

University of Wisconsin-Madison Extramural Support Transmittal Form

Project Information

1. Agency/Sponsor Deadline: _____ Postmarked _____ Received _____

2. Submission Instructions:

- Electronic Submission System _____
- First Class US Mail _____
- Overnight Delivery (completed airbill or pre-paid stamp attached) _____
- Will Pick-Up (Name & Phone) _____
- Internal Routing Only _____
- Fax to: _____

To be Completed by RSP

PALS No. _____
Date Submitted _____
Initials _____

3. UW Contact Name & Phone: _____

4. Number of copies to Agency/Sponsor: _____ Copies to Dean and RSP **1 each**

5. Agency/Sponsor: _____

Prime source of funding: _____
(if pass through)

6. Principal Investigator: _____
Co-Investigator: _____

- tenured/tenure track
- permanent PI status
- other appointment Dean's Approval _____

7a. Project Administration/
Primary Spending Edit: UDDS: _____ Act(s): _____
Dept. Name: _____

7b. Secondary Spending Edits: UDDS: _____ UDDS: _____ UDDS: _____

8. Project Title: _____

9. Proposals

- New
- Renewal of _____
- Continuation of _____
- Supplement to _____
- Revision of PALS No. _____

Total Request _____

Begin date: _____ End date: _____

Awards

- | <u>New Account</u> | <u>Add to Account</u> |
|---|-----------------------|
| <input type="checkbox"/> Non-Federal Grant/Contract | 133- _____ |
| <input type="checkbox"/> Gift | 144- _____ |
| <input type="checkbox"/> Federal | 161- _____ |
| <input type="checkbox"/> Trust | 162- _____ |
| | other _____ |

Total Award _____
Begin date: _____ End date: _____ (128, 130, non-monetary)

Amount Enclosed _____ Check Number(s) _____

Required Clearances - Does the project involve:

**Approval is
Pending Attached**

- 10. toxic, infectious or carcinogenic/mutagenic material of proven or potential hazard to humans, other animals or to plants? Use recombinant DNA technology? Yes No
- 11. use of human subjects or human tissue? Yes No
- 12. use of vertebrate animals? Yes No
- 13. action involving space, remodeling, or construction? Yes No
- 14. potential environmental impacts which require review under the Wisconsin Environmental Policy Act? Yes No

Required Signatures

1. _____ Date _____
Principal Investigator(s)
(no "Per" signatures)

3. _____ Date _____
Dean(s)/Director(s)

2. _____ Date _____
Chair(s)/Director(s)

4. _____ Date _____
Research and Sponsored Programs
(Indirect Cost Exceptions)

Addendum to Extramural Support Transmittal Form

Project Title: _____

Intellectual Property Agreement

All Project Participants: In order for the University to carry out its obligations, and as a condition of and in consideration of my participation in this extramurally sponsored research or other activity at the University of Wisconsin-Madison, I hereby agree to disclose promptly to the University any invention, novel variety of plant which is or maybe protected under the Plant Variety Protection Act, computer software which is potentially patentable or to which the sponsor has rights under the agreement, or mask work made by me in whole or in part, whether solely or jointly with others during and in the course of such extramurally supported research or other activity. I further agree that I will comply with the provisions of any agreement between the University and the sponsor, and will cooperate in assuring that the sponsor's rights in intellectual property are fully protected. If an invention is funded in whole or in part by a federal agency or if the sponsored research agreement requires the University to grant rights in the invention to the sponsor, I agree that I will, if requested, assign rights to such invention to the University's designated patent and intellectual property management organization and will execute all papers necessary to file patent applications on the invention and to establish the federal government's or other sponsor's rights in the invention. ~~I confirm that I am now under no obligation to any other person or extramural sponsor with respect to any rights in inventions, discoveries, or copyrightable material which are in conflict with the subject agreement or project proposal.~~ Initial: _____

Principal Investigator: As the Principal Investigator of the extramurally sponsored project, I shall be responsible for assuring that all persons participating in the project, other than clerical and nontechnical, at the time of award or prior to commencing work on the project, sign a copy of this Agreement and become familiar with the terms and conditions in the Agreement between the extramural sponsor and the University pertinent to the project, including intellectual property provisions, and with the University's policies concerning sponsored research. To secure project staff signatures, Principal Investigators may use a copy of this document. Research and Sponsored Programs will assure that this Agreement is on file for the Principal Investigator. The Principal Investigator is responsible for maintaining a copy of this agreement reflecting project staff signatures.

Principal Investigator's Name: _____ Signature _____ Date _____
(no "Per" signatures)

UW-Madison Outside Activities Reporting Requirements for Federal Projects

Have the Investigator(s) filed the annual Outside Activities Report through the on-line form, <http://www.gradsch.wisc.edu/disclose>, for the current year? Yes No
 Note: Proposals to federal agencies can not be submitted until investigators have completed this on-line form.

Have the Investigator(s) been notified that there is a potential conflict of interest? Yes No

Does the information provided in the annual Outside Activities Report need to be updated? Yes No
 If yes, follow the procedures posted at <http://info.gradsch.wisc.edu/research/compliance/coi/2.updating.html> and check here to indicate that your updates have been entered. _____

By affixing my signature below, I certify that I and my co-investigator(s) understand and have completed the "Outside Activities Report and have made all financial disclosures required by it, and will comply with any conditions or restrictions imposed by the University to manage, reduce or eliminate actual or potential conflicts of interest.

Principal Investigator's Name: _____ Signature _____ Date _____
(no "Per" signatures)

NIH Certification

By signing below, I certify (1) that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and (3) that the PI agrees 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 the application.

Principal Investigator's Name: _____ Signature _____ Date _____
(no "Per" signatures)