SPS Proposal
Transmittal Checksheet

1. Project Title:
   Sample for a NCR under SNAP

2. Project Period
   Start Date: 03/01/04
   End Date: 02/28/05
   (30/30/YY)

3. Classification of Proposal: (Check One)
   □ New Proposal
   □ Preliminary Proposal
   □ Revised Proposal, SPS # under revision:
   □ Competing Cont., Proc. Acct. No.:
   □ Non-Competing Cont., Proc. Acct. No. 511 1053-1234
   □ Supplement, Proc. Acct. No.:
   □ Continuation(Renewal), Proc. Acct. No.:
   □ Please Check One:
     □ Research, □ Instruction, □ OSP, □ Fellowship

4. Sponsor Name:
   NIH

5. Is this project to be a subcontract?
   □ Yes, □ No
   If yes, please list the Prime Sponsor:

6. Is this proposal in response to an Request For Proposal/Quote?
   □ Yes, □ No
   If yes, please list the RFP/RFO Number:

7. SPONSOR DUE DATE:
   □ Electronic Due Date
   □ Postmark Paper Copy
   □ Receipt Paper Copy

8. Special Instructions/Remarks:

   [Signature]
   [Date]

9. Responsible DEPT No.:
   DEPT Name: 1063

10. Sponsor's Federal Express Shipping Address
    (NO PO BOX NUMBERS, Must have street address)
    Division of Extramural Activities Support, OER
    National Institutes of Health
    6705 Rockledge Drive, Room 2207, MSC 7987
    Bethesda, MD 20892-7987

11. Sponsor Cost: $135,895.00

12. Cost Sharing: $____________________

13. Is this cost sharing in excess of the University Standard of 1%?
   □ Yes, □ No
   If yes, please attach approved Cost Share Commitment form 32.
   *1% standard applies to NSF and NIH research proposals only: proposals to
   other sponsors should identify all cost sharing on the Form 32.

14. Will minor account establishment be required for
    this project?
   □ Yes, □ No

15. Number of Copies to Sponsor:
    (Including Original)
    □ 3

16. Project Director/Principal Investigator:
    If collaboration data are not provided, the full project will be assigned to the PI.

   Robert F. Smith
   Type or Print Full Name
   4-1234 (Phone)
   4-4321 (Fax)
   smithrf@purdue.edu

   Project Director/PI Total: 100

   Collaborating Dept. Number(s) % Collaboration On Project
   1063 100
   Must use whole % points

   Project Total must equal 100%
Co-Investigator(s) / Researchers

If collaboration data are not provided, the full project will be assigned to the PI.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Fax</th>
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</thead>
<tbody>
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</table>

E-mail: ____________________________

Co-PI: □ Researcher: □

Collaborating Dept.

Seminar:

Collaboration

in Project

Must use whole points.

Subtotal this page: 0

Director/Investigator Total from page 1: 100

Subtotal from Additional Collaboration Data page(s):

Project Total: 100

No. pages showing Additional Collaboration Data:

Additional collaborators may be included on attachment pages following page four on this document.
**PROJECT DATA**

17. Does this proposal contain any confidential information which is: [ ] Proprietary, [ ] Copyrighted, [ ] Confidential, that should not be publicly released? [ ] Yes, on pages: [ ] No.

18. Is this project affiliated with a recognized University Center, Laboratory, Institute, or Program? [ ] Yes [ ] No

If "yes", which one? [ ]

19. Is this a Center/institute proposal involving more than one school? [ ] Yes [ ] No

If "yes" and this is a new Center/institute, attach an outline of Center/institute's administrative structure and composition of Advisory Committee, composed of non-Federal personnel as outlined in Executive Memorandum No. [ ] Outline on page [ ] of the proposal [ ] Outline Attached

20. In accordance with Policy IX.6.2, the signatures certify that this proposal is

- [ ] Government Support (U.S. Federal, State, Local, Foreign Govt.)
- [ ] Contract Support as defined in Policy IX.6.2
- [ ] Voluntary Support administered by SPS as defined in Policy IX.6.2 please use a Form 44.

