

Due Date: 03/01/2008
Start Date: 11/01/2008
Agency Code: 36001

PDS Doc.#: 087785
Program Project ID: _____
PDS Umbrella Doc.#: _____

ADMINISTRATION

1. Principal Investigator	VICKI CARLSON	Dept./Div Name	RESEARCH OFFICE	#	000116
2. Proposal Title	TBD				
3. Prime Sponsoring Agency	NATIONAL ENDOWMENT FOR THE HUMANITIES	RFA/PI or Sol. # (if applicable)			
3a. Subawarding Entity (if applicable)					
4. Sponsor/Mentor (if applicable)					
5. Department Contact Person	Vicki Jane Carlson	Telephone #	314/935-6950		
6. For retrieval call	Telephone #				

- A. Proposal for :
- Grant
 Contract
 Subagreement
- B. Project Type:
- Research
 Research Career
 Training/Fellowship
 Other _____
- C. Proposal Type :
- New
 Competing Continuation (a.k.a Renewal)
 Non-Competing Continuation (a.k.a Continuation)
 Revision (Supplement)
 Change of Grantee (i.e. Transfer)
 Resubmission : Prior PDS # _____

For Central Use Only:

_____ ESO

_____ OTM

_____ RO

_____ CCS

_____ Other _____

_____ Other _____

7. Current Contract or Grant # (If applicable)

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Agency #

Fund #

8. Are outgoing subagreements proposed on this project?

Yes No

9. Is off-campus space used in this project?

Yes No

Initial Budget Period 11/01/2008 to 10/31/2009			
	Sponsor	WU Cost Sharing	Initial Budget Total
Direct Cost	7,125.00	0.00	7,125.00
F&A Cost	2,494.00	0.00	2,494.00
TOTAL COSTS	9,619.00	0.00	9,619.00
F&A Rate(s) Used	<u>35</u>		

Total Budget Period 11/01/2008 to 11/30/2009			
	Sponsor	WU Cost Sharing	Budget Total
Direct Cost	7,125.00	0.00	7,125.00
F&A Cost	2,494.00	0.00	2,494.00
TOTAL COSTS	9,619.00	0.00	9,619.00
F&A Rate(s) Used	_____		

10. Data Sharing Plan: Does any one budget year equal or exceed \$500k in direct costs? Yes No
If Yes, is primary sponsor NIH? Yes No If Yes, Data Sharing Plan and/or update is required.
See NIH Data Sharing Policy at: http://grants1.nih.gov/grants/policy/data_sharing/index.htm

11. Key Personnel (if more than 10 Key Personnel, see additional page(s) attached)

a) CARLSON, VICKI

PRINCIPAL INVESTIGATOR CERTIFICATIONS

Assurances / Certifications (Check YES or NO for each item)

LIVE VERTEBRATE ANIMALS

Will this project involve the use of live vertebrate animals? YES NO

ASC approval date _____

ASC protocol # _____

(Attach copy of approval behind PC form)

-or- Pending (will submit or have submitted to ASC)

HUMAN SUBJECTS

1. Are you using any of the following techniques or methods as part of this project? (please check all that apply)

- Surveys
- Interviews (including oral history or focus groups)
- Program evaluation
- Testing or evaluation of human factors
- Quality assurance methodologies when findings will be disseminated beyond the School, Department or Division
- Other methods that include interaction or intervention with humans for research purposes including physical procedures (e.g., drawing blood)
- Use of data from or about living individuals - including existing data that are publicly available - unless the data have been stripped of all identifying information prior to receipt by the PI. (Examples include documents, records, and bodily materials such as cells or tissue.)

If you checked any of these boxes, your project may involve research with human participants that requires compliance with federal regulations and/or University policies. Please contact the Human Research Protection Office (HRPO) at: (314) 633-7400

None of the above

2. Please check one box only.

- This project does not include human subject research. Answer to Question 1 must be "None of the above".
- Approval pending (will submit or have submitted to HRPO)
- Approval already obtained (attach copy of approval behind PC form)

A. Approval date: _____

B. Approval # _____

C. Review Type Full Board or Expedited or Exempt

3. Have all key personnel completed the Human Subjects Education requirement? YES NO

HUMAN EMBRYONIC STEM CELLS

Will this project involve the use of human embryonic stem cells? YES NO
 Date approved by the WU Stem Cell Review Committee _____ Approval # _____
 (Attach copy of approval behind PC form)

ENVIRONMENT HEALTH & SAFETY

1. Will Radioactive Substances be used on this project? YES NO
 Date approved by Radiation Safety Committee : _____ Approval # _____
 -or- Pending (will submit or have submitted to Rad. Safety)

2. Will Recombinant DNA be used on this project? YES NO
 Date approved by Biosafety Committee : _____ Approval # _____
 -or- Pending (will submit or have submitted to Biosafety Com.)

EXPORT CONTROLS

(<http://research.wustl.edu/Export/Home.htm>)

- 1. Has the topic of export control come up in any form in connection with this proposal? YES NO
- 2. Will the project require collaboration with any foreign entity? YES NO
 (See current list at <http://www.ustreas.gov/offices/enforcement/ofac/programs/>)
- 3. Will the project involve the shipment of equipment outside the US? YES NO
- 4. Will the project require the use of another party's proprietary (restricted) information or materials? YES NO

CONFLICT OF INTEREST DISCLOSURE

I have made all financial disclosures as required by WU policy on financial Conflicts of Interest, and as Principal Investigator, I have made every effort to ensure that all persons responsible for the design, conduct, or reporting of the research on this project have submitted the required disclosures; and prior to the expenditure of award funds will have reached an agreement with WU which provides for conditions or restrictions necessary to manage, reduce, or eliminate any conflicts of interest under WU policy. Form location: <http://medcoi.wustl.edu>

Principal Investigator, please initial: _____

As Principal Investigator for this project, I certify that the information submitted within this application is true, complete and accurate to the best of my knowledge. I understand that any false, fictitious, or fraudulent statements or claims on this form or in the application may subject me to criminal, civil, or administrative penalties. If this proposal is funded, I agree to accept responsibility for the scientific conduct of the project, to conduct the project in accordance with the terms and conditions of the sponsoring agency and the policies of the University, and to provide all required progress reports to the sponsor in a timely manner.

Signature of Principal Investigator

Date

APPROVALS

Division	_____	Other	_____
	Name Date		Name Date
Department	_____	Dean	_____
	Name Date		Name Date

Additional Key Personnel
