



<b>Shaded areas are reserved.</b>				
SRA Log #:	Award/Contract #: <b>%35379</b>	Project #: <b>044727</b>	V1: <b>6403037</b>	F1:
Administering Business Unit: <input checked="" type="checkbox"/> <b>FSU01</b> (FSU Sponsored Research) <input type="checkbox"/> <b>FSRF1</b> (FSU Research Foundation)				
<b>DEADLINE INFORMATION</b>				
Is there a sponsor deadline? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Sponsor Deadline Date: <b>Dec 1, 2019</b>	Time: <b>5:00:00 PM</b>	Time Zone: <b>EST</b>
If there is no sponsor deadline, PI's requested submission/completion date:				
Submission Type: <input type="checkbox"/> Paper or <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Postmark or <input type="checkbox"/> Receipt				
<b>PRINCIPAL INVESTIGATOR INFORMATION</b> See page 4 for additional investigators and approvals.				
PI NAME: <b>Matthew Moore</b>		PHONE NUMBER: <b>850-644-2202</b>	EMAIL: <b>mnmoore2@fsu.edu</b>	
<b>PROPOSAL CONTACT</b>				
CONTACT NAME: <b>Gina Ward</b>		PHONE NUMBER: <b>850-644-3788</b>	EMAIL: <b>gmward@fsu.edu</b>	
<b>PROPOSAL INFORMATION</b>				
SPONSOR: <b>National Science Foundation</b>			SPONSOR ID: 975	
SOLICITATION#: <b>PD 16-1271</b>		SOLICITATION URL: <b><a href="https://www.nsf.gov/funding/pgm_summ.jsp">https://www.nsf.gov/funding/pgm_summ.jsp</a></b>		
FLOW-THRU AGENCY:		SPONSOR ID:	CFDA: <b>47.999</b>	
PROPOSAL TITLE: <b>Erosion, Transport, and Dispersion in Granular and Porous Media</b> (as submitted to sponsor)				
PROPOSAL TYPE: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Supplemental <input type="checkbox"/> Revision <input type="checkbox"/> SBIR I <input type="checkbox"/> SBIR II <input type="checkbox"/> STTR I <input type="checkbox"/> STTR II				
PROJECT DATES: Start Date: <b>Jul 1, 2020</b>		End Date: <b>Jun 30, 2023</b>		
PROJECT LOCATION: <input checked="" type="checkbox"/> On-Campus (non-NHMFL) <input type="checkbox"/> Off-Campus (non-NHMFL) <input type="checkbox"/> NHMFL (On-Campus) <input type="checkbox"/> NHMFL (Off-Campus)				
OFF CAMPUS PERFORMANCE SITE:				
F&A INFORMATION:		If F&A Rate proposed is less than the Federally-negotiated rate, is the reduction mandated by sponsor's written policy or voluntarily waived by FSU?		
Rate (%): <b>54</b> Base: <input checked="" type="checkbox"/> MD <input type="checkbox"/> TD <input type="checkbox"/> SLFR <input type="checkbox"/> N/A		<input type="checkbox"/> Mandated <input type="checkbox"/> Voluntary		
PROJECT PURPOSE: <input checked="" type="checkbox"/> Research <b>IXM</b>		<input type="checkbox"/> Other Sponsored Activity		<input type="checkbox"/> Instruction
<b>KEYWORDS: Algorithms, Applied Mathematics, Computational Mathematics, Mathematical Modeling, Numerical Analysis</b>				
SRA Use Only	<input checked="" type="checkbox"/> FONRE	<input type="checkbox"/> FONIN	<input type="checkbox"/> FONOS	<input type="checkbox"/> FMAG
	<input type="checkbox"/> ONRES	<input type="checkbox"/> ONINS	<input type="checkbox"/> ONOSA	<input type="checkbox"/> ONMAG
	<input type="checkbox"/> OFRES	<input type="checkbox"/> OFINS	<input type="checkbox"/> OFOSA	<input type="checkbox"/> OFMAG
<input type="checkbox"/> MAG (Core)				
<b>PROPOSED COSTS</b>				
Total Requested from Sponsor: <b>\$439,824.00</b>		Attach detailed budgets for all proposed costs.		
Total FSU Cost Sharing:		<input type="checkbox"/> Voluntary <input type="checkbox"/> Required by Sponsor	Attach FSU C/S Commitment form & detailed budget.	
Total Third Party Match:		Attach Third-Party C/S Commitment Form & detailed budget.		
<b>PROJECT DEPARTMENT:</b> Identify the department responsible for financial management of the project if awarded. This DeptID will be used in the budget chartfield combination.				
Dept Name: <b>Mathematics</b>		DeptID: <b>081003</b>		

