

UNIVERSITY OF NEW HAMPSHIRE

Sponsored Program Proposal Internal Approval Routing Form

Please submit one completed, fully-signed copy of this and any related forms to Sponsored Programs Administration (SPA) in Service Building Room 111 AT LEAST 5 WORKING DAYS PRIOR TO SPONSOR DEADLINE, along with one original of the final proposal and sponsor RFP (if any). [See toolbar at the bottom of the electronic version of this form or press the F1 key (Help key for MAC users) for help to complete each data field. To navigate, use the Tab key or cursor rather than the Return/Enter key.] SPA will strive to meet Project Directors' needs and sponsor deadlines in accordance with Business Process Guidelines and pertinent UNH policies and procedures described at <http://unh.edu/research>.

1. **UNH PROJECT DIRECTOR/INVESTIGATOR** Name: Matthew MacManes
E-mail Address: matthew.macmanes@unh.edu Campus Phone #: 2 - 4052
2. **PROPOSAL PROJECT TITLE** Short (Maximum 30 Characters): Genomics of Dehydration
Long (Maximum 175 Characters): Physiology and genomics of dehydration resistance in desert-adapted animals
3. **PROJECT DEPT:** MCBS
4. **CENTER/INSTITUTE SUBMISSION:** ☒ No ☐ Yes
If yes: Center/Institute Name:
5. **PROJECT LOCATION(S)** ☒ On ☐ Off Where:
- 6A. **PROPOSED SPONSOR:** Army **CFDA#:** 12 . 431
- 6B. **PRIME SPONSOR (if pass-through):** **CFDA#:** .
7. **PROPOSAL RESPONDS TO PROGRAM ANNOUNCEMENT** ☒
URL: http://www.arl.army.mil/www/pages/8/Mod2_ARO_BAA_revsept13.pdf
Or provide copy of program guidelines to SPA with this form and the proposal.
8. **REQUESTED PROJECT DATES** From: 1/2/2015 To: 12/31/2017
9. **COST SHARING** ☒ None ☐ Mandatory* ☐ Voluntary* (*Attach UNH Cost-Sharing Form.)
10. **PROGRAM INCOME** ☒ No ☐ Yes Anticipated: \$
11. **APPLICATION TYPE** (Check one; complete fields where required.)
☒ New ☐ Competitive Renewal: ☐ Pre-proposal ☐ Internal Proposal
☐ Continuation ☐ Supplement Banner Grant or UNH PID:
☐ Revised Budget: UNH PID:
12. **SPONSOR COSTS:** Total Direct: \$286,727 Total Indirect: \$133,604 Total Sponsor Costs: \$420,331
F&A Rate(s): 47.5%
13. **SUBMISSION TO PROSPECTIVE SPONSOR**
Deadline Date: 10/1/14 ☐ Postmark or ☐ Sponsor Receipt
Sponsor Mailing Name:
Address Line 1:
Address Line 2:
City:
State/Zip:

SPA USE ONLY

DATE SUBMITTED _____ EO 12372 _____

PROJECT ID _____ IT ENTRY _____

14. PURPOSE

☒ Research* ☐ Instruction ☐ Other

* If Research, please **select one** of the following:

- ☒ Basic Research: Undertaken primarily to acquire new knowledge without any particular application or use in mind.
- ☐ Applied Research: Conducted to gain the knowledge or understanding to meet a specific, recognized need.
- ☐ Development: Systematic use of the knowledge or understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including the design and development of prototypes and processes.

15. KEY WORDS (check all that apply)

☒ Interdisciplinary ☐ International ☐ Sustainability

16. SPECIAL CONSIDERATIONS FOR THIS PROJECT

Check **No**, **Yes** and/or **Pending**, as applicable, for each item below. If a form or application is required, complete and submit it to the appropriate UNH office or regulatory body. (Use "help" or F1 key for more information.)

No Yes

- ☒ ☐ New UNH Position(s)
- ☒ ☐ Personnel from Other UNH Depts*
- ☒ ☐ Faculty Release Time (AY or Summer)
- ☐ ☒ Faculty Summer Salary
- ☒ ☐ Faculty Supplemental Salary (AY or Sum)
- ☐ ☒ Student Support
- ☒ ☐ Credit Courses and/or Degree Programs
- ☒ ☐ Scholarships
- ☒ ☐ Sub-recipients
- ☒ ☐ Equipment with Purchase Price \geq \$50K
- ☒ ☐ Individually Identifiable Health Information

No Yes

- ☒ ☐ Renovations/Additions to Existing UNH Property
- ☒ ☐ Additional UNH Space – Estimated New Sq. Ft:
- ☒ ☐ Export-Controlled Technologies/Items/Information
- ☒ ☐ Shipments Out of the United States
- ☒ ☐ Interactions with US-Embargoed Countries or Restricted Parties
- ☒ ☐ RFP/BAA Publications or Foreign Nationals Restrictions
- ☒ ☐ Foreign Travel
- ☒ ☐ Hazardous Chemicals or Waste
- ☒ ☐ Class IIb or IV Lasers
- ☒ ☐ X-Ray and/or MRI Equipment
- ☒ ☐ Biohazardous Materials (pathogens, toxins, human source)
- ☒ ☐ Import of Biological Materials

* Also complete Additional UNH Faculty/Staff Form for paid effort and/or UNH Cost Sharing Form for contributed effort.