21. Does this proposal involve an International Project Scope? [ ] Yes [ ] No

( Such as exchange agreements, memorandum of understanding or admission of students, etc.)

**RESOURCE DATA**

22. Is the site needed to perform the work available in the department? [ ] Yes [ ] No

If "no", what is needed and what is the status of efforts to obtain the space? (Provide explanation below or attach)

23. Is the necessary equipment available in the department or school to perform the work? [ ] Yes [ ] No

If "no", is it requested in the proposal? [ ] Yes, page number: [ ] No [ ] Contact SPD

**REGULATORY ASSURANCE AND COMPLIANCE DATA**

24. Will vertebrate animals be used in this project? [ ] Yes [ ] No

If "yes", has approval been obtained from the Purdue Animal Care & Use Committee? [ ] In Review, [ ] No

[ ] Yes, PACUC Approval: [ ] Date Approved: [ ]

If "yes", list the title of the approved protocol. Note: If the title has changed, please notify the committee.

25. Will radioactive materials or radiation-producing devices be used? [ ] Yes [ ] No

If "yes", has approval been obtained from the Radiological Control Committee? [ ] Yes, In Review, [ ] No

[ ] Yes, Approval: [ ] Date Approved: [ ]

If "yes", list the title of the approved protocol. Note: If the title has changed, please notify the committee.

26. Does the project involve commitment to comply with the Federal Good Laboratory Practices regulations? [ ] Yes [ ] No

If "yes", has approval been obtained from the Office of Research Administration? [ ] In Review, [ ] No

[ ] Yes, Approval: [ ] Date Approved: [ ]

27. Will human subjects be used in this project? [ ] Yes [ ] No

If "yes", has approval been obtained from the University Human Subjects Committee? [ ] In Review, [ ] No

[ ] Yes, Approval: [ ] Date Approved: [ ]

If "yes", list the title of the approved protocol. Note: If the title has changed, please notify the committee.

28. Will recombinant DNA be used in this project? [ ] Yes [ ] No

If "yes", has approval been obtained from the Purdue Biosafety Committee? [ ] In Review, [ ] No

[ ] Yes, Approval: [ ] Date Approved: [ ]

If "yes", list the title of the approved protocol. Note: If the title has changed, please notify the committee.

29. Does this project involve the acquisition, fabrication, use, or transfer of Class 3b or 4 lasers or laser systems? [ ] Yes [ ] No

**DISCLOSURES AND RESPONSIBILITIES**

30. LOBBYING: The undersigned certify that to the best of their knowledge no federally appropriated funds have been or will be paid on their behalf to any person for influencing an officer or employee of any agency, a Member of Congress, or an employee of a Member of Congress in connection with the awarding of this contract, grant, or cooperative agreement. If any funds other than federally appropriated funds have been or will be used for such purpose, the undersigned agree to complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.


Revised 08/15/2003 Proposal Template Checkboxes Page 3 of 4

000563
CONFLICT OF INTEREST: The proposed project or relationship with the sponsor require the disclosure of significant financial interests that present an actual or potential conflict of interest for investigators involved in this project. If answered in the affirmative, then all investigators so involved have provided a complete disclosure of this matter (SPS Form 2, President's Form 32A and 35), as instructed by current University policy. By signing this form, all investigators certify that they have read and understand Purdue's Conflict of Interest policies (Executive Memorandum C-1 and the Conflict of Interest and Commitment) and made all disclosures required by them (see Investigator Significant Interest Financial Disclosure policy for additional information and guidance.)

CERTIFICATION FOR PRINCIPAL INVESTIGATORS AND CO-PRINCIPAL INVESTIGATORS:
I certify to the best of my knowledge that:
(1) the statements included within the subject proposal (excluding scientific hypotheses and scientific opinions) are true and complete.
(2) The text and graphics included within the subject proposal as well as any accompanying publications or other documents, unless otherwise indicated, are the original work of the signatories or individuals working under their supervision.
(3) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this proposal.
I understand that the willful provision of false information or concealing a material fact in this proposal or any other communication submitted is a criminal offense (U.S. Code, Title 18, Section 1001).

