

DATA SHEET FOR EXTRAMURAL PROPOSAL

University of California, Santa Cruz

UCSC-OSP (9/97)

SC# **20091230**
ORG# 443408

PI Name:	Status	Academic Title	Phone Number	Fax Number	E-mail Address
Primack, Joel		Professor	18314592580	18314593043	joel@scipp.ucsc.edu

If PI is not a member of the Academic Senate, has an Exception to Policy been submitted required prior to submission?

Fellow

Project Location	Division	ORU	Department
UCSC	PBS	SCIPP	Physics
Agency	Unit Contact	Unit Phone#	
NASA/Misc Centers	Spon. Code 5101		
(Prime Agency)	Ag. Type F	AgencyContact	AgencyPhone

If NIH or NSF, is current Disclosure of Financial Interests on file? If private agency, has Statement of Economic Interest been completed? Proposal Deadline

Title of Proposed Project: Evolution of Structure and of the Cosmic Population of Galactic Spheroids

Requested Start Date	Requested End Date	Requested Total Cost	Requested Indirect Costs	Indirect Cost Rate	Indirect Cost Type
1/1/2010	12/31/2012	\$564,326	\$176,852	0.5150	MTDC

Indirect Cost Waiver (if applicable)

Proposal Type <input checked="" type="radio"/> New <input type="radio"/> Renewal <input type="radio"/> Supplement Renewal or Supp. # <input type="text"/>	Contract/Grant Type: <input checked="" type="radio"/> Grant <input type="radio"/> Contract <input type="radio"/> Cooperative Agreement	Project Purpose <input checked="" type="radio"/> Research <input type="radio"/> Training <input type="radio"/> Public Service <input type="radio"/> Conference	<input type="radio"/> Equipment <input type="radio"/> Fellowship <input type="radio"/> Other <input type="radio"/> Materials Transfer
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<input type="text" value="No"/> Equip > \$50K <input type="text" value="No"/> Scuba Diving <input type="text"/> Program Income <input type="text" value="No"/> Subawards (If yes, please fill out subaward request form)	Environmental Health & Safety Concerns? (List type below) <input type="text" value="No"/> <input type="checkbox"/> 1 Radioactive Materials <input type="checkbox"/> 2 Lasers/Non-ionizing Radiation <input type="checkbox"/> 3 Recombinant DNA <input type="checkbox"/> 4 Human Cell Lines, Human Blood <input type="checkbox"/> 5 CDC USDA Select Agent/Toxin <input type="checkbox"/> 6 Human, Animal or Plant Pathogen <input type="checkbox"/> 7 Controlled Substances	<input type="text" value="No"/> Extended Absence from Campus <input type="text" value="No"/> Faculty Release Time/Sabbatical <input type="text" value="No"/> Proprietary or Privileged Information <input type="text" value="No"/> Grants.gov <input type="text" value="No"/> ARRA If Multiple Budgets, enter SC#s: <input type="text"/>	<input type="text" value="No"/> Human Subjects If yes, HS approval # <input type="text"/> <input type="text" value="No"/> Vertebrate Animals If yes, CARC # <input type="text"/> Low Risk Budget? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ITI <input type="checkbox"/> QB3
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Human Stem Cell Research Tobacco-industry funded research

Is there Cost Sharing for this Proposal? (If yes, be sure to fill out the Data Sheet Addendum for Cost Sharing)

Date Proposal Submitted <input type="text"/>	Preparer <input type="text" value="Kris Kerkela"/>
Quarter <input type="text" value="09-4.2"/>	Analyst <input type="text" value="Kris Kerkela"/>

Proposal not submitted ☐

NOTE if additional space or facilities requirements

Additional campus space required?

Alterations or renovations of campus space required?

Special space or facilities required?

If one of the above is true, please contact your Division Business Office and the Office of Planning and Budget to coordinate space needs and budgeting of facilities costs.

CERTIFICATION: By signing below, the principal investigator(s) and the institution representative(s) are : (1) certifying that the statements made herein are true and complete to the best of their knowledge; and (2) agreeing to accept the obligation to comply with University and sponsor terms and conditions, including the submission of required progress and financial reports, if an award is made as a result of this proposal.

PI Signature	Date	Department Chair/ORU Director/ Unit Head Signature	Date
CO-PI Signature	Date	Division/Unit Business Officer Signature	Date
CO-PI Signature	Date	Division Dean/Vice Chancellor Signature	Date
		Sponsored Projects Signature	Expedited Review <input type="checkbox"/> Date