]  Specific stem cell line cannot be referenced now. One from the registry will be used.

13. [ ] Yes [ ] No Does the proposed project involve human fetal tissue obtained from elective
 abortions?

If "yes" provide the HFT Compliance Assurance and HFT Sample IRB Consent Form

If "yes" provide the HFT Sample IRB Consent Form

14. [ ] Yes [ ] No This proposal involves Select Agent research

15. [ ] Yes [ ] No This proposal involves in vitro formation of recombinant DNA

16. [ ] Yes [ ] No This proposal involves potentially infectious agents (including human blood or tissue)

17. [ ] Yes [ ] No This proposal involves carcinogens, teratogens, or mutagens

18. [ ] Yes [ ] No This proposal is funding a Clinical Trial

19. [ ] Yes [ ] No This proposal is an NIH-defined Phase III Clinical Trial

20. *[NIH only]* [ ] Yes [ ] No An Assignment Request Form will be provided (Needed if you want to request review by or no review by specific institute(s) or study section(s). Also used if you want to request someone not review or specify areas of research covered by the proposal.)