**Proposal Routing Form (PRF)**

**PLEASE ANSWER ALL QUESTIONS**

**Please complete and return to Natalie Dillon**

[**dillo016@umn.edu**](mailto:dillo016@umn.edu)

*(To enter a check mark, click once inside the check box. For text fields, place your cursor in the grayed text box and type your reply)*

1. **Sponsor:** EcoHealth Alliance

**Is proposal a subaward?**  **Yes**  **No**

**If yes, indicate the Prime Funding Source:** **United Stated Fish and Wildlife Service**

1. **Title:** Evaluating Risks of Wildlife Sourced Protein Acquisition in Urban Centers of Cameroon
2. **Agency Due Date:** 1/15/2015  Receipt  Postmark  Target

**Due Time (if not 5pm CST)**

1. **Agency RFA/RFP Number (if applicable):**  (CFDA) Number: 15.651 - F15AS00007
2. **Submission Medium:**

Grants.gov

Electronic **Email/URL:**

**Instructions:**

Paper Paper/Electronic

**Number of copies for sponsor:**

**Mailing Information (Name, Address, Special Instructions):**

**Phone:**

**Email/URL:**

1. **University Contact: Natalie Dillon, 4-5344,** [**dillo016@umn.edu**](mailto:dillo016@umn.edu)
2. **Administering Department:** Veterinary Population Medicine **Department ID Number:**
3. **Principal Investigator:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Email/X.500** | **Department** | **% Effort** | **Paid/Unpaid** |
|  |  |  |  | **Paid**  **Unpaid** |
|  |  |  |  | **Paid**  **Unpaid** |

1. **Co-Investigators:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Email/X.500** | **Department** | **% Effort** | **Paid/Unpaid** |
| Dominic Travis | datravis | VPM | 5 | **Paid**  **Unpaid** |
| Mac Farnham | mfarnham | VPM | 10 | **Paid**  **Unpaid** |
|  |  |  |  | **Paid**  **Unpaid** |

1. **Proposal is for (select one):**

Research Instruction Other Sponsored Activity

Equipment Only Clinical Trial Master Agreement

* 1. **If for research: Basic %**      **Applied %**100 **Development %**
  2. **If for clinical trial:** Sponsored InitiatedPI Initiated
     1. **The PI is also the Sponsor-Investigator of this trial**

1. **Proposal is (select one):** New Renewal

Revised Proposal (Resubmission)  Revised Budget

Supplement Continuation  Administrative Change

If continuation, renewal, supplement or administrative change:

Complete agency assigned award number:

EFS Award Number:       or Primary Project:

Description of Administrative Changes:

1. **Duration of project and amount requested:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Start Date** | **End Date** | **Direct** | **Indirect** | **Total** |
| **First Year** |  |  |  |  |  |
| **Total Budget Period** |  |  |  |  |  |

**F&A Rate Used:** **F&A Base:** **MTDC** **TDC** **Other**

**F&A Rate (Check one below)**

**Full F&A Rate (**[**http://www.policy.umn.edu/Policies/Research/COST\_RATES.html**](http://www.policy.umn.edu/Policies/Research/COST_RATES.html)**)**

**F&A Requested is the published rate of govt or non-profit sponsor**

**No F&A Requested because:**  **State of MN Funding**  **Equip Only**  **Master Agreement**

**An F&A Waiver in needed for this project (**[**http://www.policy.umn.edu/Policies/Research/COST\_PROC03.html**](http://www.policy.umn.edu/Policies/Research/COST_PROC03.html)**)**

