# Internal Review Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (NOTE: If submitted for internal approvals after submission to sponsor, UW Oshkosh reserves the right to withdraw the proposal if objections are raised during internal review.) | | | | | | | | | | | | | | | | | | | | **Date Proposal Submitted for Internal Approvals:** | | | | | | | | | | | | | | | | 10/2/12 | | | | | | | | |
| **Proposal Deadline Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10/8/12 | | | | | | | | |
| **Proposal Deadline Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Receipt | | |  | | Postmark |
| **Proposal Submission:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Paper | | |  | | Electronic |
| **Project Director/ Principal Investigator:** | | | | | | | | | | | | | | | | | | | | | | Jonathan Gutow | | | | | | | | | | | | | | | | | | | | | | |
| **Author (If different from PI/PD):** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Co-PI/PD or co-author(s):** | | | | | | | | | | | | | | Viorica Lopez-Avila (Agilent mentor/collaborator -- proposal submitted internally by her) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Department:** | | | | Chemistry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **College:** | | COLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Title:** | | | | | Computation of Ionization Potentials and Electron Affinities for Molecules of Interest in Mass Spectrometry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Dates:** | | | | | | | 2/2012 - 1/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Description:** | | | | | | | | | | | The objectives of this project are to calculate IPs and EAs for molecules of interest to the Agilent microplasma project and compile data which can be used in an attempt to develop a computationally less intensive method for estimating IPs and EAs with enough accuracy to be useful. Agilent Mentor has already identified an initial set of 25 high priority molecules and shared them with Professor Gutow. The expectation is that eventually IPs and EAs for more than 100 molecules will be calculated. Additionally, we will explore the possibility of calculating proton affinities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Project Status:** | | | | | | | |  | | | | New | | | | | |  | | | Revision | | | | |  | | | | Supplemental | | | |  | | | Continuation | | | | | | | |
| **Project Type:** | | | | | |  | | | Research | | | | | | | |  | | | Teaching | | | |  | | | Program Development | | | | | |  | | Equipment | | | | | |  | | Other | |
|  | | | | | | If Project Type is Other, please specify: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Fund Source:** | | | | | | |  | | | Federal | | | | | |  | | | State | | | |  | | Federal via State | | | | | |  | Private | | | | | |  | | Other | | | | |
|  | | | | | If Fund Source is Other, please specify: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | Note: If applying for federal funding, you must complete the CITI Program Conflicts of Interest Course and attach a Financial Disclosure Form found at [www.uwosh.edu/grants/forms](http://www.uwosh.edu/grants/forms) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sponsor:** | | | Agilent Technologies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Amount Requested:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Direct: | | | | | | | | | | | | $13,540.00 | | | | | | | | | | |
|  | Indirect: | | | | | | | | | | | | $1,460 | | | | | | | | | | |
|  | **TOTAL:** | | | | | | | | | | | | $15,000.00 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Project Type (check one):** | | | | | | | | | | | | |  | | Institutional Grant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | Individual Award | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | Third Party Award with Subcontracting Relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | Third Party Award with UW OSHKOSH commitments/no subcontract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## Cost Sharing

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FY** |  | **Cash Amount:** | |  | **In Kind Amount:** | |  |
| **FY** |  | **Cash Amount:** | |  | **In Kind Amount:** | |  |
| **FY** |  | **Cash Amount:** | |  | **In Kind Amount:** | |  |
| **Source of Cost Sharing:** | | |  | | | **Account #:** |  |

## Employment Status

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Faculty Employment Status Impacted by Grant (check one):** | | |  | Reassigned Time (detail below) | | | | |  | | CAS or Overload Pay | |
|  | Conversion to 12-Month Position | | | | |  | | Conversion to Staff Position | |
| **Faculty Reassigned Time Detail** | | | | | | | | | | | | |
|  |  | **Name** | | |  | **Terms** |  | **FTE Reassigned** | | **Reassigned Time Paid By:** | | |
|  | **1** |  | | |  |  |  |  | |  | | Grant, Full Recovery  Grant, Replacement Costs  Cost Share  Other |
|  | **2** |  | | |  |  |  |  | |  | |
|  | **3** |  | | |  |  |  |  | |  | |
|  | | | | | | | | | |  | |

