

PROPOSAL DUE
DATE
December 15, 2006

UNIVERSITY OF PENNSYLVANIA
Abramson Cancer Center
PROPOSAL TRANSMITTAL AND APPROVAL FORM
FOR INTERNAL USE ONLY

DATE

PI/FACULTY SPONSOR NAME	SOC SEC #	PHONE #	SCHOOL	DEPT. ADMINISTERING PROJECT		
				Cancer Center		
POSITION/TITLE	DEPT.			CONTACT PERSON & PHONE #		
				Harriet Goodstein 662-341		
CO-PI/FELLOW NAME	SOC SEC #	PHONE #	SCHOOL	HAS PI CHANGED ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, previous PI:						
POSITION/TITLE	DEPT.			ORG. NO.	PROG. NO.	CENTER REF.
				4607	2433	

TYPE OF PROJECT	TYPE OF PROPOSAL
<input checked="" type="checkbox"/> RESEARCH <input type="checkbox"/>	<input type="checkbox"/> Collaborative Pilot Project
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Pilot Project <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> NEW PROPOSAL <input type="checkbox"/>

TITLE OF PROJECT (MUST MATCH PROPOSAL & IRB/IACUC PROTOCOL TITLE)

ABRAMSON CANCER CENTER Name: BARBARA LOPEZ Address: 1635 Penn Tower/4283 Contact Name & Phone #: 215/614-1954 FAX # 215/349-8299 e-mail: lopezb@mail.med.upenn.edu	Internal Documents
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PROPOSED PROJECT START DATE	FUNDS REQUESTED	
PROPOSED PROJECT END DATE	First Budget Period	Total Proposed (if multi-year proposal)
INDIRECT COST RATE(S)	Direct Cost _____	_____
On Campus %	Indirect Cost _____	_____
0	Total _____	_____
Off Campus %	Cost Sharing/Matching _____	_____
	Source of Cost Sharing/Matching: _____	
	Detailed Budget on Page ___ of Proposal (if paginated)	

FACILITIES (list all to be utilized by project)

Existing Space
 New Space Required (Attach Description and Facilities Management Cost Estimate)

New Construction/Renovation
 Proposal includes funds for construction/renovation

Major Equipment Installation
 Other _____

Type of Space (room number(s) and Building(s))
 Office Laboratory Other

University _____
HUP _____
Off Campus _____

REGULATORY & OTHER APPROVALS

Call Regulatory Affairs, 898-2614, for guidelines involving Human Subjects and/or Vertebrate Animals

- Human Subjects Yes No
- Vertebrate Animals Yes No
- Investigational new drugs or new devices Yes No
Provide IND/IDE # _____

Call Radiation Safety Office, 898-7187

- Radioactive Materials or radiation-producing equipment Yes No

Call Office of Environmental Health & Safety, 898-4453

- Carcinogens, taratogens, or mutagens Yes No
- Potentially infectious agents, including human blood or tissues Yes No
- In vitro formation of recombinant DNA Yes No

Date	Protocol #	Date
Protocol Filed		Regulatory Approval

License # _____

APPROVAL CERTIFICATIONS

The undersigned certify that neither the PI nor anyone proposed to work on this project are, to the best of their knowledge, excluded from participation in Federally funded activities as a result of government-wide suspension or debarment. (the complete text of the certification may be found in ORA memorandum dated 2/15/89.)

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR: I certify that the above information is accurate and complete as of this date. I agree to accept responsibility for scientific and technical conduct of this project and for provision of required technical reports if a grant or contract is awarded as a result of this application. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the University.

For all proposals to NSF and NIH: Do any of the Investigators, or their spouses and dependent children, involved in the proposed project have any significant financial interests that would reasonably appear to be affected by the activities to be funded, thus creating a potential conflict of interest?
 Yes No (If Yes, a completed Statement of Potential Conflict of Interest form must be attached. See Financial Disclosure Policy for Sponsored Projects, Almanac, September 12, 1995)

 PI/Project Director's Signature Date

 Co-PI's Signature Date

 Pi/Project Director (Typed Name)

 Co-PI (Typed Name)

BUSINESS ADMINISTRATOR (or other individual responsible for proposal preparation and project administration): The budget and administrative information contained on this Transmittal Form and in the attached proposal is complete and accurate to the best of my knowledge. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the University. In accordance with the University's Patent Policy, all individuals working on sponsored projects must sign a Participation Agreement. All personnel on this project, including postdocs, students and visiting scientists, will have signed Participation Agreements prior to its' initiation. (Call the Center for Technology Transfer, 898-9585, for information on inventions, patents, copyrights, etc.)

 B.A. Signature Date

 B.A. Typed Name

DEPARTMENT CHAIR: The attached application is approved. It is within the total program and academic objectives of the Department. Adequate space is available or planned for the conduct of the project. The professional time allocations described therein are realistic. If matching funds/cost sharing is required as a condition of an award resulting from this proposal, I will be responsible for assuring that the necessary resources are made available. The information contained on the Proposal Transmittal and Approval Form is accurate and correct to the best of my knowledge.

 Department Chair's Signature Date

 Participating Dept. Chair's Signature Date

 Department Chair's (Typed Name)

 Participating Dept. Chair (Typed Name)

