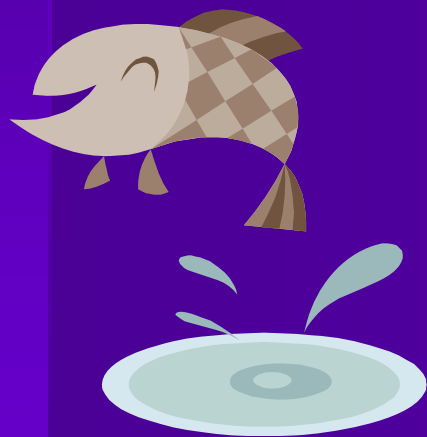


School of Fisheries and Ocean Sciences

Proposals Office



Introduction

Website: <http://www.sfos.uaf.edu/proposals/>

Gretchen Hundertmark

Proposal Coordinator

(907) 474-7124

gretchen@sfos.uaf.edu

Tara Borland

Proposal Coordinator

(907) 474-2464

tara@sfos.uaf.edu

Office Hours

Gretchen Hundertmark

M-F, 8:00am to 5:00pm

Tara Borland

M-F, 8:00am to 12:00pm



Mission

The SFOS Proposals office is committed to helping you submit the most professional proposals possible. We provide assistance in all phases of proposal preparation.

All proposals and pre-proposals from all SFOS staff, faculty and administration have to be reviewed by SFOS proposal coordinators *prior* to having the cover pages and routing forms signed by the PIs and directors, and prior to submission to agency.

We are conversant with all compliance issues; we are dedicated to customer service, seamless delivery/processes.

What do we do?

- Prepare Budgets
- Review Proposals, ensure all requirements for UAF and the funding agency are met
- Submit the proposal to OSP (Office of Sponsored Programs) for approval
- Submit the proposal to the funding agency (OSP submits to NSF Fastlane or Grants.gov)
- Prepare Signature Pages

OSP

Office of Sponsored Programs

Final review for proposals before submission to the funding agency

Once OSP reviews and approves a proposal it will be signed by our AOR

<http://www.uaf.edu/osp/>

General Requirements

- SFOS Signed Cover Page



SFOS 09-300



University of Alaska Fairbanks Proposal

TO: National Science Foundation
www.fastlane.nsf.gov

FROM: Institute of Marine Science
School of Fisheries and Ocean Sciences
University of Alaska Fairbanks
Fairbanks, AK 99775-7220

CONTACT: Grant and Contract Services
PO Box 757880
Fairbanks, AK 99775-7560

TITLE: Greatest Research Proposal Ever

PRINCIPAL INVESTIGATOR: Dr. Totally Awesome

NEW/CONTINUATION: New

DURATION: 5 Years

PROPOSED START DATE: 1 June 2009

UAF AMOUNT REQUESTED: \$ 3,000,000

Dr. Totally Awesome /Date
Principal Investigator

Terry Whittedge /Date
Director
Institute of Marine Science
School of Fisheries and Ocean Sciences

Michael Castellini /Date
Associate Dean
School of Fisheries and Ocean Sciences

Andrew Parkerson-Gray /Date
Director
Office of Sponsored Programs

September 2008

General Requirements

- SFOS Cover Page
- OSP Routing Form



THIS BOX IS FOR OSP USE ONLY

In: _____ Out: _____ Rush
 Submitted: _____ In-Hand
 To OGCA: _____ IRT

**Version FY2007 – Replaces All Previous Versions
 Complete the Entire Form Per the Instructions
 Minimum of five (5) business days for review**

(1) The Basics

(a) **Proposal 50000** _____
 (b) Sponsor Due Date: _____
 (c) Unit Due Date: _____
 (d) Unit Proposal Number: _____
 (e) Program Guidelines: Attached or URL: _____

(2) Project Background Information (a) Title: _____

(b) Sponsor: _____ (c) Div./Prog.: _____ (d) Start Date: _____ (e) End Date: _____

(f) Sponsor Type:	Federal	State	(g) Activity Type:	Organized Research	Training/Instruction
University/Inst.	Private/Found.	Industry/Corporate	Other Spons. Activity	Grant	CA
(h) Project Type:	NC	NN	PP	Contract	RSA
	RC	RN	RV	XN	
(i) Mechanism:	Electronic		Paper		
(j) Proposal Format:	Electronic		Paper		
(k) Is UAF a Subaward Recipient? Prime Sponsor:	Yes	No	(l) Does the Project Contain Subawards? Subaward(s) To:	Yes	No
(m) Any Equipment Budgeted?	Yes	No	(n) Is Tuition Budgeted for Grad. Students?	Yes	No
(o) Peer Review:	Internal	External	(p) Is Project EPSCoR Related?	Yes	No
(q) Is Project Alaska Specific?	Yes	No	(r) Banner Research Theme Code(s):		
(s) D-Level Org. Code:			(t) Related Proposal in Banner:	50000	

(3) Personnel	Last Name	First Name	Phone	Unit	UAF ID#	FTE	E-Class
(a) PI							
(b) Co-I #1							
(c) Co-I #2							
(d) Co-I #3							
(e) Unit Contact							
(f) Fiscal Officer							

