

STEP FORM SECTION 1: TRACKING & PERSONNEL



Section 1: TRACKING AND PERSONNEL INFORMATION

OSP System Tracking and External Project Form

The System Tracking and External Project (STEP) Form is used by the Office of Sponsored Projects to obtain internal approvals for all proposals submitted by NIU faculty to external sponsors for funding. The STEP form may also be used to obtain internal approvals for a variety of other reasons including but not limited to: award acceptance, project and/or budget changes and other sponsored project activities that require institutional endorsement. For further information, please see the STEP guide attached to the inside of the blue routing folder.

STANDARD TRACKING INFORMATION

Contact Information:

* 1. OSP Staff Responsible for this action: 2. Proposal Review Completed (OSP Signature):

Reference Information

* 3. OSP File #: 4. Previous OSP #: * 5. Awarded: * 6. Full Proposal/Award Attached:

Tracking Information:

* 7. Review Required For: * 8. Instrument Type: * 9. Purpose/Activity: 10. Code:

Submission Information:

* 11. Deadline: 12. Deadline Date: 13. Deadline Type: 14. Submission Type:

PERSONNEL

Project Director/Principal Investigator

* 15. Name: * 16. Primary Unit: 17. Additional Units: * 18. Employee ID:

Co-Project Director/Principal Investigator

19. Name: 20. Primary Unit: 21. Additional Units: 22. Employee ID:

PROJECT TITLE

* 23. Title: * 24. Project Summary:

SPONSOR

* 25. Sponsor: * 26. Federal Flow Through Funds: 27. Orig Sponsor: 28. CFDA #: 29. Program/Solicitation:

STEP FORM SECTION 2: BUDGET



Section 2: BUDGET INFORMATION

BUDGET

INITIAL/CURRENT BUDGET PERIOD:

1. Start Date: 01-Jun-2008	2. End Date: 31-May-2009	3. Direct Costs: 50,000	4. Indirect Costs: 5,000	5. Total Costs: 55,000
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TOTAL PROJECT PERIOD:

6. Start Date: 01-Jun-2008	7. End Date: 31-May-2010	8. Direct Costs: 100,000	9. Indirect Costs: 10,000	10. Total Costs: 110,000
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FACILITIES & ADMINISTRATIVE COSTS (F&A)

11. Rate: 10 %	12. Campus: On	13. Recovery Type: Limited Recovery (Normal Sponsor Policy)
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F&A DISTRIBUTION (Section will be blank if this project does not include F&A)

14. Name: Little, Dara C	15. Dept (A-L):	16. Dept (M-Z):	17. College: GR	18. Interdisciplinary Unit/Ctr:
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COST SHARE

19. Cost Share Involved: Mandatory & Voluntary Uncommitted	20. Percent (if req'd): 0 %	21. # Grad. Students: 1	22. Tuition Waiver: Yes	23. Total Waivers: 1
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NIU COST SHARE COMMITMENT DETAIL (Section will be blank if this project does not include cost sharing)

24. Type: Mandatory Committed	25. Line Item: Tuition one student	26. Amount: 6,700	27. NIU Source: VP Research&Dean of Grad Schl
Voluntary Uncommitted	Travel to conference	700	Sponsored Projects

NON-NIU COST SHARE COMMITMENT DETAIL (Section will be blank if this project does not include non-NIU cost sharing)

28. Type:	29. Line Item:	30. Amount: 0	31. Source:
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NOTES:

32. Notes

FOR SAMPLE USE ONLY

STEP FORM SECTION 3: CLEARANCES, 0**Section 3: INSTITUTIONAL CLEARANCES**

*OSP File Number: 07-289

HUMAN SUBJECTS

Please indicate if this project involves the use of human subjects. If you have questions regarding whether this project meets the specified criteria for Institutional Review Board (IRB) review, please contact the NIU Office of Research Compliance (ORC) at 815-753-8588 or visit the ORC web site <http://www.grad.niu.edu/orc/irb.htm>.

*1. Human Subjects:
Yes

2. Protocol Status:
Not Initiated

3. ORC #:

LIVE VERTEBRATE ANIMALS

Please indicate if this project involves the use of live vertebrate animals. If you have questions regarding whether this project requires Institutional Animal Care & Use Committee (IACUC) review, please contact the NIU Office of Research Compliance (ORC) at 815-753-8588 or visit the ORC web site <http://www.grad.niu.edu/orc/iacuc.htm>

4. Live Vertebrate Animals:
Yes

5. Protocol Status:
Pending

6. ORC #:

RECOMBINANT DNA OR BIOHAZARDS

Please indicate if this project involves the use of recombinant DNA or biohazards. If you are not sure if your research activity requires Institutional Biosafety Committee (IBC) review, please contact the NIU Office of Research Compliance (ORC) at 815-753-8588 or visit the ORC web site <http://www.grad.niu.edu/orc/ibc.htm>

*7. Recombinant DNA or Biohazard Use:
Yes

EXPORT CONTROL

The below questions will be used to determine whether export control review is necessary for this project. If any of the three questions below are answered 'yes' an OSP Record of Export Control Review may be attached and require review by the OSP Director (or designee). If all three questions are answered 'no' further information is not required.

