**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

1. **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\_\_\_\_\_\_\_\_\_\_\_**

**F&A WAIVER \_\_\_\_\_No\_\_\_\_\_ Yes**

**If rate is less than then negotiated rate \_\_\_\_ Capped by Sponsor (Federal or Non-Profit) attach cap documentation** LAST REVISED 9/05/14

**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 No Yes**

New UNH Position(s)   Renovations/Additions to Existing UNH Property

Personnel from Other UNH Depts\*   Additional UNH Space – Estimated New Sq. Ft:

Faculty Release Time (AY or Summer)   Export-Controlled Technologies/Items/Information

Faculty Summer Salary   Shipments Out of the United States

Faculty Supplemental Salary (AY or Sum)   Interactions with US-Embargoed Countries or Restricted Parties

Student Support   RFP/BAA Publications or Foreign Nationals Restrictions

Credit Courses and/or Degree Programs   Foreign Travel

Scholarships   Hazardous Chemicals or Waste

Sub-recipients   Class IIIb or IV Lasers

Equipment with Purchase Price > $50K   X-Ray and/or MRI Equipment

Individually Identifiable Health Information   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.

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

**No Yes** **Pending** **Yes** If Yes, Protocol, Permit, or License #

Human Subjects

Vertebrate Animals   130902 Where Housed: ARO

Radioactive Materials

Institutional Biosafety Committee

DEA Controlled Substances

SCUBA/Research Diving

**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.

(For Form -<http://innovation.unh.edu/sites/innovation.unh.edu/files/documents/ip_policy_acknowledgement_031014.pdf>)

**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.

Project Co-Director/Co-Investigator Name:

\_\_\_\_\_ \_\_\_\_\_\_\_

Project Director/Investigator Signature Date 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

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

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

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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

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

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Sponsored Programs Administration Approval Date

LAST REVISED 9/05/14