



PTF #

Date:

Sponsor Deadline:

Office of Research Administration

| | | | | |
|--|---|---|----------------------|--------|
| Contact Info | PI Name: | PI Title: | Department/Division: | |
| | | Phone: | Fax: | Email: |
| | Administrative Contact Name: | Phone: | Fax: | Email: |
| | Co-Investigator(s): | | | |
| Proposal Information | Proposal Title: | | | |
| | Type of Submission: If Continuation, TJU/Protocol# | Purpose of Project: | | |
| | Name of Sponsor: | | | |
| | Contact Name: | Phone: | Fax: | Email: |
| | Would this proposal result in a sub-award to TJU? | | Yes | No |
| | If yes, who is the prime sponsor? | | | |
| | Does this proposal include sub-awardee(s) If yes, please identify | | Yes | No |
| | FOA/ RFA / RFP / RFQ, If applicable please attach: provide # here: | | | |
| | Does the RFA/RFP/RFQ limit the number of proposal Submissions by TJU? | | Yes | No |
| Budget Information | Initial Budget Period: | to: | Project Period: | to: |
| | Initial Budget Period: | Total Proposed (if multi-year proposal) | | |
| | Direct Costs: | Direct Costs: | | |
| | F&A Costs: | F&A Costs: | | |
| | Total Costs: | Total Costs: | | |
| | F&A Rate: % Of PI effort: | | | |
| | Cost sharing or matching funds? (If yes, complete the following) | | Yes | No |
| <u>Amount of Cost Sharing</u> | | | | |
| Funding Source: | | Form of Cost Sharing: | | |
| Please check all that apply: | | Personnel | Non-Personnel | |
| Initial Budget Period: | Salary/Fringe: | Non-Personnel: | F&A: Total: | |
| Est. for Entire Proj. Period: | Salary/Fringe: | Non-Personnel: | F&A: Total: | |
| Detail and Justification (what is being cost shared and why?) | | | | |
| Academic Finance Signature is required for cost sharing if funding source is not an 080/081 account (NIH Salary Cap excluded): | | | | |
| Signature: _____ | | Date: _____ | | |

Certifications (All Questions must be answered!)

| <u>Does this Project Involve/Require:</u> | <u>Yes</u> | <u>No</u> | <u>Protocol#/Lic#/IBC#</u> | <u>Approval Date</u> |
|--|-------------------|------------------|-----------------------------------|-----------------------------|
| Human Subjects? | | | | |
| Vertebrate Animals? | | | | |
| Toxins, teratogens, carcinogens Or hazardous chemicals? | | | | |
| Recombinant DNA Technology? | | | | |
| Pathogens? | | | | |
| Radioactive material or radiation source? | | | | |
| Additional Space? | | | | |
| Major Equipment Installation? | | | | |

PI/Project Director:

This certification statement serves as written assurance in accordance with federal notice NOT-OD-06-054.

I certify that the information submitted within the application and the PTF is true, complete and accurate to the best of my knowledge. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I accept responsibility for the scientific and technical conduct of this project and for provision of required technical reports as required by the sponsor. I will ensure that all project personnel complete education programs required by the University or the sponsor and that I will supervise all staff until they have completed said education. I certify that research will not be undertaken prior to receipt of the appropriate internal review board approval for animal and/or human subjects. I certify that I will administer the project in accordance with all applicable federal regulations and the policies of the sponsor and the university if a grant is awarded as a result of this application/proposal.

Signature: _____

Date: _____

All Key Personnel (Including PI/Director):

A conflict of interest may arise when key personnel are in a position to influence the business, research or other decisions of Thomas Jefferson University. A potential conflict of interest includes but is not limited to, relationships with another organization that leads directly or indirectly to financial gain for the key personnel or their family, or gives improper advantage to others to the detriment of Thomas Jefferson University. All PIs/Directors and key personnel must disclose equity, financial interest, and relationship as defined in TJU's Policy No. 107.03 which can be affected by the activities to be funded thus creating a potential conflict of interest.

