**Check-list of Required Items for Proposed Research Projects**

This Check-list is only for use by the PI (i.e. should not be included with submitted Proposed Research Project(s)). Item 1 is required for each Proposed Research Project submitted to the MGMT IM-CP. Items 2-3 should be uploaded only one time to the EPS System.

|  |  |
| --- | --- |
|  | 1. Proposed Research Project *(single Word or PDF file submitted to CP Chair and NFO)* |
|  |
|  | * Plan of Work
 |
|  | * Budget Justification*s*
 |
|  | * Budget Page *(must include PI’s e-signature)*
 |
|  | 2. Curriculum Vitae and Publication List *(converted to PDF and uploaded to EPS System)* |
|  |
|  | 3. Current and Pending Support (CPS) Form *(converted to PDF and uploaded to EPS System)* |
|  |

**PROPOSED RESEARCH PROJECT**

**FHB Management Coordinated Project – Integrated Management Study**

*Complete this form only if you are proposing research to the*

*FHB Management Coordinated Project for Integrated Management*

|  |  |
| --- | --- |
| **Principal Investigator:** |  |
| **Institution:** |  |
| **Mailing Address:** |  |
| **Phone:** |  |
| **E-Mail Address:** |  |

|  |  |
| --- | --- |
| **Title of Proposed Research Project** *(limited to 80 characters max)***:**  |  |
| **Names of Co-Investigator(s):** |
| **Co-Investigator #1:**  | **Institution:**  |
| **Co-Investigator #2:**  | **Institution:**  |
| **Co-Investigator #3:**  | **Institution:**  |
| **Co-Investigator #4:**  | **Institution:**  |
| **Co-Investigator #5:**  | **Institution:**  |
| **List the FY16-17 MGMT Research Priority(s) being addressed by this proposed research:**  |  |
| **Amount Requesting for FY16-FY17:** | **Year 1 (FY16) $:**  | **Year 2 (FY17) $:**  |

**PROJECT SUMMARY**

(Project Summary text should not exceed 400 words)

**PLAN OF WORK**

**PROPOSED RESEARCH PROJECT BUDGET JUSTIFICATION FORM**

**Year 1**

|  |
| --- |
| **Title of Proposed Project:** |
| **Principal Investigator:** |
| **Total Amount Requested for Year 1 (FY16):** | **$**  |

**Instructions:** Complete all applicable sections below. If budget category is not applicable, leave blank. NOTE: All amounts must be rounded to the nearest whole number.

|  |  |
| --- | --- |
| **A. Direct Labor (salaries and wages):** List below the number and titles of personnel, percentage of time/total hours to be devoted to the grant, and rates of pay. Please list according to category/subcategory and include the amount requested for each sub category (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | **$ per Category** |
| **PI(s)/PD(s):** | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

|  |  |
| --- | --- |
| **B. Fringe Benefits:** For each category of personnel, list below the fringe rates, etc. Include the amount requested for each subcategory (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below next to ‘$’ and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | **$ per Category** |
| **PI(s)/PD(s):** | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

|  |  |
| --- | --- |
| **D. Nonexpendable Equipment:** List below equipment items, relevance to proposed research and dollar amounts. Include cost per item | **Total $ Requested** |
|  | $ |

|  |  |
| --- | --- |
| **E. Materials and Supplies (M/S):** Provide below as much detail and specificity as possible for all materials and supplies associated with proposed research. Materials and Supplies should be described in detail e.g., chemical reagents, computer paper and supplies, glassware, lumber, etc. under each sub category (Field, Greenhouse, Laboratory and Other). Include total amount per sub category below next to ‘$’ and total amount requested for M/S in column on the right (i.e. Total $ Requested). | **Total $ Requested** |
| **Field**:  | $ | $ |
| **Greenhouse**:  | $ |
| **Laboratory**:  | $ |
| **Other**:  | $ |

|  |  |
| --- | --- |
| **F.1. Domestic Travel (DT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below next to ‘$’and total amount requested for DT in column on the right. | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots): | $ | $ |
| **Non-Research Related** (i.e. professional meetings):  |
| FHB Forum:  | $ |
| Other Conferences/Meetings:  | $ |

|  |  |
| --- | --- |
| **F.2. Foreign Travel (FT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below and total amount requested for FT in column on the right. | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots, international nurseries): | $ | $ |
| **Non-Research Related** (i.e. professional meetings):  | $ |

|  |  |
| --- | --- |
| **G. Publications Costs/Page Charge:** Provide below an estimated number of papers, total pages, and total cost. | **Total $ Requested** |
|  | $ |

