

DUKE PROPOSAL APPROVAL FORM

SPS PROPOSAL ID: 146024

Agency ID: Title: Keith's proposal

PRINCIPAL INVESTIGATOR INFORMATION

Principal Investigator: Hurka-Owen, Keith P. Phone: (919) 681-8687
Email Address: kpho@duke.edu Fax: (919) 684-2418
Address: 337 North Bldg PI's Duke Org: Office of Research Support
Box 90077 Owing Duke Org: Office of Research Support

Co-Principal Investigator(s) Co-PI's Duke Org Phone
Strauman, Timothy Psychological and Neuroscience (919) 660-5709

FUNDING INFORMATION

Proposal Type: New Non-competing Renewal
 Competing Renewal Supplement to Award #:
Project Period: 7/1/2007 to 6/30/2012 Current Budget Period: 7/1/2007 to 6/30/2008
Sponsor: National Institutes of Health Sponsor Program:
Agency Due Date: 1/31/2007
Proposal Indirect Cost Rate: 56% Proposal Indirect Cost Base: MTDC
 Yes No Does the sponsor require cost sharing?

	Direct	MTDC	Indirect	Total	Cost Sharing
Project Period	412,569	367,569	205,839	618,408	0
Current Budget Period	104,476	79,476	44,507	148,983	0
Project Period less Current Period	308,093	288,093	161,332	469,425	0

PROJECT INFORMATION

Full Title: Keith's proposal
Project Activity:
 Research Inst. Training Prgm Public Service Construction/Renovation Fellowship
 Clinical Trial Inst. Support Equipment Conference

Primary Project Location:
 On-Campus Off-Campus < 50 miles Off-Campus > 50 miles Rsch Vessel Phytotrtn Bldg.

Protocols:

Will any of the following be used at any time during the project period?

Human Subjects Registry #: _____ Status: _____
 Vertebrate Animals Registry #: _____ Status: _____
 Recombinant DNA Registry #: _____ Status: _____
 Carcinogenic/Biohazardous Materials

Yes No Will a new degree or curriculum be developed?
 Yes No Will summer University Housing be required?
 Yes No Will any part of the project work take place in the Duke Forest?

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- Yes No Will this proposal have any international aspect requiring large scale or multi-unit efforts?
 Yes No Will this project send data or technologies out of the US?
 Yes No Will this project involve the use of class 3b or 4 lasers?
 Yes No Will this project involve foreign collaborators and/or take place in a foreign country?

The following facilities require approvals:

Facilities/Resources	Building	Room
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- Yes No Will space, services or procedures (e.g. MRIs) from other departments be used?

Duke will issue a subcontract to these organization(s)	Subcontractor Name(s)
University of North Carolina - Chapel Hill	Smith, John

COST SHARING SUMMARY

Proposal has no associated cost sharing.

OTHER APPROVALS

Duke Org Approvals:

Basnight, Kimberly F.	Pre-Award Office Administrator of Office of Research Support	Date: _____
Dillon, Judith B.	Pre-Award Office Director of Office of Research Support	Date: _____
Lamaster, Cynthia T.	Departmental Administrator of Psychological and Neuroscience	Date: _____
Strauman, Timothy	Department Chair of Psychological and Neuroscience	Date: _____

Manual Duke Org Approvals:

Dept. Chair of Office of Research Support _____ Date: _____

Manual Other Special Approvals:

Pre-Award Office Approval _____ Date: _____

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ASSURANCES AND APPROVALS

PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

For NIH applications: I certify that I will abide by Public Law 110-61 and the NIH Public Access Policy and will submit all publications resulting from this award to PubMed Central as required.

Additionally, I certify that in conducting the proposed program, I will adhere to institutional policies as published in the University Manual and the Faculty Handbook, including conflict of interest, misconduct in research, intellectual property, and the use of humans and animals in research.

Yes No Do you have or anticipate (within the year) any financial relationships, as defined by the Duke University Conflict of Interest policy, e.g., consulting, speaking, advisory boards, patents, equity, options, that could be perceived to overlap or present a conflict of interest with the design, conduct, or reporting of this project? If yes, please ensure that your Conflict of Interest disclosure is up to date.

Principal Investigator: _____ Date: _____

(requires PI original signature)

Written signatures will be required from all Co-Principal Investigator(s).

Co-PI: _____ Date: _____
