

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. SECTION E MUST BE SIGNED BY PD/PI.	OSP Control Number:	Date Received by OSP:
---	---------------------	-----------------------

**SECTION A GENERAL INFORMATION**

Project Director or Principal Investigator, Department and College/Unit		Submission Target Date:
Project Title	<b>Type of Sponsor</b> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other Government <input type="checkbox"/> Grantmaking Public Charity <input type="checkbox"/> Professional Association <input type="checkbox"/> Foundation <input type="checkbox"/> Business <input type="checkbox"/> Other: _____	
Sponsor and Title of Funding Opportunity	<b>Source of Funds</b> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other Government <input type="checkbox"/> Grantmaking Public Charity <input type="checkbox"/> Prof. Association <input type="checkbox"/> Foundation <input type="checkbox"/> Business <input type="checkbox"/> Other: _____	
Lead Agency if WPUNJ is Subrecipient		
<b>Type of Submission: Please Check All That Apply</b> <input type="checkbox"/> New <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission	<b>Submission Method</b> <input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Combined <input type="checkbox"/> Other	

**SECTION B PARTICIPANT/PARTNER INFORMATION**

1. If WPU Faculty/Staff from other departments/units are included in this project as key project staff, list each and obtain approval if in another College or Unit. 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. Identify in comments block and note if Form is attached.

Agency:	Agency:
<input type="checkbox"/> Subrecipient Commitment Form Attached	<input type="checkbox"/> Subrecipient Commitment Form Attached

**SECTION C BUDGET**

Project Dates: No. of Years: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

<b>Direct Expenses</b> Requested: \$	<b>Indirect Expenses</b> Requested: \$	<b>Total Expenses</b> Requested: \$
WPU Match or Cost Share Required? <input type="checkbox"/> No <input type="checkbox"/> Yes: Ratio or Percentage:		WPU Match / Cost Share: \$
<b>Description of Cost Share/Match Expenses:</b> <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"/> Food <input type="checkbox"/> Other:		
Partner Agency Match or Cost Share Required: <input type="checkbox"/> No <input type="checkbox"/> Yes: Ratio or Percentage:	<b>Special Expense Concerns Included in Project?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: Explain on Reverse	

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

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

**SECTION E CERTIFICATIONS AND FINAL APPROVAL SIGNATURES**

**Project Director's / Principal Investigator's Compliance Certifications:**

1. I certify that the information contained in and attached to this proposal is true and accurate to the best of my knowledge.
2. Conflicts of Interest:
  - a. I certify that the key individuals who developed and are anticipated to be part of the funded project are familiar with the requirements of the State of New Jersey Uniform Ethics Code, have completed the mandatory training, have submitted any required questionnaires or forms, and are in compliance with all management plans.
  - b. I certify that the key individuals who developed and are anticipated to be part of the funded project are familiar with the requirements of the *Sponsored Projects and Research Conflict of Interest and Commitment Disclosure Policy*, and that if a potential conflict exists for anyone that is related to this project, then a *Conflict of Interest and Commitment Disclosure Form* is attached for everyone. Conflict of Financial Interest and Commitment Disclosure Statement are:  **Attached**  **Not Attached**
  - c. I certify that partner agencies have provided a Subrecipient Commitment Form and have indicated whether their institutional conflict of interest policy applies to this proposal or if they will be working under the William Paterson *Sponsored Projects and Research Conflict of Interest and Commitment Disclosure Policy*.
3. 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.**

**Project Director's Signature:**

**Date:**

**Approval for Submission:**

**I approve the submission of the attached proposal and budget, including the WP cost share. When an award is made, there may be further discussions regarding the final approval and allocation of expenses included herein.**

Department Chair or Director:		Date	<input type="checkbox"/> Comment
	Signature		
Dean/Associate Dean or Assistant/Associate Vice President:		Date	<input type="checkbox"/> Comment
	Signature		
Other: _____		Date	<input type="checkbox"/> Comment
	Signature		
Director, OSP:		Date	<input type="checkbox"/> Comment
	Signature		
Controller:		Date	<input type="checkbox"/> Comment
	Signature		
Vice President, Administration & Finance:		Date	<input type="checkbox"/> Comment
	Signature		
Associate Provost for Academic Affairs:		Date	<input type="checkbox"/> Comment
	Signature		
Provost & Senior Vice President for Academic Affairs:		Date	<input type="checkbox"/> Comment
	Signature		

**Comments**