Is this project a continuation of a previous project? If yes, enter Project ID:	Award %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will additional resources such as animal non-animal space, equipment, utility service, etc., be needed to conduct this project in addition to what is currently available to you or is budgeted for this in the proposal? If yes, complete the following:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Resource Requested:	Estimated Cost:
Requested From:	Request Approved:

Will NHMFL facilities be used to conduct any part of this project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**MATRICULATION and/or TUITION FEE WAIVERS:** (Waiver 1 is the default if no grad salary charged.) **WAIVER 4**

**WAIVER 1:** (1) Charge the project all matriculation fees for qualifying graduate assistants and out-of-state tuition for Engineering majors paid from project funds;  
(2) No qualifying grad students proposed; or (3) Grad student salaries not allowed.

**WAIVER 2:** The College/ School Waiver Allocation will cover all tuition of students paid or supported by this proposed project.

**WAIVER 3:** An alternate source will cover all tuition of students paid or supported by this project. The department is responsible for processing departmental billings to pay tuition for all students paid from this project. If the department does not process a departmental billing, the tuition will be charged automatically to the waiver allocation of the College/School associated with the student's major.

**WAIVER 4:** This Contract/Grant will pay only the matriculation fee for graduate assistants, even if engineering majors are paid from this project.

**PERSONALLY IDENTIFIABLE INFORMATION**

Does this project use or operate a Federal information system or create, collect, use, process, store, mainline, disseminate, disclose, or dispose of **Personally Identifiable Information (PII)**, defined as information about an individual that identifies, links, relates, or is unique to, or describes him or her (e.g., social security number; age; military rank; civilian grade; marital status; race; salary; home phone numbers; other demographic, biometric, personnel, medical and financial information, etc.). ☐ Yes ☒ No

**CONFLICT OF INTEREST**

The PI is aware that a participating faculty, staff, student, or partnering entity has an actual, potential, or perceived conflict of interest as described in FSU's [Conflict of Interest Policy](#). If "Yes" is checked, review and follow the applicable [conflict of interest disclosure procedure](#) to disclose the conflict. ☐ Yes ☒ No

**ATTACHMENTS**

	Proposal	Delete Attachment	View Attachment	Notes:
	Proposal	Delete Attachment	View Attachment	Notes:
	Proposal	Delete Attachment	View Attachment	Notes:
	Solicitation	Delete Attachment	View Attachment	Notes:
	Other Attachment	Delete Attachment	View Attachment	Notes:
Coversheet_Moore.pdf	Other Attachment	Delete Attachment	View Attachment	Notes:
ProjectSummary_Moore.pdf	Other Attachment	Delete Attachment	View Attachment	Notes:
Budget Summary_Moore.pdf	Other Attachment	Delete Attachment	View Attachment	Notes:
	Other Attachment	Delete Attachment	View Attachment	Notes:

"Investigator" means the principal investigator, co-principal investigators, and any other person who is responsible for the design, conduct or reporting of the research or educational activities funded or proposed for funding by the appropriate funding agencies. Investigators may include subrecipient investigator, contractors, consultants, undergraduate and graduate students, and post-docs. A list of non-PHS agencies who have adopted PHS regulations can be found at: [http://nrc59.nas.edu/pub/fcoi\\_agencies\\_phs\\_regs.html](http://nrc59.nas.edu/pub/fcoi_agencies_phs_regs.html).