(Both questions must be answered for each signature)

| | | |
|---|-----|----|
| | | |
| Does a potential conflict of interest/conflict of commitment exist regarding this proposal? | Yes | No |
| Have you filed the required conflict of interest form with University Counsel? | Yes | No |
| Signature: | | |
| | | |
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| Signature: | | |
| | | |
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| Signature: | | |

Approval Certifications:

The undersigned certify that neither the PI nor anyone proposed to work on this project is, to the best of their knowledge, excluded from participation in Federally funded activities as a result of government-wide suspension and debarment.

Administrator(s):

The budget and administrative information contained on this PTF and in the attached proposal/application is complete and accurate to the best of my knowledge. If an award is made as a result of this proposal/application, I will administer it in accordance with the policies of the sponsor and University.

| | |
|--|------------------------|
| | Signature/Date: |
| | Signature/Date: |
| | Signature/Date: |
| | Signature/Date: |
| | Signature/Date: |
| | Signature/Date: |

Chairperson/Director/Dean, as appropriate:

The attached proposal/application is approved. The project/study described is within the total program and academic objectives of the Department/Center. Sufficient space is available or planned for the conduct of the project/study and professional time allocations described are reasonable. The information contained on the PTF is accurate and correct to the best of my knowledge.

| | |
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| | Signature/Date: |
| | Signature/Date: |
| | Signature/Date: |
| | Signature/Date: |
| | Signature/Date: |
| | Signature/Date: |

| |
|---|
| ORA: |
| Reviewed by: _____ Date reviewed: _____ |

All Key Personnel (Including PI/Director):

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(Both questions must be answered for each signature)

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| Signature: | | |

PTF Checklist

- **Contact Info:**
 - Make sure all information is complete, including email addresses
- **Proposal Information:**
 - Title (Some sponsors limit characters allowed in the title)
 - Type of Submission
 - New – 1st time submitting
 - Revision – can submit two Revisions of a New award for NIH
 - Continuation – continuation of funded grant
 - Competing Renewal – for NIH these are usually submitted with one year or less to go on the grant that is funded
 - Transfer – Transfer from another institution
 - Purpose of Project:
 - Wet Bench Research
 - Clinical Trial
 - Population Health Research
 - Service Program
 - Training Grant
 - Name of Sponsor:
 - Complete contact information
 - Verify that sub-award information is correct. If we are the subawardee, then the institution we submit the application to is our sponsor
- **Budget Information:**
 - If submitting a PTF for the continuation of an award, insert the date for the new award year in the Initial Budget Period box
 - The federal F & A Rate is 55% (effective 7/1/2006); and 54.5% (effective 7/1/2008)
 - % of PI effort – verify that this is the same as indicated on the proposal budget page
- **Cost Share:**
 - If *Yes* – indicate whether cost sharing is Mandatory, Implicit, or Voluntary.
 - Mandatory – you must cost share in order to be funded

- Implicit - because of limitations by the sponsor, cost sharing is necessary
 - Voluntary - you choose to charge some of the expenses of the grant to another source
 - Mandatory & Voluntary need Finance signature if using a 100, 500, or 209 account
- **Certification:**
 - Humans - if *Yes*, approval date must be listed unless approval is Pending (usually will be Pending for new awards). If this is an NIH continuation application, approval may not be Pending. ORA requires a copy of IRB letter. The title on the IRB letter must match the title of the application exactly
 - Animals -If approval date is listed, check to make sure it matches the date indicated in the application. Include the protocol number. If this is an NIH continuation application, approval may not be Pending
 - Toxins, teratogens, carcinogens, hazardous chemicals, recombinant DNA, pathogens - if *Yes*, approval date and number must be listed unless approval is pending. If this is a continuation, approval may not be pending.
- **All Key Personnel:**
 - All key personnel, including the PI, must sign the PTF and answer both questions [should be those listed as key personnel on Form Page 2 of NIH 398]
- **Administrator(s):**
 - Verify that all the required administrators have signed and dated the form
- **Chairperson/Director/Dean:**
 - Verify that all the required Chairs have signed and dated the form
 - If the Chairperson/Director is also the PI, then the Dean must sign