TO THE BEST OF MY KNOWLEDGE THE ABOVE STATEMENTS ARE CORRECT:

/__/__/__

Project Director/Principal Investigator Date
Typed Name:

/__/__/__

Co-Investigator/Researcher Signature Date
Typed Name:

/__/__/__

Co-Investigator/Researcher Signature Date
Typed Name:

/__/__/__

Co-Investigator/Researcher Signature Date
Typed Name:

/__/__/__

Co-Investigator/Researcher Signature Date
Typed Name:

/__/__/__

Co-Investigator/Researcher Signature Date
Typed Name:

/__/__/__

Co-Investigator/Researcher Signature Date
Typed Name:

I APPROVE THE PROPOSAL FOR TRANSMISSION TO THE AGENCY INDICATED:

/__/__/__

Department Head administratively responsible for the project Date
Typed Name:

/__/__/__

Dean of School-or-Director of Institute administratively responsible for this project Date
Typed Name:

/__/__/__

Dept / Department Head Signature Date
Typed Name:

/__/__/__

Dept / Department Head Signature Date
Typed Name:

/__/__/__

Dept / Department Head Signature Date
Typed Name:

/__/__/__

Dept / Department Head Signature Date
Typed Name:
Grant Progress Report

1. TITLE OF PROJECT
   Sample for a NCR under SNAP

2a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR
   (Name and address, street, city, state, zip code)
   Smith, Robert Fred
   2587 South Street
   West Lafayette, IN 47907

2b. E-MAIL ADDRESS
   smithrf@purdue.edu

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT
   School of Education

2d. MAJOR SUBDIVISION

3. APPLICANT ORGANIZATION
   (Name and address, street, city, state, zip code)
   Purdue University
   302 Wood Street
   Young, 7th Floor
   West Lafayette, IN 47907-2108

4. ENTITY IDENTIFICATION NUMBER
   356002041

5. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL
   Assistant Director, Sponsored Programs Admin.
   302 Wood Street
   Young Hall, 7th Floor
   West Lafayette, IN 47907-2108
   E-MAIL: proposal@purdue.edu

6. HUMAN SUBJECTS
   □ No □ Yes 00001546
   If Exempt ("Yes" in 6a):
   Exemption No. 6c. NIH-Defined Phase III
   Clinical Trial □ No □ Yes
   □ Full IRB or
   □ Expedited Review
   If Not Exempt ("No" in 6a):
   IRB approval date

7. VERTEBRATE ANIMALS
   □ No 7a. If "Yes," IACUC approval Date
   □ Yes 2/1/03
        A3231-01

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD
   8a. DIRECT $ 8b. TOTAL $

9. INVENTIONS AND PATENTS
   □ No □ Yes If "Yes," □ Previously Reported
   □ Not Previously Reported

10. PERFORMANCE SITE(S) (Organizations and addresses)
    Purdue University
    2587 South Street
    West Lafayette, IN 47907

11a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Item 2a)
    TEL 765-494-1234
    FAX 765-494-4321

11b. ADMINISTRATIVE OFFICIAL NAME (Item 5)
     Rebecca L. White
     TEL 765-494-6204
     FAX 765-494-1360

11c. NAME AND TITLE OF OFFICIAL Signing FOR APPLICANT ORGANIZATION (Item 14)
     Name Micheal R. Ludwig
     Title Associate Director, Sponsored Programs Admin.
     TEL 765-494-6204
     FAX 765-494-1360
     E-MAIL proposal@purdue.edu

13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 11c. [In ink. "Per" signature not acceptable.]

DATE

PHS 2590 (Rev. 04/06) Face Page Form Page 1
Sample for a NCR NOT under SNAP

A. Human Subjects (Complete Item 6 on the Face Page)
   Involvement of Human Subjects ☒ No Change Since Previous Submission

B. Vertebrate Animals (Complete Item 7 on the Face Page)
   Use of Vertebrate Animals ☒ No Change Since Previous Submission

C. Select Agent Research
   ☒ No Change Since Previous Submission

D. Multiple PI Leadership Plan
   ☒ No Change Since Previous Submission

WOMEN AND MINORITY INCLUSION: See PHS 398 Instructions. Use Inclusion Enrollment Report Format Page and, if necessary, Targeted/Planned Enrollment Format Page.

