Revised 9/2009



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| --- | --- |
| Published or Mandated Sponsor Deadline  postmarked by  receipt by 5:00pm CST, 01/13/12  electronic submission due       Specify Time Zone  Verification of published deadline should be made available with guidelines | Submit one original PTF fully complete on both pages with proposal package.  **Do not staple to proposal documents.** The original signature must be kept on file for audit purposes until further notice.  Has preliminary review occurred? Yes  No  (Preliminary review service is only available prior to stated internal deadlines.)  If yes, indicate OSPRA Coordinator Name  **UIeRA Number Assigned**       NetFiles name |

**IDENTIFICATIONS: BANNER ORGANIZATION CODE # for Responsible Department**

Principal Investigator Name:

(ATTACH LIST IF MORE SPACE IS NEEDED)

*Last First and Initial UIN Initiating Dept/Division Name E-mail Address Phone Number*

Wisegarver Stacy D. 657748091 Facilities and Services [swisegar@illinois.edu](mailto:swisegar@illinois.edu) (217) 265-4089

*Co-principal Investigator(s):*

Proposal Title:1 Large-Scale Food Waste Composting Facility

Sponsor/Agency Name: Illinois Department of Commerce and Economic Opportunity (DCEO)

*(If an incoming subaward, specify the name of originating sponsor in parentheses after the Prime Recipient’s name, e.g. University X (NSF))*

Sponsor/Agency Mailing Address: Illinois Department of Commerce and Economic Opportunity

ATTN: Food Scrap Composting Program

(Include street address if express Division of Recycling and Waste Reduction

mail is to be used) 500 East Monroe Street, 12th Floor

Springfield, IL 62701

Agency RFP#, BAA#, RFQ#, Program Announcement # http://www.illinoisbiz.biz/NR/rdonlyres/F7521CE2-1C92-4CF4-950F-E76DD6B1BAD5/0/FSCRAPFY2012RFAFINAL.doc [Complete Guidelines **MUST** be attached or URL provided.]

Begin date: 7/1/12 End date: 12/31/12

**Supports a program of:** (check one) Basic Research2 Instruction2  Public Service Applied Research2

Product Development 2  Technical Testing Other (specify) Waste Management

**Proposal Type:** (check one) New Renewal3 Continuation3 Revised Proposal or Budget Supplement

**Send Agreement with Proposal:** 6 Yes  No **If Yes:**  Draft  Sponsor Specific

For renewal or continuation, provide previous UI eRA #      , sponsor grant/contract #      , and current Grant Code

**PRINCIPAL INVESTIGATOR RESPONSIBILITY:** It is understood that if an award results from this application, the principal investigator will perform the administrative duties normally associated with the project. The principal investigator assures that he/she makes this submission with the understanding that any resulting award will contain no provision restricting the University’s right to publish research results, and that if any question of such restriction arises in subsequent negotiation he/she will assist in arranging the further review that will be required.

***NOTE TO PRINCIPAL/CO-PRINCIPAL INVESTIGATOR(S):*** *By signing this transmittal form, you are certifying that 1) the information submitted herein is true, complete and accurate to the best of your knowledge, 2) any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil or administrative penalties, 3) you agree to accept responsibility for the scientific conduct of the project and to provide progress reports, and 4) you have submitted a listing of your known Significant Financial Interests (and those of your spouse and dependent children) that might reasonably appear to be affected by the research being proposed.*

*(****Attach additional pages for multiple signatures (i.e., PI/Co-PI and affected Colleges and Departments), if necessary****)*

**Approved By:**

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Principal/Co-principal Investigator(s) *or* Initiator(s) Date Executive Officer(s) of Department(s)

of Proposal *(Signature may not be delegated)*

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Dean or Director Date Other Signatures if Required4

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Sponsored Programs and Research Administration Research Board Authorization

For information on this proposal call Name: **Morgan Johnston** Phone:217-333-2668 E-mail: mbjohnst@illinois.edu

**SPECIAL MAILING INSTRUCTIONS:** (Attach special instructions if needed) Page 1 of 2

Banner FOAP (Grants codes may not be used for shipping purposes) to charge for shipment:

**BUDGET INFORMATION:**

*First Year Request Total Request*

**$**250,000.00 **Direct Costs $**250,000.00

**$**0 **Facilities/Admin Costs\*$**0

**If Facilities & Administrative rate is less than negotiated rate, and sponsor guidelines do not restrict F&A, a waiver must be approved by Dept. Exec. Officer, Dean, and Vice Chancellor for Research prior to submission of proposal to the sponsor.**

**$**250,000.00 **Total $**250,000.00

\* If proposal application is to a Non-Federal Sponsor, are federal funds involved? Yes  No

**COST SHARING:**

***If no cost-sharing is indicated leave this section blank and proceed to “Proposal Characteristics…”***

Required by Sponsor?:

**Cost sharing, of any type, offered in the proposal must be documented so that if required by award terms, may be tracked during post-award administration. Committed cost-sharing is documented and tracked in accordance with OMB Circular A–21.**

Yes

No

Informal Request of Sponsor

Voluntarily Committed

**IN THE FORM OF CONTRIBUTED EFFORT\* OF ACADEMIC EMPLOYEES:**

Cost sharing is normally shown as a percentage of PI and/or Co-PI(s) time paid by non-sponsor funds. Attach additional page if necessary.

% of Time Last Name % of Time Last Name

      PI             Other

      Other             Other

      Other             Other

\*Cost sharing of any effort must be reported in the Activity Effort Plan and will be confirmed in the Semi-Annual Confirmation of Expenditures on Sponsored Projects.

