NOTE: This form may be used to prepare data to be entered into Research Administration Management System & eSubmission (RAMSeS): http://ramses.unc.edu

General Information (Start New Proposal):

* Indicates Required Fields

**Funding Agency(ies)**

*Funding Agency: 

Funding Opportunity/Sponsor 

Application Number: 

Proposal Guideline URL: 

Prime Funding Agency: 

**General Proposal Information**

*Project Name: 

*Initial Start Date: 

*Project End Date: 

*Activity Type/Chess Code: (Choose from drop down list)

Proposal Type (Choose one):

- Amendment/Supplement
- Renewal or Competing Continuation
- New
- Revised Request
- Non-Competing Continuation

Award Type (Choose one):

- Contract
- Select One: Federal, State, Foundation/Non-Profit, Industry
- Grant
- Select One: R-Series, K-Series, F-Series, Other
- Clinical Trial
- Select One: Federal, State, Foundation/Non-Profit, Industry
- Incoming Subcontract

*Will this proposal be submitted electronically to the sponsor? ☐ Yes ☐ No
If yes, please enter the following information
Select electronic method:

- Grants.gov
- Website
- Email
- Other

Does the sponsor require a paper copy of this proposal or any part thereof? ☐ Yes ☐ No

*Is this proposal a SNAP? ☐ Yes ☐ No
(Streamlined, Non-Competing, Award Process)
(For additional information on SNAPs visit the NIH Progress Report web site)
General Information (Continued)

* Award Admin Dept:  

Affiliated Center/Institute:  

Sponsor Deadline:  

Previous UNC Acct Number:  

* Title of Project:  
**Investigators/Research Team**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Dept</th>
<th>Role</th>
<th>% Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lead Investigator</td>
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**Please list all individuals that will be listed on the budget:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Department</th>
<th>Role*</th>
<th>% of Effort</th>
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*Roles include: Lead Principal Investigator, Fellow, Investigator, Post Doc, Administrative Contact, Principal Investigator, Other*
### Budget

<table>
<thead>
<tr>
<th>Initial Period/First Year</th>
<th>Total Period/Total Request</th>
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<tbody>
<tr>
<td>Begin Date</td>
<td>Begin Date</td>
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<tr>
<td>End Date</td>
<td>End Date</td>
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<td>Direct</td>
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<td>F&amp;A Base</td>
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<td>F&amp;A Rate</td>
<td>F&amp;A Base</td>
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<tr>
<td>F&amp;A Amount</td>
<td>F&amp;A Base</td>
</tr>
<tr>
<td>Initial Funds Requested</td>
<td>Total Funds Requested</td>
</tr>
</tbody>
</table>

### Cost Sharing or Cash Matching:

Does this proposal include funds or contributions in the form of cost sharing or cash matching?

- [ ] Yes  
- [ ] No

If yes, answer the following question:

<table>
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<th>Cost Share Amount:</th>
<th>$</th>
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<tbody>
<tr>
<td>Cost Share Amount:</td>
<td></td>
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</table>

If yes, check the appropriate type(s): Please check all that apply

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<tr>
<th>Agency Mandated</th>
<th>Voluntary (Mandatory if Awarded)</th>
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<td>Please check all that apply</td>
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<td>[ ] In-Kind</td>
<td>[ ] In-Kind</td>
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<td>[ ] Matching</td>
<td>[ ] Matching</td>
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<td>[ ] Salary Cap</td>
<td>[ ] Salary Cap</td>
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<tr>
<td>[ ] Other:</td>
<td>[ ] Other:</td>
</tr>
</tbody>
</table>

Are you requesting the Vice Chancellor for Research and Economic Development provide funds to support?

- [ ] Yes  
- [ ] No

Do you need additional resources to do this project over and above what is requested in the proposal budget?

- [ ] Yes  
- [ ] No

If yes, check those needed resources below: Please check all that apply:

- [ ] Personnel
- [ ] Space
- [ ] Equipment
Conflict of Interest

Currently or during the term of this research study, does any member of the research team and his/her family member have or expect to have:

a) A personal financial interest in or personal financial relationship (including gifts of cash or in-kind) with the sponsor of this study?
   □ Yes  □ No

b) A personal financial interest in or personal financial relationship (including gifts of cash or in-kind) with an entity that owns or has the right to commercialize a product, process or technology studied in this project?
   □ Yes  □ No

c) A board membership of any kind or an executive position (paid or unpaid) with the sponsor of this study or with an entity that owns or has the right to commercialize a product, process or technology studied in this project?
   □ Yes  □ No

Has the University or has a University-related foundation received a cash or in-kind gift from the Sponsor of this study for the use or benefit of any member of the research team?
   □ Yes  □ No

Has the University or has a University-related foundation received a cash or in-kind gift for the use or benefit of any member of the research team from an entity that owns or has the right to commercialize a product, process or technology studied in this project?
   □ Yes  □ No

Research Subjects

Research Subjects:
Does this research involve HUMAN SUBJECTS?
   □ Yes  □ No

If yes, have you submitted an application for IRB approval?
   □ Yes  □ No

If yes, please indicate the status of the protocol:
   □ Approved
   Protocol Number:
   Approval Date:
   □ Exempt
   IRB Number:
   Exemption date:
   □ No decision (or None of the above)

Will existing data, research records, patient records, and/or biological human specimens be involved?
   □ Yes  □ No
Research Subjects (Continued)

Will surveys, questionnaires, interviews, or focus groups with subjects be conducted?
☐ Yes  ☐ No