(4) Ethics and Regulatory Compliance Check if the project involves any of the following:

(a) Use of Vertebrates?	IACUC#
(b) Research on Human Subjects?	IRB#
(c) Use of Radiation, Lasers, or Significant Chemical Hazards?	
(d) Use of Biohazards?	LBC#
(e) Potential for Tech. Transfer, Patent, Copyright, Trademark, or Licensing?	
(f) Material Transfer Agreements?	
(g) Potential for Program Income?	
(h) Conflicts of Interest?	
(i) Research Restrictions?	
(j) Import or Export of Data, Goods, or Services?	ITSC#
(k) Confidential or Classified Information?	ITSC#

(5) Budget Information Any matching/cost sharing (M/C/S) requires completion of the [M/C/S Form](#)

(a) F&A Rate Percentage: _____ %
 (b) Indirect Cost Rate Code: _____
 (c) Distribution Code: _____
 (d) Modified TDC (MTDC) \$ _____
 (e) Total Direct Costs (TDC) \$ _____
 (f) F&A Cost Recovery \$ _____
 (g) **Total Sponsor Request** \$ _____
 (h) M/C/S UAF \$ _____
 (i) M/C/S Third Party \$ _____
 (j) **M/C/S Total** \$ _____

(6) Project Space Requirements A "Yes" answer on either of these items requires completion of the [Space Request Form](#) and consultation with Facilities Services or Campus and Space Planning for budgeting and approval as necessary. Attach any relevant documentation received from Facilities Services or Campus and Space Planning to the proposal.

(a) Project requires new space/construction? Yes No (b) Project requires renovation(s) of existing space? Yes No

(7) Investigator Certification (If additional signature space is needed, attach another form) Read, Sign, and Date: By signing this form, (1) I agree to accept responsibility for the scientific & ethical conduct of this project and to provide the required progress reports if a grant is awarded as a result of the application; (2) I certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; (3) I agree to be bound by the terms & conditions of the sponsored award agreement which supports this activity; (4) I certify that this proposed project is my original work; (5) I understand & will abide by all UA policies and procedures; (6) I certify that all information provided on this form & on any attached documents related to this application is true, accurate & complete to the best of my knowledge; and (7) that that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

PI: _____ Date: _____ Co-I: _____ Date: _____
 Co-I: _____ Date: _____ Co-I: _____ Date: _____

(8) Unit Approvals Read, Sign, and Date: By signing this form, I certify to the best of my knowledge that: (1) The PI listed is eligible to be a PI per [UAF's PI Policy](#) or an exemption has been requested; (2) PI and Co-I workloads are within 100% of effort; (3) Unit resources in this application are available and allocated; (4) All space considerations in the project have been accounted for; and (5) The proposal application and budget are in compliance with sponsor/agency, state, federal, and university policies & regulations.

Lead Unit Dean/Director: _____ Date: _____ Fiscal Review: _____ Date: _____
 Coll. Unit Dean/Director: _____ Date: _____ Fiscal Review: _____ Date: _____
 Coll. Unit Dean/Director: _____ Date: _____ Fiscal Review: _____ Date: _____

(9) UAF Final Approvals Read, Sign, and Date: By signing this form, I certify that this proposal has been reviewed according to the [UAF Uniform Proposal Review Policy](#), has passed review and to the best of my knowledge meets all applicable sponsor/agency, state, federal, and university policies, regulations, and standards.

