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 PT's Duke Org: Office of Research Support
Box 90077 Owners 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: x New ___ Non-competing Renewal
___ Competing Renewal ___ Supplement to Award #:
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?

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>MTDC</th>
<th>Indirect</th>
<th>Total</th>
<th>Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Period</td>
<td>412,569</td>
<td>367,569</td>
<td>205,839</td>
<td>618,408</td>
<td>0</td>
</tr>
<tr>
<td>Current Budget Period</td>
<td>104,476</td>
<td>79,476</td>
<td>44,507</td>
<td>148,983</td>
<td>0</td>
</tr>
<tr>
<td>Project Period less Current Period</td>
<td>308,093</td>
<td>288,093</td>
<td>161,332</td>
<td>469,425</td>
<td>0</td>
</tr>
</tbody>
</table>

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 ___ Phytotrn 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:

<table>
<thead>
<tr>
<th>Facilities/Resources</th>
<th>Building</th>
<th>Room</th>
</tr>
</thead>
</table>

__ 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: ________
DUKE PROPOSAL APPROVAL FORM
SPS PROPOSAL ID: 146024
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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: __________