|  |  |
| --- | --- |
| **H. Computer (ADPE) Services/Costs:** Provide below the type of service and total cost. | **Total $ Requested** |
|  | $ |

|  |  |
| --- | --- |
| **I. Other Direct Costs (ODC):** Under each relevant sub category below, enter a brief description, and basis for the estimate (i.e. individual fee rate/price). Include total amount per sub category below next to ‘$’ and total amount requested for ODC in column on the right. | **Total $ Requested** |
|  **Equipment/Facility/Land Rental and User Fees**:  | $ | $ |
|  **Laboratory Animal Fees**:  | $ |
|  **Service/Maintenance Contracts**:  | $ |
|  **U.S.** **based Winter Nurseries**:  | $ |
|  **International Nurseries**:  | $ |
|  **Double Haploids**:  | $ |
|  **Other Analyses/Services:**  | $ |
|  **Communication (postage, shipping, fax, long distance phone)**:  | $ |
|  **Photocopying**:  | $ |
|  **Sub Contracts**:  | $ |
|  **Tuition Remission**:  | $ |
|  **Other** (describe): | $ |

|  |  |
| --- | --- |
| **J. Indirect Costs (IDC):** Provide below your Institution’s approved Indirect Cost (IDC) rate for USWBSI/USDA-ARS grants. | **Total $ for IDC** |
|  | $ |

|  |  |
| --- | --- |
| **M. Small Business Act – SBIR Fee:** The SBIR fee is a Congressional mandated fee charged to all ARS/USWBSI grants and is applicable to all non-ARS PIs. The rate for FY16 is 3.0% and will be applied at the time of award to the USWBSI’s recommended amount. The **Formula** for calculating the fee is below:Step 1 – Multiply the ‘Total Direct and Indirect Costs’ Amount (K) by the SBIR fee % (.030) Step 2 – Add the SBIR Fee Amount to the Total Amount for Direct and Indirect Costs to get the ‘Total Amount of this Request.’ | **SBIR Fee Amount** |
|  | $  |

**PROPOSED RESEARCH PROJECT BUDGET JUSTIFICATION FORM**

**Year 2**

|  |
| --- |
| **Title of Proposed Project:** |
| **Principal Investigator:** |
| **Total Amount Requested for Year 2 (FY17):** | **$**  |

**Instructions:** Complete all applicable sections below. If budget category is not applicable, leave blank. NOTE: All amounts must be rounded to the nearest whole number.

|  |  |
| --- | --- |
| **A. Direct Labor (salaries and wages):** List below the number and titles of personnel, percentage of time/total hours to be devoted to the grant, and rates of pay. Please list according to category/subcategory and include the amount requested for each sub category (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | **$ per Category** |
| **PI(s)/PD(s):** | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

|  |  |
| --- | --- |
| **B. Fringe Benefits:** For each category of personnel, list below the fringe rates, etc. Include the amount requested for each subcategory (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below next to ‘$’ and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | **$ per Category** |
| **PI(s)/PD(s):** | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

|  |  |
| --- | --- |
| **D. Nonexpendable Equipment:** List below equipment items, relevance to proposed research and dollar amounts. Include cost per item | **Total $ Requested** |
|  | $ |

|  |  |
| --- | --- |
| **E. Materials and Supplies (M/S):** Provide below as much detail and specificity as possible for all materials and supplies associated with proposed research. Materials and Supplies should be described in detail e.g., chemical reagents, computer paper and supplies, glassware, lumber, etc. under each sub category (Field, Greenhouse, Laboratory and Other). Include total amount per sub category below next to ‘$’ and total amount requested for M/S in column on the right (i.e. Total $ Requested). | **Total $ Requested** |
| **Field**:  | $ | $ |
| **Greenhouse**:  | $ |
| **Laboratory**:  | $ |
| **Other**:  | $ |

|  |  |
| --- | --- |
| **F.1. Domestic Travel (DT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below next to ‘$’and total amount requested for DT in column on the right. | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots): | $ | $ |
| **Non-Research Related** (i.e. professional meetings):  |
| FHB Forum:  | $ |
| Other Conferences/Meetings:  | $ |

|  |  |
| --- | --- |
| **F.2. Foreign Travel (FT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below and total amount requested for FT in column on the right. | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots, international nurseries): | $ | $ |
| **Non-Research Related** (i.e. professional meetings):  | $ |