**Each signer below certifies that:**

- He/she has reviewed this proposal and approves of this activity;
- Cost sharing funds, if required, will be made available when the project is funded;
- Office, laboratory, or any other space including non-animal space or space for animals, if appropriate, particularly associated with this project is available; and
- He/she has read and understood FSU's Investigator Financial Disclosure policy and FSU's Conflict of Interest policy and all required disclosures have been made.
- If this proposal is requesting funding directly or indirectly from the National Institutes of Health (NIH), he/she has read and understood the NIH Public Access Policy and agrees to comply with its requirements.

Role	Name	EMPLID	Appointed as Post Doc or Grad Student?	Credit (PI or Co-PI Min 1%)	E-Mail	Signature
PTF Originator	Gina Ward	100415347	<input type="checkbox"/> PD or <input type="checkbox"/> GS		gmward@fsu.edu	
PI (from page 1)	Matthew Moore	000104975	<input type="checkbox"/> PD or <input type="checkbox"/> GS	34 %	mnmoore2@fsu.edu	Matthew N. Moore <small>Digitally signed by Matthew N. Moore Date: 2019.11.25 08:30:08 -05'00'</small>
Co-PI	Bryan Quaife	000106551	<input type="checkbox"/> PD or <input type="checkbox"/> GS	33 %	bquaife@fsu.edu	Bryan Quaife <small>Digitally signed by Bryan Quaife Date: 2019.11.21 19:47:38 -05'00'</small>
Chair	Washington Mio	000000637	<input type="checkbox"/> PD or <input type="checkbox"/> GS	%	wmio@fsu.edu	Washington Mio <small>Digitally signed by Washington Mio Date: 2019.11.25 11:05:04 -05'00'</small>
Chair	Gordon Erlebacher		<input type="checkbox"/> PD or <input type="checkbox"/> GS	%	gerlebacher@fsu.edu	Gordon Erlebacher <small>Digitally signed by Gordon Erlebacher Date: 2019.11.26 09:23:51 -05'00'</small>
Chair	Kevin Speer	000027635	<input type="checkbox"/> PD or <input type="checkbox"/> GS	33 %	kspeer@fsu.edu	Dr. Kevin Speer <small>Digitally signed by Dr. Kevin Speer Date: 2019.11.22 10:14:17 -05'00'</small>
Dean	Sam Huckaba		<input type="checkbox"/> PD or <input type="checkbox"/> GS	%	AS-GrantDocs@fsu.edu	Sam Huckaba by Chad Stubbs <small>Digitally signed by Sam Huckaba by Chad Stubbs Date: 2019.11.26 09:43:01 -05'00'</small>
			<input type="checkbox"/> PD or <input type="checkbox"/> GS	%		
			<input type="checkbox"/> PD or <input type="checkbox"/> GS	%		
			<input type="checkbox"/> PD or <input type="checkbox"/> GS	%		

**EFFORT COMMITMENTS**

This proposal ☒ DOES or ☐ DOES NOT contain effort commitments by Key Personnel. See the *Effort Commitment Policy* at: <https://www.research.fsu.edu/media/2650/policy-7a-9.pdf>

**OMNI PROPOSAL RESOURCES & POST-AWARD PROJECT TEAM**

Role	Name	EMPLID	Role	Name	EMPLID
SPMgr w/ ePRO	Gina Ward	100415347			
DeptRep	Gina Ward	100415347			

**POST AWARD NOTIFICATIONS & MILESTONES**

Role	Name	EMAIL	Role	Name	EMAIL
PostAwdNot	Gina Ward	gmward@fsu.edu			

APPROVED FOR VPR (Initials/Date):

HERD Code:

Type of Research:

HRD E1

☒ Basic ☐ Applied ☐ Development