



	Date Received by OSP:	OSP Control Number:
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This form must be completed and delivered with the application package and a copy of the funding program guidelines to the Office of Sponsored Programs ten (10) days before the submission deadline for review by the OSP, Business Services Office and the Provost's Office. Please contact the OSP well in advance of submission deadline to discuss the project, budget and to determine special approval needs.

SECTION A GENERAL INFORMATION

Applicant/Project Director or Principal Investigator:	Department:	Funder/Sponsor:
Phone:	Email:	Date Due: Submission: Electronic ___ Mail ___ Other ___
Title of Project:		Project Dates:
Please check all that apply: <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> WPU Not Lead Agency		<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal, Contract # _____

SECTION B PARTICIPANT/PARTNER INFORMATION **SECTION C BUDGET**

Other Faculty/Staff (with Departments) and outside/partner agencies involved in project:	Direct Expenses Requested: \$.00
	Indirect Expenses Requested: \$.00
	Total Requested: \$.00
	WPU Required Match:
	WPU Match: \$.00
WPU Facilities Required:	Partner Agency Match: \$.00
	Total Project Cost: \$.00

SECTION D SPECIAL REQUIREMENTS

	YES	NO	SPECIAL APPROVAL SIGNATURES, Dates
1. Does the project involve human subjects?			IRB:
2. Does the project involve animal subjects?			CLAW:
3. Does the project involve radioactive or controlled substances?			IRB or CLAW:
4. Does the project use computer facilities or require the purchase of computers for use in computer labs, research labs or classrooms?			IRT or IS:
5. Does the project require use of classrooms ____, offices ____ or other facilities ____ that are not already in use by the Project Director, Department or others directly involved in the project? Will renovations ____ or installation of equipment ____ be required?			Dean, AVP &/or Physical Plant:
6. Will new staff need to be hired ____, consultants contracted ____ or faculty/staff time reassigned ____ to undertake project?			Dean or AVP:
7. Are there financial, facility or staff commitments beyond the period of the project?			NA
8. Have all senior project personnel completed the WPU financial disclosure form?			

SECTION E FINAL APPROVAL SIGNATURES

1. Applicant	Date	5. Controller	Date
2. Department Chair or Director	Date	6. Vice President for Administration & Finance	Date
3. Dean or Assistant Vice President	Date	7. Associate VP & Dean, Graduate Studies & Research	Date
4. Director, OSP	Date	8. Provost & Senior Vice President	Date