## Indirect Cost Recovery

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Full Recovery (41.26% SWF) | |  | Cost-Shared, Indicate Rate: | |  |
|  | Educational Rate (8% TDC) | |  | Disallowed by Sponsor (attach documentation of sponsor policy) | | |
|  | Off Campus Rate (16.53% SWF) | |  | Waived, Explain: |  | |
|  | Other: | 41.26% on money for student salary (no other salary allowed) |  |
|  | | |

## Cost-Sharing/Matching Funds Detail

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Personnel: Faculty** |  | **Personnel: Non-Faculty** |  | **Equipment** |  | **S&E** |  | **Other** |
| **FY** |  |  |  |  |  |  |  |  |  |  |  |
| **FY** |  |  |  |  |  |  |  |  |  |  |  |
| **FY** |  |  |  |  |  |  |  |  |  |  |  |

## Other Institutional Commitments

**Check all that apply:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project will require creation of |  | | | new positions from grant funds. | | | |
| Project will require creation of |  | | | new positions from institutional funds. | | | |
| Project will require additional (check one): | | | Office(s) | | | Laboratory Space(s) | |
| Project will include building (check one): | | Renovation | | | Remodeling | | Alteration |
| Space assigned will require additional electrical service for equipment/computers. | | | | | | | |
| Project entails proprietary information/other confidentiality agreements. | | | | | | | |
| Project includes commitments of resources from third-party organizations.  (Detail commitments below and attach copies of letters of commitment to this document.) | | | | | | | |
| **Please provide explanations below for all items checked above:** | | | | | | | |
|  | | | | | | | |

## Certifications Regarding Regulatory Compliance

Check the appropriate response for each item.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | Proposal involves human subjects. If yes, indicate date of IRB approval of research protocol and attach copy of approval letter. | Date: |  |
|  | Yes |  | No | Proposal involves animal subjects. If yes, indicate date of IACUC approval of research protocol and attach copy of approval letter. | Date: |  |
|  | Yes |  | No | Proposal involves recombinant DNA. If yes, indicate date of Biosafety Committee approval. | Date: |  |
|  | Yes |  | No | Proposal seeks federal funding. PI/PD and co-PI/PD’s have completed the CITI Training in Financial Conflicts of Interest and attached a Financial Disclosure Form. | | |
|  | Yes |  | No | PI/PD,co-PI/PD, and any other person responsible for the design, conduct, or reporting of the research project certify that they do not hold significant financial interests related to the project. | | |
|  | Yes |  | No | PI/PD, co-PI/PD, and any other person responsible for the design, conduct, or reporting of the research project who hold significant financial interests related to the project have filed the appropriate disclosure statements with the Office of Grants and Faculty Development. | | |
|  | Yes |  | No | PI/PD and all co-PI/PD’s certify that they are not delinquent on any federal debts and are not debarred or suspended from receipt of federal funds. | | |

**Principal Investigator’s Statement: I have read and understand the relevant UW Oshkosh policies pertaining to those matters marked YES above and certify that these statements are true.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** | 10/2/12 |

**Co-Principal Investigator’s Statement: I have read and understand the relevant UW Oshkosh policies pertaining to those matters marked YES above and certify that these statements are true.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** | N/A |

## Recommendations and Approvals

**Office of Grants Recommendation**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Recommend Approval:** | |  | | Yes |  | No | | |
| **Recommend with Qualification:** | |  | | Yes |  | No | | |
| **Comments:** |  | | | | | | | |
| **Grants Accounting:** | | |  | | | | **Date:** |  |
| **Chair:** | | |  | | | | **Date:** |  |
| **Dean/Director/AVC:** | | |  | | | | **Date:** |  |
| **Provost/Vice Chancellor:** | | |  | | | | **Date:** |  |
| **Vice Chancellor Admin. Services:** | | |  | | | | **Date:** |  |
| **Comments:** |  | | | | | | | |