**FOR INTERNAL PURPOSES AT TIME OF PROPOSAL SUBMISSION: In an attachment, identify the party providing cost-sharing and provide a detailed description of the items of cost (breakdown of equipment, travel, material and supplies) to allow for determination of allowability. This information is required upon award.**

**COST SHARING OTHER THAN ACADEMIC CONTRIBUTED EFFORT:**

$      from Campus/Central Administration

$      from College

$      from Department

$ 216,730.00 from other campus sources,

including Research Board (specify)

$      from off-campus sources (specify)

If this project is funded, the unit must establish a separate account(s) in which to record these cost sharing commitments. (See Chapter 16.1 of Business and Financial Policies and Procedures for complete policy on cost-sharing).

**PROPOSAL CHARACTERISTICS, COMPLIANCE, AND OTHER APPROVALS:** (check all that apply). Work performed under this proposal involves5 the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Use of human subjects or HHS Exemption # |  | Corrosive gases |  | Subaward; **If yes, should include Scope of Work, Budget and Authorized Administrative Approval.** **Must have once award is issued, or may expect delay in Subaward issuance.** |
|  | Use of live vertebrate animals6 |  | Pyrophoric gases |  | Consultant payment |
|  | Human  and/or Non-Human Primate materials |  | Extremely toxic gases  (Zone A or B) |  | Use of Background Intellectual Property |
|  | Stem Cells  Human  Animal |  | Explosives |  | Patent considerations |
|  | Recombinant DNA: Proposal page # |  | Discharge of unusual pollutants in waste water |  | Copyright issues |
|  | Transgenic Animals , Seeds  Plants |  | Requirement for Environmental Statement |  | Use of proprietary or confidential information |
|  |  |  |  |  | Space: will require additional space be made available to the department or that existing space be renovated. 7 |
|  | Biotoxins |  | Other safety or health hazard |  | International program4 |
|  | Dioxins |  |  |  | Chicago Imprint |
|  | Pathogens: Human , Animal  Plant |  | Small Business Subcontracting Plan |  | EXPORT CONTROL: ITAR/EAR  Use of Foreign Nationals  Covered Technology |
|  |  |  | Equipment Acquisition Only |  |  |
|  | Chemical hazard |  | Construction of Building |  | Potential conflict of interest has been identified and addressed |
|  | Biological hazard |  | Limited Submission |  | American Recovery and Reinvestment Act of 2009 |
|  | X-Ray or Laser Registration |  | Multiple Principal Investigators (NIH only) |  | STTR/SBIR |
|  |  |  |  |  | NONE OF THE ABOVE |

(1), (2), (3), (4) and (5) See definitions and approval requirements on attached sheet. Page 2 of 2

(6) Submit lab animals care protocol form IACUC-1 to the Institutional Animal Care and Use Committee.

## Definitions and Approval Requirements

**for UIUC Transmittal Form**

*(Please separate this page from TRANSMITTAL FORM. Do not forward this page to OSPRA.)*

**(1)** **Title:** There are enough spaces for 130 characters in the title. If you have extra space you may add any key words not already included in the title. Do not change the title of a project once the proposal has been submitted and an award has been received.

**(2) Definitions:**

***Basic Research:*** Funds to support any original investigation for the advancement of scientific knowledge not having a specific commercial objective.

***Applied Research:*** Funds to support investigations designed for practical or commercial objectives.

***Product Development:*** Funds to support investigations to advance specific technological inventions or innovations.

***Instruction:*** Funds for Instruction and Training activities separately budgeted and accounted for by the University in Grant Funds for enrolled Urbana-Champaign Campus students. Examples include summer institutes, special training programs for selected participants, the development and introduction of new or expanded courses (curriculum development), and similar instructionally-oriented undertakings.

**(3) Proposal Types:**

***Continuation :*** Annual application (progress report) within a multiple year award, e.g. Year 2, 3, 4, or 5 of a NIH 5-year project.

***Renewal:*** Beginning of a new award, which follows a previously awarded project under a different contract number.

***Supplement:*** New funding for new work under an existing project. Period of performance is continuous or starts prior to the expiration of the existing project.

**(4) Approval Requirements:**

* All international programs and studies are to be approved by the Director of International Programs and Studies.
* Proposals for fellowships, training grants, or budgets that include a cost of education allowance are to be approved by the Graduate College.
* Proposals which will require facilities or staff of several colleges are to be approved by the dean of each college concerned.
* The signature of Provost is required for: commitment of campus or university funds, summer or academic year institutes, construction of a new building, development of a new research or public service program which would require IBHE approval, and staff or facilities of more than one campus.
* The signature of Vice President for Academic Affairs is required for: commitment of university funds, construction of a new building, development of a new research or public service program which would require IBHE approval, and staff or facilities of more than one campus.

1. **Compliance (Please mark all affected areas of compliance):**

The department/unit is responsible for compliance issues such as (but not limited to): use of human subjects or lab animals, chemical hazards, biological hazards, patent considerations, consultant payments, potential conflicts of interest, copyright issues, export control, etc.

1. **Send Agreement with Proposal:**

Indicate whether an agreement should be sent at the time of proposal submission. If so, indicate the type of agreement:

* 1. Draft – A template of a standard University agreement that has not been filled in but is provided solely for the purpose of sponsor review in making a decision to fund.
  2. Sponsor Specific – An agreement that has been completed and ready for review and signatures. Please be advised that additional time is required when a completed sponsor-specific agreement is to be included with the proposal submission. Typically a funding decision has already been made.

**(7) Space:** If renovation or additional space is needed, arrangements to meet this need have been made with the Office of Facility Management and Scheduling and are described on an attachment for internal use.