

## COVER SHEET FOR PROPOSAL TO THE NATIONAL SCIENCE FOUNDATION

PROGRAM ANNOUNCEMENT/SOLICITATION NO./CLOSING DATE/If not in response to a program announcement/solicitation enter NSF 10-1					<b>FOR NSF USE ONLY</b>	
<b>NSF 10-1</b>					<b>NSF PROPOSAL NUMBER</b>	
FOR CONSIDERATION BY NSF ORGANIZATION UNIT(S) (Indicate the most specific unit known, i.e. program, division, etc.)						
<b>DEB - EVOLUTIONARY ECOLOGY</b>						
<b>DATE RECEIVED</b>	<b>NUMBER OF COPIES</b>	<b>DIVISION ASSIGNED</b>	<b>FUND CODE</b>	<b>DUNS#</b> (Data Universal Numbering System)	<b>FILE LOCATION</b>	
				<b>806345617</b>		
EMPLOYER IDENTIFICATION NUMBER (EIN) OR TAXPAYER IDENTIFICATION NUMBER (TIN)		SHOW PREVIOUS AWARD NO. IF THIS IS		IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, LIST ACRONYM(S)		
<b>742652689</b>		<input type="checkbox"/> A RENEWAL <input type="checkbox"/> AN ACCOMPLISHMENT-BASED RENEWAL				
NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE			ADDRESS OF AWARDEE ORGANIZATION, INCLUDING 9 DIGIT ZIP CODE			
<b>University of Arizona</b>			<b>888 N Euclid Ave TUCSON, AZ 85721-0001</b>			
AWARDEE ORGANIZATION CODE (IF KNOWN)			ADDRESS OF PERFORMING ORGANIZATION, IF DIFFERENT, INCLUDING 9 DIGIT ZIP CODE			
<b>0010835000</b>						
NAME OF PERFORMING ORGANIZATION, IF DIFFERENT FROM ABOVE						
PERFORMING ORGANIZATION CODE (IF KNOWN)						
IS AWARDEE ORGANIZATION (Check All That Apply) (See GPG II.C For Definitions)						
<input type="checkbox"/> SMALL BUSINESS		<input type="checkbox"/> MINORITY BUSINESS		<input type="checkbox"/> IF THIS IS A PRELIMINARY PROPOSAL THEN CHECK HERE		
<input type="checkbox"/> FOR-PROFIT ORGANIZATION		<input type="checkbox"/> WOMAN-OWNED BUSINESS				
TITLE OF PROPOSED PROJECT <b>Example 2 of Research appointment requesting 3 months salary</b>						
REQUESTED AMOUNT		PROPOSED DURATION (1-60 MONTHS)		REQUESTED STARTING DATE		SHOW RELATED PRELIMINARY PROPOSAL NO. IF APPLICABLE
\$ <b>29,179</b>		<b>12</b> months		<b>07/01/11</b>		
CHECK APPROPRIATE BOX(ES) IF THIS PROPOSAL INCLUDES ANY OF THE ITEMS LISTED BELOW						
<input type="checkbox"/> BEGINNING INVESTIGATOR (GPG I.G.2)			<input type="checkbox"/> HUMAN SUBJECTS (GPG II.D.7) Human Subjects Assurance Number _____			
<input type="checkbox"/> DISCLOSURE OF LOBBYING ACTIVITIES (GPG II.C.1.e)			Exemption Subsection _____ or IRB App. Date _____			
<input type="checkbox"/> PROPRIETARY & PRIVILEGED INFORMATION (GPG I.D, II.C.1.d)			<input type="checkbox"/> INTERNATIONAL COOPERATIVE ACTIVITIES: COUNTRY/COUNTRIES INVOLVED (GPG II.C.2.j)			
<input type="checkbox"/> HISTORIC PLACES (GPG II.C.2.j)						
<input type="checkbox"/> EAGER* (GPG II.D.2) <input type="checkbox"/> RAPID** (GPG II.D.1)						
<input type="checkbox"/> VERTEBRATE ANIMALS (GPG II.D.6) IACUC App. Date _____			<input type="checkbox"/> HIGH RESOLUTION GRAPHICS/OTHER GRAPHICS WHERE EXACT COLOR REPRESENTATION IS REQUIRED FOR PROPER INTERPRETATION (GPG I.G.1)			
PHS Animal Welfare Assurance Number _____						
PI/PD DEPARTMENT			PI/PD POSTAL ADDRESS			
<b>Sponsored Projects</b>			<b>601 Administration Building</b>			
PI/PD FAX NUMBER			<b>Tucson, AZ 85721</b>			
<b>520-626-4130</b>			<b>United States</b>			
NAMES (TYPED)		High Degree	Yr of Degree	Telephone Number	Electronic Mail Address	
PI/PD NAME		<b>BS</b>	<b>1997</b>	<b>602-621-2211</b>	<b>maryg@u.arizona.edu</b>	
CO-PI/PD						
CO-PI/PD						
CO-PI/PD						
CO-PI/PD						

# SUMMARY PROPOSAL BUDGET

YEAR 1

ORGANIZATION <b>University of Arizona</b>				FOR NSF USE ONLY		
				PROPOSAL NO.	DURATION (months)	
PRINCIPAL INVESTIGATOR / PROJECT DIRECTOR <b>Mary Gerrow</b>				AWARD NO.	Proposed	Granted
				NSF Funded Person-months		
A. SENIOR PERSONNEL: PI/PD, Co-PI's, Faculty and Other Senior Associates (List each separately with title, A.7. show number in brackets)				CAL	ACAD	SUMR
1. <b>Mary Gerrow - Principal Investigator</b>				1.00	0.00	0.00
2.						
3.						
4.						
5.						
6. ( 0 ) OTHERS (LIST INDIVIDUALLY ON BUDGET JUSTIFICATION PAGE)				0.00	0.00	0.00
7. ( 1 ) TOTAL SENIOR PERSONNEL (1 - 6)				1.00	0.00	0.00
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)						
1. ( 0 ) POST DOCTORAL SCHOLARS				0.00	0.00	0.00
2. ( 0 ) OTHER PROFESSIONALS (TECHNICIAN, PROGRAMMER, ETC.)				0.00	0.00	0.00
3. ( 0 ) GRADUATE STUDENTS						0
4. ( 0 ) UNDERGRADUATE STUDENTS						0
5. ( 0 ) SECRETARIAL - CLERICAL (IF CHARGED DIRECTLY)						0
6. ( 0 ) OTHER						0
TOTAL SALARIES AND WAGES (A + B)						<b>15,000</b>
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)						<b>4,260</b>
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B + C)						<b>19,260</b>
D. EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING \$5,000.)						
TOTAL EQUIPMENT						<b>0</b>
E. TRAVEL 1. DOMESTIC (INCL. CANADA, MEXICO AND U.S. POSSESSIONS)						<b>0</b>
2. FOREIGN						<b>0</b>
F. PARTICIPANT SUPPORT COSTS						
1. STIPENDS \$ _____ <b>0</b>						
2. TRAVEL _____ <b>0</b>						
3. SUBSISTENCE _____ <b>0</b>						
4. OTHER _____ <b>0</b>						
TOTAL NUMBER OF PARTICIPANTS ( 0 ) TOTAL PARTICIPANT COSTS						<b>0</b>
G. OTHER DIRECT COSTS						
1. MATERIALS AND SUPPLIES						<b>0</b>
2. PUBLICATION COSTS/DOCUMENTATION/DISSEMINATION						<b>0</b>
3. CONSULTANT SERVICES						<b>0</b>
4. COMPUTER SERVICES						<b>0</b>
5. SUBAWARDS						<b>0</b>
6. OTHER						<b>0</b>
TOTAL OTHER DIRECT COSTS						<b>0</b>
H. TOTAL DIRECT COSTS (A THROUGH G)						<b>19,260</b>
I. INDIRECT COSTS (F&A)(SPECIFY RATE AND BASE) <b>MTDC (Rate: 51.5000, Base: 19260)</b>						
TOTAL INDIRECT COSTS (F&A)						<b>9,919</b>
J. TOTAL DIRECT AND INDIRECT COSTS (H + I)						<b>29,179</b>
K. RESIDUAL FUNDS						<b>0</b>
L. AMOUNT OF THIS REQUEST (J) OR (J MINUS K)						<b>\$ 29,179 \$</b>
M. COST SHARING PROPOSED LEVEL \$ <b>0</b>				AGREED LEVEL IF DIFFERENT \$		
PI/PD NAME <b>Mary Gerrow</b>				FOR NSF USE ONLY		
ORG. REP. NAME*				INDIRECT COST RATE VERIFICATION		
				Date Checked	Date Of Rate Sheet	Initials - ORG

# SUMMARY PROPOSAL BUDGET Cumulative

ORGANIZATION <b>University of Arizona</b>				FOR NSF USE ONLY		
				PROPOSAL NO.	DURATION (months)	
PRINCIPAL INVESTIGATOR / PROJECT DIRECTOR <b>Mary Gerrow</b>				AWARD NO.	Proposed	Granted
					NSF Funded Person-months	
A. SENIOR PERSONNEL: PI/PI, Co-PI's, Faculty and Other Senior Associates (List each separately with title, A.7. show number in brackets)				CAL	ACAD	SUMR
1. <b>Mary Gerrow - Principal Investigator</b>				1.00	0.00	0.00
2.						
3.						
4.						
5.						
6. ( ) OTHERS (LIST INDIVIDUALLY ON BUDGET JUSTIFICATION PAGE)				0.00	0.00	0.00
7. ( <b>1</b> ) TOTAL SENIOR PERSONNEL (1 - 6)				1.00	0.00	0.00
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)						
1. ( <b>0</b> ) POST DOCTORAL SCHOLARS				0.00	0.00	0.00
2. ( <b>0</b> ) OTHER PROFESSIONALS (TECHNICIAN, PROGRAMMER, ETC.)				0.00	0.00	0.00
3. ( <b>0</b> ) GRADUATE STUDENTS						
4. ( <b>0</b> ) UNDERGRADUATE STUDENTS						
5. ( <b>0</b> ) SECRETARIAL - CLERICAL (IF CHARGED DIRECTLY)						
6. ( <b>0</b> ) OTHER						
TOTAL SALARIES AND WAGES (A + B)						<b>15,000</b>
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)						<b>4,260</b>
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B + C)						<b>19,260</b>
D. EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING \$5,000.)						
TOTAL EQUIPMENT						<b>0</b>
E. TRAVEL 1. DOMESTIC (INCL. CANADA, MEXICO AND U.S. POSSESSIONS)						<b>0</b>
2. FOREIGN						<b>0</b>
F. PARTICIPANT SUPPORT COSTS						
1. STIPENDS \$ _____ <b>0</b>						
2. TRAVEL _____ <b>0</b>						
3. SUBSISTENCE _____ <b>0</b>						
4. OTHER _____ <b>0</b>						
TOTAL NUMBER OF PARTICIPANTS ( <b>0</b> ) TOTAL PARTICIPANT COSTS						<b>0</b>
G. OTHER DIRECT COSTS						
1. MATERIALS AND SUPPLIES						<b>0</b>
2. PUBLICATION COSTS/DOCUMENTATION/DISSEMINATION						<b>0</b>
3. CONSULTANT SERVICES						<b>0</b>
4. COMPUTER SERVICES						<b>0</b>
5. SUBAWARDS						<b>0</b>
6. OTHER						<b>0</b>
TOTAL OTHER DIRECT COSTS						<b>0</b>
H. TOTAL DIRECT COSTS (A THROUGH G)						<b>19,260</b>
I. INDIRECT COSTS (F&A)(SPECIFY RATE AND BASE)						
TOTAL INDIRECT COSTS (F&A)						<b>9,919</b>
J. TOTAL DIRECT AND INDIRECT COSTS (H + I)						<b>29,179</b>
K. RESIDUAL FUNDS						<b>0</b>
L. AMOUNT OF THIS REQUEST (J) OR (J MINUS K)						<b>\$ 29,179</b>
M. COST SHARING PROPOSED LEVEL \$ <b>0</b>				AGREED LEVEL IF DIFFERENT \$		
PI/PI NAME <b>Mary Gerrow</b>				FOR NSF USE ONLY		
ORG. REP. NAME*				INDIRECT COST RATE VERIFICATION		
				Date Checked	Date Of Rate Sheet	Initials - ORG

C \*ELECTRONIC SIGNATURES REQUIRED FOR REVISED BUDGET

## Budget Justification Page

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The PI is a research track faculty member on a fiscal appointment, and is fully dedicated to research. She will be responsible for the overall direction of the project, and is requesting one month salary which will result in a total of 3 months salary from all NSF awards.

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## Current and Pending Support

(See GPG Section II.C.2.h for guidance on information to include on this form.)

The following information should be provided for each investigator and other senior personnel. Failure to provide this information may delay consideration of this proposal.	
Investigator: <b>Mary Gerrow</b>	Other agencies (including NSF) to which this proposal has been/will be submitted.
Support: <input type="checkbox"/> Current <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> *Transfer of Support Project/Proposal Title: <b>Example 2 of research appointment requesting 3 months salary</b>	
Source of Support: <b>NSF</b> Total Award Amount: \$ <b>29,179</b> Total Award Period Covered: <b>07/01/11 - 06/30/12</b> Location of Project: <b>University of Arizona</b> Person-Months Per Year Committed to the Project. <b>Cal:1.00    Acad: 0.00    Sumr: 0.00</b>	
Support: <input checked="" type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> *Transfer of Support Project/Proposal Title: <b>Entering proposals in Fastlane</b>	
Source of Support: <b>NSF</b> Total Award Amount: \$ <b>10,000</b> Total Award Period Covered: <b>01/01/11 - 12/31/12</b> Location of Project: <b>University of Arizona</b> Person-Months Per Year Committed to the Project. <b>Cal:2.00    Acad: 0.00    Sumr: 0.00</b>	
Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> *Transfer of Support Project/Proposal Title:	
Source of Support: Total Award Amount: \$                      Total Award Period Covered: Location of Project: Person-Months Per Year Committed to the Project.    Cal:              Acad:              Sumr:	
Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> *Transfer of Support Project/Proposal Title:	
Source of Support: Total Award Amount: \$                      Total Award Period Covered: Location of Project: Person-Months Per Year Committed to the Project.    Cal:              Acad:              Sumr:	
Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> *Transfer of Support Project/Proposal Title:	
Source of Support: Total Award Amount: \$                      Total Award Period Covered: Location of Project: Person-Months Per Year Committed to the Project.    Cal:              Acad:              Summ:	

\*If this project has previously been funded by another agency, please list and furnish information for immediately preceding funding period.