New Frontiers in Astronomy and Cosmology RFP: Cover Sheet

This proposal is in response to New Frontiers in Astronomy and Cosmology RFP organized by the University of Chicago.

Requested Items	Item Entries
	>Please follow the length and format of the default texts <
I. Date of Submission (mm/dd/yyyy)	06/01/2012
1. Date of outsingsion (intradaryyyy)	"Dark Energy: A Calibration Error, an Unknown
II Droject Title	Substance or a Reflection of the Failure to Understand
II. Project Title	Gravity on Large scales
	Gravity on Large Scales
III. Principal Investigator (PI)	
Salutation, First Name, Last Name	Dr. Gregory Bothun
Current Title/Position(s)	Professor of Physics
Highest Degree(s) and Year(s) of Attainment	PHD 1981
Mailing Address:	
Institution	
Department	University of Oregon
Street Address	Department of Physics
Bidg., Hall, Room, Mail Code	120 Willamette Hall
City, State/Province, Postal Code, Country Other Contact Information:	Eugene OR 97403
E-mail Address	dkmatter@uoregon.edu
Phone Number	541-346-2569
Fax Number	451-346-4781
IV. Co-Investigators, if applicable (limit 5)	
For each individual, please provide ONLY the following brief information (limit 5):	
Salutation, First Name, Last Name,	Dr. Stacy McGaugh
Current Title/Position(s),	Professor of Astronomy
and Affiliated Institution/Organization	University of Maryland
V. Financial Contact (Required)	
Salutation, First Name, Last Name	Stuart Mellor
Current Title/Position(s)	Grants Financial Manager
Mailing Address:	Changered Braigete Convince
Institution	Sponsored Projects Services University of Oregon
Department Street Address	5219 University of Oregon
Bldg., Hall, Room, Mail Code	Eugene, OR 97403-0327
City, State/Province, Postal Code, Country	,
Other Contact Information:	
E-mail Address	sponsoredprojects@uoregon.edu
Phone Number	(541)346-5131
Fax Number	(541)346-5138
VI. Authorized Signing Official (Required)	

College Charles I and	
Salutation, First Name, Last Name	Dr. Kimberly Andrews Espy
Current Title/Position(s)	Vice President for Research and Innovation
Mailing Address:	
Institution	Sponsored Projects Services
Department	University of Oregon
Street Address	5219 University of Oregon
Bldg., Hall, Room, Mail Code	Eugene, OR 97403-0327
City, State/Province, Postal Code, Country	
Other Contact Information: E-mail Address	
Phone Number	sponsoredprojects@uoregon.edu
Fax Number	(541)346-5131 (541)346-5138
T dx (valido)	(341)340-3130
VII. Use of Human or Animal Subjects	
Use of Human Subjects?	Human Subjects Assurance No.:
Check one: ☐ Yes ☒ No	IRB Status:
If yes, provide Human Subjects Assurance Number,	IRB Date (mm/dd/yyyy):
IRB Status, and IRB Date.	A MAS SIMA
Use of Animal Subjects? Check one: ☐ Yes ☒ No	Animal Welfare Assurance No.: IACUC Status:
If yes, provide Animal Welfare Assurance Number,	IACOC Status.
IACUC Status, and IACUC Date.	IACUC Date (mm/dd/yyyy):
	med batto (mindayyyy)
VIII. Other	
Use of Recombinant DNA?	Status:
Check one: ☐ Yes ☒ No	
If yes, provide Status and Date.	Date (mm/dd/yyyy):
Use of Biohazards?	Specify:
Check one: ☐ Yes ☒ No If yes, please specify.	
ii yes, piease specify.	
IX. Required Signature(s)	
o:	
Signature of Authorized Signing Official	Signature of the Principal Investigator
Signing Official Assurance: I certify that the statements herein are	Principal Investigator Assurance: I certify that the statements herein
true, accurate and complete to the best of my knowledge. I accept	are true, accurate and complete to the best of my knowledge. I am
the responsibility to comply with the grantor's terms and conditions if	aware that any false or fraudulent statements or claims may subject
a grant is awarded as a result of this application. I am aware that any false or fraudulent statements or claims may subject me to	me to criminal, civil, or administrative fines or penalties. I agree to accept responsibility for the scientific conduct of the project and to
criminal, civil, or administrative fines or penalties.	provide the required progress reports if a grant is awarded as a result
1 01 1	of this application.
A X(01) 6/1/2012	Pr 6/1/2012
Inked Signature of Signing Official Date	Inked Signature of Principal Investigator Date