OSP Pre-Award Admin.: _____ Date: _____ AOR Approval: _____ Date: _____

General Requirements

- SFOS Cover Page
- OSP Routing Form

Electronic signatures will not be accepted as original signatures

General Requirements

- SFOS Cover Page
- OSP Routing Form
- Budget

UNIVERSITY OF ALASKA FAIRBANKS

PROJECT TITLE:		DEPT#:		FUND#:		ACCT#:	
PROJECT START:		PROJECT END:		FUND START:		FUND END:	
PROJECT TITLE: [REDACTED]							
ACT	DESCRIPTION	CLASSIFICATION	RATE	LEAVE	TOTAL		TOTAL
					AMOUNT	COUNT	
180	STAFF PERSONNEL						
	Total Number of Hours	Employee Name	Salary	Leave	Rate	Amount	Count
	000	Selected B Class	0300	00%	0.0	0.0	0.0
	000	Selected B Class	0300	00%	0.0	0.0	0.0
	000	Selected B Class	0300	00%	0.0	0.0	0.0
	Total Staff Personnel						
180	Other Personnel						
	Total Number of Hours	Employee Name	Salary	Leave	Rate	Amount	Count
	000	Selected B Class	0300	00%	0.0	0.0	0.0
	000	Selected B Class	0300	00%	0.0	0.0	0.0
	000	Selected B Class	0300	00%	0.0	0.0	0.0
	Total Other Personnel						
180	Student Employees						
	Number of Students	Employee Name	Salary	Leave	Rate	Amount	Count
	0	Selected B Class	0300	00%	0.0	0.0	0.0
	0	Selected B Class	0300	00%	0.0	0.0	0.0
	Total Student Employees						
	TOTAL SALARY AND BENEFIT						
180	TRAVEL EXPENSES						
	Total Number of Hours	Employee Name	Salary	Leave	Rate	Amount	Count
	0	Selected B Class	0300	00%	0.0	0.0	0.0
	0	Selected B Class	0300	00%	0.0	0.0	0.0
	0	Selected B Class	0300	00%	0.0	0.0	0.0
	Total Travel Expenses						
	TOTAL TRAVEL EXPENSES						
180	RESEARCH TRAVEL						
	Description	Rate	Count	Amount	Count	Amount	Count
	Travel						
	Meals						
	Lodging						
	Per						
	Total Research Travel						
	TOTAL RESEARCH TRAVEL						
180	CONTRACTUAL SERVICES						
	Description	Rate	Count	Amount	Count	Amount	Count
	Selected Contractual Services (A)						
	Selected Contractual Services (B)						
	Selected Contractual Services (C)						
	Selected Contractual Services (D)						
	Total Contractual Services						
	TOTAL CONTRACTUAL SERVICES						
180	COMMODITIES						
	Description	Rate	Count	Amount	Count	Amount	Count
	Selected Commodity Services (A)						
	Selected Commodity Services (B)						
	Selected Commodity Services (C)						
	Selected Commodity Services (D)						
	Total Commodity Services						
	TOTAL COMMODITIES						
180	RESEARCH AND PROFESSIONAL FEES						
	Description	Rate	Count	Amount	Count	Amount	Count
	Selected Research and Professional Fees (A)						
	Selected Research and Professional Fees (B)						
	Total Research and Professional Fees						
	TOTAL RESEARCH AND PROFESSIONAL FEES						
180	EQUIPMENT FABRICATING SALARY COSTS						
	Total Number of Hours	Employee Name	Salary	Leave	Rate	Amount	Count
	00	Selected B Class	0300	00%	0.0	0.0	0.0
	00	Selected B Class	0300	00%	0.0	0.0	0.0
	Total Equipment Fabricating Salary Costs						
	TOTAL EQUIPMENT FABRICATING SALARY COSTS						
180	OFF-POST PARTICIPANT SUPPORT COSTS						
	Off-Post Support						
	Off-Post Travel						
	Off-Post Expenses						
	Off-Post Other						
	Total Off-Post Support Costs						
	TOTAL OFF-POST PARTICIPANT SUPPORT COSTS						
180	RESEARCH COSTS OVER SEAS						
	Research Cost						
	Research Cost						
	Total Research Costs Over Seas						
	TOTAL RESEARCH COSTS OVER SEAS						
180	GOVERNMENT						
	Description	Rate	Count	Amount	Count	Amount	Count
	Selected Government (A)						
	Selected Government (B)						
	Total Government						
	TOTAL GOVERNMENT						
180	STUDENT SERVICES (if class is incrementally 10% per year)						
	Number of Student Tables	Rate	Count	Amount	Count	Amount	Count
	Selected Student Services (A)						
	Selected Student Services (B)						
	Total Student Services						
	TOTAL STUDENT SERVICES						
	Total Costs Exceed Available Funds						
	Total Available Funds						
	Total Excess Available Funds						

General Requirements

- SFOS Cover Page
- OSP Routing Form
- Budget

Future projections (ex 7% travel)

Please inform your proposal coordinator if you are up for a promotion

F&A

- UAF's F&A rate for sponsored research is 45.1%
- Waivers for F&A require additional paperwork and are rarely approved

General Requirements

- SFOS Cover Page
- OSP Routing Form
- Budget
- Budget Justification



University of Alaska Fairbanks Budget Justification

Salaries:

Benefits:

Staff benefits are applied according to UAF's provisional benefit rates for FY09 with the Office of Naval Research (ONR). A copy of the negotiated rate proposal is available at: http://www.alaska.edu/controller/cost-analysis/negotiated_agreements.html. Funds are requested for graduate student health care costs.

Equipment:

Travel:

Domestic

7% has been added to travel in year 2 and year 3 to accommodate anticipated price increases.

Foreign

Other/Contractual/Services:

Commodities:

Student Services (Tuition):

Indirect Costs:

Facilities and Administrative (F&A) Costs are negotiated with the Office of Naval Research and the rate for research is calculated at 45.1% of the Modified Total Direct Costs (MTDC). MTDC includes Total Direct Costs minus tuition, stipends, scholarships, subaward amounts over \$25,000, and equipment. A copy of the agreement is available at: http://www.alaska.edu/controller/cost-analysis/negotiated_agreements.html.

General Requirements

- SFOS Cover Page
- OSP Routing Form
- Budget
- Budget Justification

Please no \$ amounts in the justification if avoidable

General Requirements

- SFOS Cover Page
- OSP Routing Form
- Budget
- Budget Justification
- Proposal Text/Statement of work

Submission Deadlines

- Ideally, supply the proposals office with all materials 2 weeks prior to funding agency deadline
- OSP requires 1 week to process a typical proposal

