

University of Southern California
Department of Contracts & Grants (DCG)
Proposal Approval Record (PAR)

11/06/2006

11:55:00AM

For Department of Contract & Grant Use Only	
USC Proposal Number:	14190.0009
Date Received:	_____
Deadline Date:	_____

Principal Investigator: _____ Principal Employee Id: _____

Principal Investigator: _____ Principal Employee Id: _____

Academic Unit to Administer _____

Res. Admin. Coordinator: _____ Email: _____ Phone: - -

DCG Administrator: _____ Email: _____ Phone: - -

Title of Proposal: _____

Sponsor: _____

Sponsor Number, if any (RFA#, PA#, RFP#, etc.): _____

Sponsor Address: (if applicable) _____

Additional Address: _____

City: _____ State: _____ Zip Code: _____

Sponsor Due Date: _____ No. of Copies Plus Original: _____ Duration in Months: _____

First Period Start Date: _____ First Period End Date: _____

Total Period Start Date: _____ Total Period End Date: _____

Award Type: _____ Project Type: _____ Proposal Type: _____

If Subaward / Subcontract, the Primary Funding Source is: _____

Fellow's Name: (if applicable) _____ Fellowship Citizenship: _____

Equipment Value Threshold Amount: _____ NIH Salary Cap Amount: _____

Project Costs:

F & A Rate(s): _____

Special F & A Rate: _____

Fringe Benefit Rate(s): _____

F & A Base: Modify Total Direct Cost: Total Direct Cost: Salary & Wages

Previous USC Account _____ Previous Agency Award No.: _____

First Budget Period Direct _____ Total Project Direct Cost: _____

First Budget Period F & A _____ Total Project F & A Base: _____

First Budget Period F & A _____ Total Project F & A Cost: _____

First Budget Period Total _____ Total Project Cost: _____

Project Descriptors:

Key Words:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Answer the following questions:

1. Does the project involve research using human subjects?

Yes No

Approval Date: _____ Approval Date Status: _____

Protocol Number: _____ (required for all proposals except new proposals)



2. For NIH sponsored research involving human subjects, have the principal investigator and all key personnel completed required education regarding the protection of human subjects in research?

Yes No N/A



3. Does the project involve the use of animals?

Yes No

Approval Date: _____ Approval Date Status: _____

Protocol Number: _____ (required for all proposals except new proposals)



4. Does this project involve:

Yes No

- (a) the handling of blood, blood products, or body fluids; or
- (b) biological agents, known carcinogens, non-human primates (whole animal or cells), or human material (not rDNA)?



5. Does the project involve:

Yes No

- (a) recombinant DNA involving vectors or human material; or
- (b) human gene therapy?



6. Does this project involve:

Yes No

- (a) radioactive material or
- (b) X-rays?



7. Will this project require Select Agents ?

Yes No

ALL SELECT AGENTS MUST BE OBTAINED THROUGH THE LABORATORY SAFETY OFFICE.



8. Will additional space or renovation of existing space be required for this project? If yes, describe concisely what is required, the estimated cost and source of the estimate, and the source of funds to be used in a letter to the appropriate Dean.

Yes No



9. Does this project include subcontracts to other institutions? If, yes, evidence of institutional approval by the subcontractor of its proposed work and level of support should be included in the proposal.

Yes No



10. Does this project involve cost sharing or matching funds? If yes, provide the following information:

Yes No

Cost Share	Amount	Account



11. Does the Principal Investigator or any other investigator who will be involved in proposing or conducting the research or reporting the results of the research have a conflict of interest as defined in USC's Conflict of Interest in Research policy ("Policy") at <http://policies.usc.edu>?

Yes No N/A

If yes, the investigator(s) having the conflict of interest must complete the Statement of Outside Interests Related to Research form at <http://www.usc.edu/dept/contracts/formshow.htm> and submit it to the Office of the Vice Provost for Research, ADM300/UPC, to be reviewed by the Financial Disclosure Review Committee.

12. Are there any export control issues that may be associated with this project? Yes No
For example:

- Restrictions placed on publication, disclosure, dissemination or participation in this program by the
- Receipt of export controlled information expected to be furnished by others for use in this project.
- Issues regarding export control are mentioned by the sponsor.
- Export of controlled information, technology or items expected.



13. Have the individuals named in this PAR (PI, Investigators and Administrators) taken and completed the Grants Management Education Course (online or live)? Yes No

If No, go to the Office of Compliance website <http://www.usc.edu/dept/admin/compliance/> to see the schedule of classes and register.



Approvals:

Does the project involve faculty from more than one department or school? If yes, signatures must be obtained from each department and school involved. Signatures must be included in the Comments section. Yes No



Principal Investigator: I certify that the information herein is accurate and complete as of this date. I accept responsibility for conduct of the project and provision of required reports of an award is made as a result of this proposal. I agree to and will require all those under my supervision to assign any inventions made in the performance of this project to the University.

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Division Chief (only for Keck School of Medicine): Commitments to this project are acceptable. This proposal is approved:

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Department Chair: I certify that the Principal Investigator is a faculty member and does not exceed 100% effort for his/her combined duties. Salaries, space and other commitments to this project are acceptable. (Keck School of Medicine only: I accept responsibility for all personnel expenses connected with this project prior to proper notification of termination and any overdrafts which may arise). The proposal is approved:

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Director/Associate Dean: Commitments to this project are acceptable. The proposal is approved:

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Dean: Commitments to this project are acceptable. The proposal is approved:

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Contracts & Grants: The proposal is approved:

Signature: _____ Date: _____ Signature: _____ Date: _____

Principal Investigator Data:

Principal Investigator	Employee Id	School
1.		
2.		

Work Phone	% Effort Calendar Year	% Effort Academic Year	% Effort Summer
1.			
2.			

Co-Principal Investigator Data:

Co-Principal Investigator	Employee Id	School
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Work Phone	% Effort Calendar Year	% Effort Academic Year	% Effort Summer
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Other Key Personnel Data:

Other Key Personnel	Employee Id	Project Role
1.		
2.		
3.		
4.		
5.		
6.		
7.		

% Effort Calendar Year	% Effort Academic Year	% Effort Summer
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Off Campus Name: _____
Off Campus Address: _____
Off Campus Add'l _____
City: _____
State: _____
Zip Code: _____

Comments: