

**Pennsylvania Allergy Educational and Research Fund
Proposal Transmittal and Approval Form**

For PAERF Use Only - Log No. _____

Date _____

Sponsor Name(s)	Position/Title	Soc. Sec. No.	Dept.	School
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Administering Dept.	Administrative Contact	Phone
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Type of Project

- | | | | |
|-------------------------------------|--|---|---|
| <input type="checkbox"/> Research | <input type="checkbox"/> Training | <input type="checkbox"/> Competing Continuation Renewal | <input type="checkbox"/> Non-Competing Continuation |
| <input type="checkbox"/> Fellowship | <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> New Project | <input type="checkbox"/> Revision <input type="checkbox"/> Supplemental |

Title of Project _____

Sponsor	Grant No. (if active)
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Funds Requested For One Year	Ind. Cost Rate	Proposed Start Date	Duration	Cost Sharing? \$ Source:	Subcontracting \$ Name:
TOTAL: \$ _____					

Sponsor(s) Name and Address (if no label enclosed)	Mailing Instructions (PAERF needs file copy)
	<input type="checkbox"/> PAERF to mail <input type="checkbox"/> Dept. to mail
	Mail _____ copies <input type="checkbox"/> Call _____ for pickup.
	SPECIAL INSTRUCTIONS
	Due Date: _____

Identify Existing Space and Facilities to be Used for Project: (Bldg., Room, Type, etc.)

Requires new space, renovations, or major equipment installation. (Attach description and Facilities Management cost estimate).

Other Approval Information (check each of the following): _____ Approval Attached? (Complete, if "Yes" in left section)

DOES THIS PROJECT INVOLVE THE USE:	YES	NO	YES	NO	Protocol File Date	Date Approved
1a. Human subjects?	<input type="checkbox"/>	<input type="checkbox"/>	1b.	<input type="checkbox"/>	_____	_____
2a. Vertebrate animals	<input type="checkbox"/>	<input type="checkbox"/>	2b.	<input type="checkbox"/>	_____	_____
3a. Radioactive materials/radiation-producing equipment?	<input type="checkbox"/>	<input type="checkbox"/>				
4a. Investigational new drugs or new devices?	<input type="checkbox"/>	<input type="checkbox"/>				
5a. Potentially infectious agents, including human blood or tissue?	<input type="checkbox"/>	<input type="checkbox"/>				
6a. Carcinogens?	<input type="checkbox"/>	<input type="checkbox"/>				
7a. In vitro formation of recombinant DNA?	<input type="checkbox"/>	<input type="checkbox"/>				

APPROVAL CERTIFICATIONS

The undersigned certify that they are not, to the best of their knowledge, excluded from participation in federally funded activities as a result of government-wide suspension or debarment.

1. 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.

_____ (Signature P.I./Prof. Dir.)	_____ Date)	_____ (Signature Co-P.I.)	_____ Date)
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2. 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.

_____ (Signature Dept. Chair	_____ Date)	_____ (Signature Participating Dept. Chair(s)	_____ Date)
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3. DEAN OF SCHOOL: The proposed project is approved. It is consistent with the total program objectives of this school and the commitments of this project are acceptable.

_____ (Signature Dean	_____ Date)	_____ (Signature Participating Dean(s)	_____ Date)
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