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| Submit this form with copy of the proposal narrative budget and application guidelines to the OSP at least 5 business days before the deadline. | OSP Control Number: | Date Received by OSP: |
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SECTION A GENERAL INFORMATION

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| Project Director or Principal Investigator, Department and College/Unit | Submission Deadline: |
| Project Title | Type of Funder |
| Funding Agency and Grant Program | Source of Funds |
| Lead Agency if WPUNJ is Subrecipient | Submission Method |
| Please Check All That Apply <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Subrecipient <input type="checkbox"/> New <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal or Continuation, Contract # | |

SECTION B PARTICIPANT/PARTNER INFORMATION

1. If WPU Faculty/Staff from other departments/units are included in this project as senior project staff, list each and obtain appropriate approval from their chair/director and dean/associate vice president. Attach additional sheets if needed.

| Name | Department | Approval Signature, Date | College/Unit | Approval Signature, Date |
|------|------------|--------------------------|--------------|--------------------------|
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2. If there are partner agencies who will receive a subcontract, list each and attach Subrecipient Commitment Form. Attach additional sheets if needed.

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| Agency | <input type="checkbox"/> Form Attached | Agency | <input type="checkbox"/> Form Attached |
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SECTION C BUDGET

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| Project Dates: No. of Yrs: _____ Beginning Date: _____ Ending Date: _____ |
| Direct Costs: \$ _____ Indirect Costs: \$ _____ Total Costs: \$ _____ |
| WPU Match or Cost Share Required? No Yes: Ratio or Percentage: _____ Amount of Match by WPU: \$ _____ |
| Description of Cost Share/Match Expenses: <input type="checkbox"/> Reassigned Time <input type="checkbox"/> Travel <input type="checkbox"/> Supplies <input type="checkbox"/> Equipment <input type="checkbox"/> Computers/IT Support/Software/Licenses <input type="checkbox"/> Other: _____ |
| Partner Agency Match or Cost-Share Required? No Yes: Ratio or Percentage: _____ Special Expense Concerns Included in Project? No Yes, Comment: _____ |

SECTION D SPECIAL REQUIREMENTS AND APPROVALS: Check all that apply, obtain signatures or attach approval. Attach additional sheets if needed.

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| <input type="checkbox"/> Human Subjects <input type="checkbox"/> Recombinant DNA <input type="checkbox"/> Biohazard <input type="checkbox"/> Radioactive Substance <input type="checkbox"/> Controlled Substance Signature: _____ Date: _____ |
| <input type="checkbox"/> Animal Subjects <input type="checkbox"/> Additional Office <input type="checkbox"/> Additional Lab <input type="checkbox"/> New Computer Lab <input type="checkbox"/> Facility Renovation Signature: _____ Date: _____ |

SECTION E FINAL APPROVALS AND SIGNATURES

Project Director's Compliance Certifications:
 I certify that the information contained in and attached to this proposal is true and accurate to the best of my knowledge.
 I certify that this proposal complies with the WPUNJ *Conflict of Interest and Commitment Policy*. If a potential conflict may exist for me or any other senior project personnel, a *Conflict of Interest and Commitment Disclosure Form* is attached. Attached Not Attached
 In accepting external funds, WPUNJ assures compliance with all Federal standards and policies specified in OMB Circulars and other regulatory directives regarding topics such as Misconduct, Conflict of Interest, Drug-Free Workplace, Protection of Human and Animal Subjects in Research, Lobbying Activities, and other issues mandated in the application materials. I certify that this application is in compliance with these policies and that I will comply with these policies in my role as Project Director or Principal Investigator when administering any grant or contract received in response to this application.

Signature: _____ Date: _____

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| I approve the submission of the attached proposal and budget, including the matching or cost share commitment. If/when an award is made, there may be further discussions regarding the final approval and allocation of expenses included herein. ***** To make comments: check box and write on back or attach. | | Title | Signature | Date | Comments |
| | 1 | Department Chair or Director | | | <input type="checkbox"/> |
| | 2 | Dean/Assoc Dean or Asst/Assoc Vice Pres | | | <input type="checkbox"/> |
| | 3 | Other: | | | <input type="checkbox"/> |
| | 4 | Director, Office of Sponsored Programs | | | <input type="checkbox"/> |
| | 5 | Controller | | | <input type="checkbox"/> |
| | 6 | Vice President for Administration & Finance | | | <input type="checkbox"/> |
| | 7 | Assoc Vice Pres, Grad. Studies and Research | | | <input type="checkbox"/> |
| | 8 | Provost & Sr Vice Pres for Academic Affairs | | | <input type="checkbox"/> |