1. Has there been a change in the other support of key personnel since the last reporting period?
   NO

2. Will there be, in the next budget period, a significant change in the level of effort for the PI or other personnel designated on the Notice of Grant Award from what was approved for this project?
   NO

3. Is it anticipated that an estimated unobligated balance (including prior year carryover) will be greater than 25 percent of the current year's total budget?
   NO

Specific Aims

Studies and Results

Significance

Plans

Publications
### KEY PERSONNEL REPORT

*GRANT NUMBER*
5 R01 GM12349-03

Place this form at the end of the signed original copy of the application. Do not duplicate.

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree(s)</th>
<th>SSN (last 4 digits)</th>
<th>Role on Project (e.g. PI, Res. Assoc.)</th>
<th>Date of Birth (MM/DD/YY)</th>
<th>Months Devoted to Project</th>
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<tr>
<td>Smith, Robert F.</td>
<td>Ph.D.</td>
<td>1234</td>
<td>P.I.</td>
<td>07/25/59</td>
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<td>Floud, Kyle P.</td>
<td>Ph.D.</td>
<td>4567</td>
<td>Post-doc</td>
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<td>Llyod, Kevin C.</td>
<td>B.S.</td>
<td>7890</td>
<td>Grad. Res. Asst.</td>
<td>08/24/77</td>
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### Coeus Proposal Development - Budget Summary

**Proposal Number:**

**Period 1**
01 Mar 2004 - 28 Feb 2005

**Proposal Title:**

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Start Date</th>
<th>End Date</th>
<th>EB Rate</th>
<th>Percentage Effort</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
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<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>03/01/04</td>
<td>02/28/05</td>
<td>34.30%</td>
<td>10.00</td>
<td>$3,544.00</td>
<td>$10,333.00</td>
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<tr>
<td>Graduate Staff</td>
<td>03/01/04</td>
<td>02/28/05</td>
<td>0.40%</td>
<td>25.00</td>
<td>$30.00</td>
<td>$9,694.00</td>
</tr>
<tr>
<td>TBA, Post Doc, Visiting Faculty (Post Doc, Visiting Faculty)</td>
<td>03/01/04</td>
<td>02/28/05</td>
<td>41.10%</td>
<td>75.00</td>
<td>$10,753.00</td>
<td>$26,163.00</td>
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**Total Personnel:** $14,336.00 $46,190.00

**Fringe Benefits:**

**Total Fringe Benefits**

**TOTAL WAGES & FRINGE BENEFITS**

**Other Expenses**

- Communications
- Grad Fee Remissions
- Graduate Student Insurance
- Printing & Duplication
- Travel Domestic

**Total Other Expenses** $14,205.00

**Other S & E**

**Total Other S & E** $17,521.00

**Total Direct Costs**

**F&A (Indirect) Costs**

**ON-CAMPUS**

**Total F&A (Indirect) Costs**

**Total Cost to Sponsor**
Coeus Proposal Development - Budget Summary

Proposal Number: 01 Mar 2004 - 28 Feb 2005
Proposal Title:

Calculation Methodology

The full F&A (Indirect) Cost Rates is applied to the total direct costs, less the following exclusions:

<table>
<thead>
<tr>
<th>Grad Fee Remissions</th>
<th>$4,968.00</th>
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<tbody>
<tr>
<td>Total exclusions from F&amp;A base</td>
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F&A (Indirect) Cost Rates and Base

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<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Type</th>
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<tbody>
<tr>
<td>01 Mar 2004</td>
<td>28 Feb 2005</td>
<td>N</td>
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<td>MTDC</td>
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F&A (Indirect) Cost Rates and Base

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Employee Benefit Rates and Base

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<td>$10,333.00</td>
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Page 2 of 2