

Submit this form with a 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

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	College/Unit	Approval

2. If there are partner agencies who will receive a subcontract, list each and attach Subrecipient Commitment Form. Attach additional sheets if needed.

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

Project Dates: No. of Yrs: _____ Beginning Date: _____ Ending Date: _____

Direct Costs: \$ _____	Indirect Costs: \$ _____	Total Costs: \$ _____
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WPU Match or Cost Share Required? No Yes: Ratio or Percentage: _____ **Amount of Match by WPU: \$** _____

Description of Cost Share/Match Expenses: Reassigned Time Travel Supplies Equipment Computers/IT Support/Software/Licenses
 Other: _____

Partner Agency Match or Cost Share Required? No Yes: Ratio or Percentage: _____ **Special Expense Concerns Included in Project?** No Yes

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

Human Subjects Recombinant DNA Biohazard Radioactive Substance Controlled Substance Signature: _____ Date: _____
 Animal Subjects Additional Office Additional Lab New Computer Lab 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: _____

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			□
	2 Dean/Assoc Dean or Asst/Assoc Vice Pres			□
	3 Other:			□
	4 Director, Office of Sponsored Programs			□
	5 Controller			□
	6 Vice President for Administration & Finance			□
	7 Assoc Vice Pres, Grad. Studies and Research			□
	8 Provost & Sr Vice Pres for Academic Affairs			□