

INTERNAL PROPOSAL REVIEW

LOG NUMBER 090444

DEADLINE DATE 08/25/09

PRINCIPAL INVESTIGATORS (PI/CoPI)

Role	Name	Hire Date	Unit	Department
PI	RUSS, SAMUEL	00	ENGR	Electrical Engineering
CoPI	HANKS, ROMA	00	A&S	Sociology / Anthropology
CoPI	DORAN, MICHAEL	00	CIS	Computer & Information Sciences
CoPI	THOMAS, THOMAS	00	ENGR	Civil Engineering
CoPI	HAGHINI, SASAN	00	ENGR	Electrical Engineering

AGENCY

Title: WIRELESS WELL-BEING: USING WIRELESS NETWORKS TO ENHANCE PATIENT CARE
Agency: FEDERAL AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
Program Name: UTILIZING HEALTH INFO TECHNOLOGY TO IMPROVE HEALTH CARE QUALITY
CFDA No.: 93.226
Pass-Thru: UNIVERSITY OF ALABAMA AT BIRMINGHAM

ARRA Funds: Congressional Funds:

Budget Period: 09/01/09 To 08/31/10 **Project Period:** 09/01/09 To 08/31/12

Proposal Type: New **Project Type:** Research **Agreement Type:** Grant

Budget Direct: \$ 900,000 **Budget Match Direct:** \$ 90,000
Budget F&A: \$ 900,000 **Budget Match F&A:** \$ 30,000
Budget Total: \$ 900,000 **Budget Match Total:** \$120,000

Project Direct: \$ 900,000 **Project Match Direct:** \$ 900,000
Project F&A: \$ 300,000 **Project Match F&A:** \$ 300,000
Project Total: \$1,200,000 **Project Match Total:** \$1,200,000

(Project data is reported for New, Renewal, Revision, Supplement proposals, but not Continuation proposals.)

Budget Match Item	Budget Match Amount	Budget Match Banner Account #

F&A Rate % **Non-F&A Rate** % Yes documentation attached for non-F&A Rate
Cost Accounting Standards Exception Requested Yes form attached
Contract Checklist Yes form attached

Facilities / Space / Other Resources

The facilities/space and other University resources necessary to complete the proposed project are available to the project, or provisions have been arranged with the Department /College/Unit to make such space or other University resources available in the event an award is made.

Yes documentation attached

RESEARCH COMPLIANCE

	Yes	Protocol #		Yes
Animal Use	<input type="checkbox"/>	_____	Export Control	<input type="checkbox"/>
Biological Materials	<input type="checkbox"/>	_____	Radiation Safety	<input type="checkbox"/>
Embryonic Stem Cells	<input type="checkbox"/>	_____	Safety & Environmental	<input type="checkbox"/>
Human Subjects	<input type="checkbox"/>	_____		
Select Agents or Toxins	<input type="checkbox"/>	_____		

Significant Financial Interest

Yes Do any of the Investigators or other personnel responsible for the design, conduct or reporting of the proposed research, or their spouse or dependent children, have any Significant Financial interest as defined by PHS / NSF (> \$10,000) that would reasonably appear to be affected by the activities to be funded?

University Conflict of Interest

Yes Principal Investigator certifies an annual University COI / COC form has been filed and has been updated if applicable.

PI Responsibilities

Yes Principal and Key Investigators certify that the information submitted in this application is true, complete, and accurate to the best of their knowledge, Any false, fictitious, or fraudulent statements of claims may subject the Principal Investigator to criminal, civil, or administrative penalties, The Principal Investigator 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.

PROPOSAL ABSTRACT