|  |  |
| --- | --- |
| **G. Publications Costs/Page Charge:** Provide below an estimated number of papers, total pages, and total cost. | **Total $ Requested** |
|  | $ |

|  |  |
| --- | --- |
| **H. Computer (ADPE) Services/Costs:** Provide below the type of service and total cost. | **Total $ Requested** |
|  | $ |

|  |  |
| --- | --- |
| **I. Other Direct Costs (ODC):** Under each relevant sub category below, enter a brief description, and basis for the estimate (i.e. individual fee rate/price). Include total amount per sub category below next to ‘$’ and total amount requested for ODC in column on the right. | **Total $ Requested** |
|  **Equipment/Facility/Land Rental and User Fees**:  | $ | $ |
|  **Laboratory Animal Fees**:  | $ |
|  **Service/Maintenance Contracts**:  | $ |
|  **U.S.** **based Winter Nurseries**:  | $ |
|  **International Nurseries**:  | $ |
|  **Double Haploids**:  | $ |
|  **Other Analyses/Services:**  | $ |
|  **Communication (postage, shipping, fax, long distance phone)**:  | $ |
|  **Photocopying**:  | $ |
|  **Sub Contracts**:  | $ |
|  **Tuition Remission**:  | $ |
|  **Other** (describe): | $ |

|  |  |
| --- | --- |
| **J. Indirect Costs (IDC):** Provide below your Institution’s approved Indirect Cost (IDC) rate for USWBSI/USDA-ARS grants. | **Total $ for IDC** |
|  | $ |

|  |  |
| --- | --- |
| **M. Small Business Act – SBIR Fee:** The SBIR fee is a Congressional mandated fee charged to all ARS/USWBSI grants and is applicable to all non-ARS PIs. The rate for FY17 is 3.2% and will be applied at the time of award to the USWBSI’s recommended amount. The **Formula** for calculating the fee is below:Step 1 – Multiply the ‘Total Direct and Indirect Costs’ Amount (K) by the SBIR fee % (.032) Step 2 – Add the SBIR Fee Amount to the Total Amount for Direct and Indirect Costs to get the ‘Total Amount of this Request.’ | **SBIR Fee Amount** |
|  | $  |

**PROPOSED PROJECT BUDGET PAGE**

|  |  |  |
| --- | --- | --- |
| PROJECT TITLE (*Same as ‘Cover Page’*):  | **FY16 Funds Requested****(Year 1)** | **FY17 Funds Requested****(Year 2)** |
| **PRINCIPAL INVESTIGATOR:**  |
| A. Salaries and Wages**1. PI(s)/PD(s)** **** |  |  |
| **2. Other Professional Personnel** *****(e.g. Post-Docs, Specialists and other administrative professionals)*  |  |  |
| **3. Support Personnel** *****(e.g. research technicians, students (graduate and undergraduate), secretarial-clerical and temporary employees)* |  |  |
| **Total Salaries and Wages**  **** |  |  |
| **B.** **Fringe Benefits** (If charged as Direct Costs) **** |  |  |
| **C. Total Salaries, Wages, and Fringe Benefits (A plus B)** **** |  |  |
| **D.** **Nonexpendable Equipment** (A detailed explanation listing items and dollar amounts should be included in the Budget Justification.) **** |  |  |
| **E**. **Materials and Supplies** **** |  |  |
| **F**. **Travel**1. Domestic (i.e. within U.S.) ******Do you plan to attend the National FHB Forum?** 2. Foreign (List destination and amount for each trip in Budget Justification) **** |  |  |
| **2016****YES [ ] NO [ ]** | **2017****YES [ ] NO [ ]** |
|  |  |
| **G.** **Publication Costs/Page Charges**  **** |  |  |
| **H.** **All Other Direct Costs** (A detailed explanation listing items and dollar amounts should be included in the Budget Justification.) **** |  |  |
| **I. Total Direct Costs** (C through I) **** |  |  |
| **J. Indirect Costs If Applicable** (*Not applicable for PIs affiliated with ARS.)* **** **Rate:** **Base:**  |  |  |
| **K. Total Direct and Indirect Costs** (I plus J) **** |  |  |
| **L. Small Business Act - SBIR Fee** *(3.0% for FY16; 3.2% for FY17)* ****(*Not applicable for PIs affiliated with ARS.)* |  |  |
| **M. Total Amount of This Request** **** | **$**  | **$**  |
| PRINCIPAL INVESTIGATOR’S NAME (Type or Print) | **PI’s E-SIGNATURE**(Insert image of signature or print, sign and scan to PDF) | **DATE** |
|  |  |  |