*8. Export controls are addressed in connection with this proposal/project.
No

*9. This project may involve collaboration with a foreign entity.
No

*10. This project may involve the shipment of equipment outside the U.S.
No

ACADEMIC UNITS/PROGRAMS

*11. New administrative unit established.
No

*12. New academic unit established.
No

ACADEMIC UNITS/PROGRAMS APPROVAL (This section will be left blank if no new academic unit/program is anticipated)

13. Description of the new program or unit:

14. Provost Approval:

STEP FORM SECTION 4: CONFLICT OF INTEREST,



Section 4: CONFLICT OF INTEREST

OSP File Number: 07-289

CONFLICT OF INTEREST STATEMENT

For purposes of sponsored research or other funded activities and in accordance with federal guidelines, NIU has a responsibility to manage, reduce, or eliminate any conflicts of interest that may be presented by a financial interest of an investigator, including the investigator's spouse and dependent children. This document requires that investigators disclose any significant financial interest that would reasonably appear to be affected by sponsored research or other externally funded activities.

DEFINITIONS:

"Conflict of Interest" occurs when NIU reasonably determines that a significant financial interest could directly and significantly affect the design, conduct, or reporting of sponsored projects.

"Investigator" means the principal investigator/project director, co-principal investigators, and any other person, who is responsible for the design, conduct, or reporting of research, educational, or service activities funded, or proposed for funding, by an external sponsor.

"Significant Financial Interest" means anything of monetary value, including, but not limited to:

Salary or other payments for services (e.g. consulting fees or honoraria)

Intellectual property rights (e.g. consulting fees or honoraria)

salary, royalties or other payments that, when aggregated for the investigator and the investigator's spouse and dependent children over the next twelve months, exceed \$10,000

Equity interests (e.g. stocks, stock options, or other ownership interest)

equity interest, when aggregated for the investigator and the investigator's spouse and dependent children, must meet both of the following test: exceeds \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value; and represents more than a five (5) percent ownership interest in any single entity

The term does **not** include: salary, royalties, or other remuneration from NIU; or, income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities.

REQUIREMENTS TO DISCLOSE:

Each investigator is required to disclose the following significant financial interests:

Any significant financial interest of the Investigator that would reasonably appear to be affected by the research or educational activities funded, or proposed for funding, by an external sponsor, or

Any significant financial interest of the Investigator in an entity whose financial interest would reasonably appear to be affected by the research or educational activities funded, or proposed for funding by an external sponsor.

CERTIFICATION

Name: Little, Dara C

I have read the OSP Conflict of Interest Statement, and as defined by the referenced statement, I hereby declare that:

A REAL, POTENTIAL, OR APPARENT CONFLICT OF INTEREST **DOES NOT** EXIST WITH THIS PROJECT.

Investigator Signature: _____ Date: _____

A REAL, POTENTIAL, OR APPARENT CONFLICT OF INTEREST **MAY** EXIST WITH THIS PROJECT.

Investigator Signature: _____ Date: _____

STEP FORM SECTION 5: SIGNATURE/APPROVALS



Section 5: SIGNATURE/APPROVALS

OSP Proposal Number:

07-289

SUBMISSION/PROJECT APPROVAL

Signatures 1, 2, and 3 must be obtained prior to proposal submission by OSP. All proposals for external funding (new, continuation, renewal, supplemental, revised) require official signatures of approval. If more than one department, college or unit is involved, the chair and dean of each must sign.

1. INVESTIGATOR:

By signing below, you certify that:

- (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.

Signature: _____ Date: _____
PI:

Signature: _____ Date: _____
Co-PI/PD:

Signature: _____ Date: _____
Co-PI/PD:

Signature: _____ Date: _____
Co-PI/PD:

2. DEPARTMENT CHAIR/UNIT DIRECTOR:

Signature: _____ Date: _____
Department Chair/Unit Director:

Signature: _____ Date: _____
Department Chair/Unit Director:

Signature: _____ Date: _____
Department Chair/Unit Director:

Signature: _____ Date: _____
Department Chair/Unit Director:

3. DEAN:

Signature: _____ Date: _____
Dean:

Signature: _____ Date: _____
Dean:

Signature: _____ Date: _____
Dean:

Signature: _____ Date: _____
Dean:

4. OFFICE OF SPONSORED PROJECTS:

Director

Signature: _____ Date: _____

5. AUTHORIZED INSTITUTIONAL OFFICIAL:

Vice President for Research

Signature: _____ Date: _____