**Small Project Waiver ($50k or less per year)**

**Regular Waiver (Complete F&A Waiver Request)**

**Strategic Waiver (Complete F&A Waiver Request)**

**Comments (justification for F&A waiver):**

1. **Does this project use, involve or have:**

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|  |  | **Human Subjects? If yes:**  Pending  Approved  Exempt  If approved, Study Code #       Approval Date: |
|  |  | **Animal Subjects? If yes:**  Pending  Approved  If approved, Study Code #       Approval Date: |
|  |  | Purchase/use of **custom antibodies** that have been or will be housed outside the University? |
|  |  | **Human blood, body fluids or other potentially infectious material? If yes:**  Do you have Blood-borne Pathogen training and immunization? Yes No |
|  |  | **Stem Cell – Will your research involve:**  **Yes**  **No Human embryonic stem (hES) cells**  **Yes  No Human embryos less than 14 days old**  **Yes  No Human induced pluripotent stem (iPS) cells or other hum stem cell sources that are intended to make or contribute to an embryo**  *If you answered yes to any of the questions above please obtain approval for your protocol from the human Embryonic Stem Cell and human embryo Research Oversight (ESCRO) committee* |
|  |  | **Recombinant DNA, Infectious agents or Biological toxins? If yes:**  Have you filed a registration form concerning this project with the Institutional Biosafety Committee? Yes No Pending  Study Code #       Approval Date: |
|  |  | **Radioactive materials** and/or ionizing or non-ionizing radiation-producing equipment? **If yes**: Do you have the appropriate permits and adequate radiation safety information (Dept of Environmental Health & Safety 6-6764)  Yes No |
|  |  | **Chemicals? If yes:** Do you have the appropriate chemical safety and hazardous waste training records? Yes No |

1. **Does this proposal include any outgoing subawards?** **Yes** **No**

**With whom:**

1. **Potential Financial Business Conflict of Interest? Yes No**

**If Yes: Indicate the REPA#:** **Approval Date:**

Additional Comments (note, these will display on printed PRF, please do not include information you prefer to keep private:

1. **Inventions:**

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|  |  | Is it likely that anything patentable (i.e. new, useful, or improved) will result from this research? |
|  |  | If this is a renewal or continuing project, have any inventions been conceived or reduced to practice under prior research on this subject?  If yes:  Not Previously Reported  Previously Reported |
|  |  | Does this proposal contain [private commercial or trade secret information](http://www.research.umn.edu/support/nirvana/form-help/PRF/PRFhelp.htm#privatecommercialinfo)? |
|  |  | Does the PI or any investigator have any active patent disclosures with the Office of Technology Commercialization relating to the work contemplated in this proposal? |

1. **Is sufficient space available?** **Yes** **No If yes:**

**Room Number****435 Building****ANSC/VM**

1. **Does this project involve University resources, space or staff from more than one department or college? Yes No**

*If yes, form must be approved by all department heads and deans.*

1. **Indirect Cost Recovery ICR Sharing – Choose one of the following:**
   1. ICR is required to be shared (over $100,000/year with indirect costs of at least $1,000 and involves an intercollegiate center or more than one college).

ICR will be shared by:

Separate budgets ( Budgets attached  Provided at time of award)

Based on contributions

Will be shared but percentages have not been negotiated

Separate agreement has been negotiated and is attached to proposal

Enter the percentage for each DeptID (contingent upon final negotiations or budget reductions)

Dept Name:       DeptID:      Percent:

* 1. Academic units involved have chosen to share ICR revenue.

ICR will be shared by:

Separate budgets ( Budgets attached  Provided at time of award)

Based on contributions

Will be shared but percentages have not been negotiated

Separate agreement has been negotiated and is attached to proposal

Enter the percentage for each DeptID (contingent upon final negotiations or budget reductions)

Dept Name:       DeptID:      Percent:

* 1. ICR revenue will NOT be shared.
  2. No ICR associated with this proposal.

1. **Matching and Cost Sharing:**

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|  |  | Mandatory cost sharing, matching or in-kind required by sponsor? |
|  |  | Optional cost sharing, matching or in-kind offered by proposal? |

**If yes to either question, please describe dept contribution and/or provide chart string(s) below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Fund** | **DeptId** | **Program** | **Acct\*** | **CF1** | **CF2** | **Emplid** | **Amount** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**\*700101 = Faculty \*700201 = P&A**

1. **Program Income: Is program income anticipated in the project?** **Yes** **No**

If yes, indicate type(s) of program income by selecting on or more items from questions below:

From fees for services performed?

From the use or rental of real or personal property acquired under this project?

From the sale of commodities or items fabricated under the award?

From license fees and royalties on patents and copyrights that may develop from this project?

*If yes to any of the above, agency rules, regulations, and University procedures regarding accounting for and reporting program income must be followed.*

1. **International Component**

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|  |  | Do you contemplate foreign travel (including conferences)? |
|  |  | Do you contemplate a foreign component (collaboration/field work)? |

1. **Fairview Health Services: Does this proposal make use of Fairview Health Services resources? Yes (TASCS Request #:** **) No**
2. **Proposal abstract or executive summary (optional):**

1. **Notes:**