No Yes

- ☒ ☐ Human Subjects
- ☐ ☒ Vertebrate Animals
- ☒ ☐ Radioactive Materials
- ☐ Institutional Biosafety Committee
- ☒ ☐ DEA Controlled Substances
- ☒ ☐ SCUBA/Research Diving

If Yes, is use approved by appropriate UNH regulatory body?

Pending Yes If Yes, Protocol, Permit, or License #

130902 Where Housed: ARO

☒ ☐ **Financial Conflict of Interest in Research (FCoIR):** Does any UNH employee involved in the research, or any immediate family members, have any Significant Financial Interests (such as royalties, equity, consulting, or salary) in the sponsor or any other entities involved in the research; in intellectual property related to the research; or in products/services related to the research? (For a definition of Significant Financial Interests, see UNH FCoIR policy at <http://usnholpm.unh.edu/UNH/VIII.Res/E.htm>.) If "Yes", has/have the affected individual(s) filed a Disclosure Statement per UNH policy? (Note: Per UNH policy, affected individuals **must file** a Disclosure Statement prior to submission of a proposal for external funding see <http://unh.edu/research/financial-conflicts-interest-research>).

☒ ☐ **Financial Conflict of Interest in Research (FCoIR) for PHS-Funded Projects and other organizations that require compliance with PHS FCoIR regulations):** Does any investigator (UNH employee or otherwise) involved in design, conduct, or reporting of the research, or any immediate family members, have any Significant Financial Interests (such as royalties, equity, consulting, salary, or sponsored travel) related to his/her institutional responsibilities? (For a definition of Significant Financial Interests, see UNH policy on FCoIR for PHS-Funded Projects at URL.) If "Yes", has/have the affected investigator(s) filed a Disclosure Statement per UNH policy? ☐ Yes ☐ No (NOTE: Per UNH policy, affected individuals must have filed a Disclosure Statement prior to UNH's submission of a proposal for PHS funding ~ see <http://unh.edu/research/financial-conflicts-interest-research-projects-funded-public-health-service-phs>).

☐ ☒ **Acknowledgement of Intellectual Property Policy and Assignment** has been filed as required.

In submitting this proposal, I/we certify the following (please check when you have read each statement):

- ☒ All information in this proposal and on this form is true, complete, and accurate to the best of my/our knowledge.
- ☒ Any false, fictitious, or fraudulent statements or claims may subject me/us to criminal, civil, or administrative penalties.
- ☒ I/we am/are not currently suspended, debarred, or otherwise ineligible to receive federal or state funds.
- ☒ If this project is funded, I/we accept responsibility for project design and execution; prudent fiscal project management; and submission of all sponsor-required reports, documentation, and/or deliverables.
- ☒ If funded, I/we will comply with all applicable regulations, and UNH policies and procedures for this project, including filing and/or updating financial disclosures prior to and during the award as relevant interests/relationships change.



September 30, 2014

Project Director/Investigator Signature

Date

Project Co-Director/Co-Investigator Name:

Project Co-Director/Co-Investigator Signature

Date

Project Co-Director/Co-Investigator Name:

Project Co-Director/Co-Investigator Signature

Date

17. ADDITIONAL CERTIFICATIONS, ENDORSEMENTS AND APPROVALS

In signing this form, I have reviewed and approved the financial commitments for this proposal, including any cost sharing, salary in excess of the sponsor's salary cap, infrastructure costs, and space commitments. I have reviewed the proposed/reported effort and confirm it is realistic/accurate.

PD/PI's Department/Center/Unit Head Endorsement Date

Co-PD/PI's Department/Center/Unit Head Endorsement Date

Co-PD/PI's Department/Center/Unit Head Endorsement Date

PD/PI's Institute/Center Director Approval Date

Co-PD/PI's Institute/Center Director Approval Date

Co-PD/PI's Institute/Center Director Approval Date

PD/PI's College/School Dean or Vice Pres. Approval Date

Co-PD/PI's College/School Dean or Vice Pres. Approval Date

Co-PD/PI's College/School Dean or Vice Pres. Approval Date

Sponsored Programs Administration Approval Date