Will investigational drugs or devices be used?
☐ Yes  ☐ No

Will there be direct interaction or contact with the subjects?
☐ Yes  ☐ No

This project will involve: (check all that apply)
☐ Healthy Volunteers
☐ Patient Populations

If no, please check one of the following:
☐ JIT
☐ Not submitted

Does this research involve ANIMAL SUBJECTS?
☐ Yes  ☐ No

If yes, have you submitted an application for IACUC approval?
☐ Yes  ☐ No
  If yes, please indicate the status of the protocol:
  ☐ Approved
  IACUC ID:
  Approval Date:

List the Species involved with this project:

Will animals be bred as part of this project?
☐ Yes  ☐ No

Will surgical procedures be used?
☐ Yes  ☐ No

Will tissues be collected?
☐ Yes  ☐ No

If no, please check one of the following:
☐ JIT
☐ Not submitted
Research Materials:

Does the proposal involve research with any of the following?: (please check all that apply)

- Radioactive Materials
- Potential Biological Hazards (viruses, recombinant DNA, etc...)
- Chemical Hazards (poisons, explosives, reagents, flammables, carcinogens, etc...)
- This study involves the use of botulinum neurotoxins, botulinum neurotoxin producing species of clostridium or preparations or pharmaceuticals containing botulinum neurotoxins.

If the proposal involves any of the above materials, contact the Department of Environment, Health and Safety (DEHS) for required approvals at 962-5507 (email: dehs@unc.edu)

Subcontracts

If this proposal involves Subcontractors (for which funds are requested), please add them below, and provide the following information to OSR:

1. Statement of Work
2. Budget
3. Budget Justification
4. If NIH, 398 and 2590 face page and checklist
5. If not NIH, a letter from subcontractor signed by an authorized official of the proposed subcontractor

Subcontractor(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Export Control

Does this proposal involve any restrictions on publications?
☐ Yes  ☐ No

Does this proposal involve any foreign nationals?
☐ Yes  ☐ No

Do you anticipate sending/transporting anything or receiving anything from outside of the US?
☐ Yes  ☐ No

If yes, please list the name(s) of the country(ies) and provide a brief description of the item(s)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you anticipate any travel outside the US associated with this project?
☐ Yes  ☐ No

If yes, please list the name(s) of the country(ies):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Will you send your research results to a foreign country or foreign national?
☐ Yes  ☐ No

If yes, please list the name(s) of the country(ies):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does this proposal involve carrying out classified research, not to include work with "select agents", on campus or require a security clearance for UNC-CH personnel?
☐ Yes  ☐ No (If yes, contact the UNC-CH Vice Chancellor for Research and Economic Development)

Intellectual Property

Have you disclosed any of this research to the Office of Technology Development?
☐ Yes  ☐ No

If Yes, then please enter the title:
________________________________________________________________________

If you have not disclosed any of this research, do you think this research has the potential for a patent?
☐ Yes  ☐ No

Does the research in this proposal involve any filed patents?
☐ Yes  ☐ No
Intellectual Property (Continued)

Does the research in this proposal involve any issued patents?
☐ Yes    ☐ No

Will this research use any materials obtained from a third party under a transfer agreement granting ownership rights in inventions and/or data out of the use of the material?
☐ Yes    ☐ No

Will this research use any material, patented or otherwise, which is owned by UNC and licensed to a commercial entity? ☐ Yes    ☐ No

Is this proposal an SBIR (Small Business Innovative Research Program)?
☐ Yes    ☐ No

Is this proposal an STTR (Small Business Technology Transfer Program)?
☐ Yes    ☐ No

If Yes, please enter the following information
Will you be the designated Principal Investigator for this project?
☐ Yes    ☐ No

What is your formal relationship with the applicant organization? (Choose one)
Board of Directors    Company Officer    Scientific Review Board    Other

Benefits to North Carolina

Affect Economic Development in North Carolina?
☐ Yes    ☐ No

Provide Community Services in North Carolina?
☐ Yes    ☐ No

Address the General Education, Health, or Welfare of North Carolina Citizens?
☐ Yes    ☐ No

Involves research with an Institute or Center within UNC-CH?
☐ Yes    ☐ No

Locations of Sponsored Activities

On-Campus Locations
If any sponsored activities occur on campus, please enter the on-campus location in the space below and add it by clicking the 'Add Location" button.
Locations of Sponsored Activities (Continued)

**NC County Locations**
If any sponsored activities occur in North Carolina, please select the NC County in the list and add it by clicking the 'Save County' button.
NOTE: there is an “All Counties” option on the eIPF pull-down
County(s):_____________________________________________________________________________

---

**Out-of-State Locations**

If any sponsored activities occur in other U.S. States outside North Carolina, please select the State in the list and add it by clicking the 'Save State' button.
NOTE: there is an “All States” option on the eIPF pull-down
Out-of-State Locations:_____________________________________________________________________________

---

**Out-of-Country Locations:**

If any sponsored activities occur out of the United States, please select the country below and add it by clicking the 'Add Location' button.
Out-of-Country Locations:

---

**Application Abstract**

Please select a CIP code (Science Code) that describes the type of research contained in this proposal:

NOTE: you may copy and paste the title to the eIPF

I give permission to include this abstract in the Research Abstracts Database (RAD) □Yes  □ No

---

**Attachments:**
Upload any electronic files that should be routed with the proposal (see Help screen for details)

**Approval Departments:**
Use this section to manage the routing order of the proposal (see Help screen for details)