



Autism Intervention Research Network on Physical Health

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AIR-P Network: Pilot Subcontracts on Treatment Research Affecting Autism

PROPOSAL COVER PAGE
Response to RFA #: ATN-AIR-10-02

1. TITLE OF PROJECT

2. PRINCIPAL INVESTIGATOR	SUPPORT REQUESTED: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2
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2a. NAME (Last, first, middle)	2b. DEGREE(S)
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2c. POSITION TITLE	2d. MAILING ADDRESS (<i>Street, city, state, zip code</i>)
2e. DEPARTMENT	

2f. TELEPHONE AND FAX TEL: _____ FAX: _____	2g. E-MAIL ADDRESS: _____
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3. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		4. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		5. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	4a. Direct Costs (\$)	4b. Total Costs (\$)	5a. Direct Costs (\$)	5b. Total Costs (\$)

6. ATN CENTER NAME/ADDRESS

Name _____

Address _____

7. BUSINESS / ADMINISTRATIVE OFFICIAL (FOR SUBCONTRACT ARRANGEMENTS)

Name _____ Signature _____

Title _____ Date _____

Address _____

Tel: _____ FAX: _____

E-Mail: _____

SIGNATURE OF PRINCIPAL INVESTIGATOR	DATE
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Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD						FROM 09/01/2010	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
SUBTOTALS →								
CONSULTANT COSTS								
EQUIPMENT <i>(Itemize)</i>								
SUPPLIES <i>(Itemize by category)</i>								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>								
OTHER EXPENSES <i>(Itemize by category)</i>								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i>								\$
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD								\$

Principal Investigator (Last, First, Middle):

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES						
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i>						
CONSORTIUM/ CONTRACTUAL COSTS	F&A					
TOTAL DIRECT COSTS						
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD						\$

BUDGET JUSTIFICATION. Follow the RFA budget justification instructions (not to exceed 5 pages).

Program Director/Principal Investigator (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

Please refer to the application instructions in order to complete sections A, B, and C of the Biographical Sketch.

Principal Investigator (Last, First, Middle):

PROJECT RESOURCES

This information is used to assess the capability of the organizational resources available to perform the effort proposed. For details, please refer to RFA Section VII – Content and Form of Application Submission.

STATEMENT OF INTENT

Prime PI: **JAMES PERRIN, MD**

Prime Institution: **MASSACHUSETTS GENERAL HOSPITAL**

Project Title:

Cooperating Institution:

PI Name:

ERA Commons ID:

Tel:

Fax:

Email:

Project Period:

Direct Costs:

F&A Costs:

Performance site:

Cooperating Institutional Business Contact Information:

Name:

Address:

Tel:

Fax:

Email:

Project information:

Yes

No

FWAssurance#:

Approval Date or Pending:

Human subjects:

Vertebrate animals:

Human Embryonic Stem Cells:

Inventions and Patents:

(for renewal applications)

Program Income:

Certifications:

In signing below and offering to participate in this research program, the Cooperating Institution certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency and are not delinquent on any federal debt; they are in compliance with the Drug Free Workplace Act of 1988; they are in compliance with U.S. Code, Section 1352, restrictions on the use of federal funds for the purpose of lobbying; they have filed annually with the Office of Scientific Integrity a PHS form 6349 governing Misconduct in Science; they have filed with DHHS compliance offices certification forms governing Civil Rights (441), Handicapped Individuals (641), Sex Discrimination (639-A), and Age Discrimination (680); they are in compliance with PHS policy governing Program Income; they have established policies in compliance with 45 CFR Part 46, Subpart A (protection of human subjects); the Animal Welfare Act (PL-89-544 as amended) and the Health Research Exchange Act of 1985 (Public Law 99-158); and that they are in compliance with NIH guidelines regarding human pluripotent stem cell research, transplantation of fetal tissue, recombinant DNA and human gene transfer research, and inclusion of women, children & minorities in research.

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the PHS-NIH consortium grant policies and are prepared to establish the necessary inter-institutional agreements consistent with those policies. In signing below, the Cooperating Institution certifies it has implemented and is enforcing a written policy of conflicts of interest consistent with the provisions of 42 CFR Part 50, Subpart F & 45 CFR Subtitle A, Part 94. If a conflict is identified by the Cooperating Institution during the period of the award contemplated under this agreement, the Cooperating Institution will report to the Prime Awardee the existence of the conflict, including the grant title, PI (if different from the investigator with the financial interest) and the specific method the Cooperating Institution adopts for addressing the conflict (managing, reducing, or eliminating it). The Cooperating Institution will rely on the Prime Awardee to report the existence of the conflict to NIH.

Cooperating Institution Business Official:

Signature _____

Date _____