

William Paterson University

Office of Sponsored Programs

Raubinger Hall 309, 973-720-2852

Project Approval Sheet

for Applications for Sponsored Project
Grants, Agreements, and Contracts

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:
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SECTION A GENERAL INFORMATION

Project Director or Principal Investigator Department College/Unit	Submission Target Date	
Project Title		
Sponsor Title of Funding Opportunity		
Submission Method (select from menu):	Type of Sponsor (select from menu):	Source of Funds (select from menu):

Lead Agency if WPUNJ is Subrecipient:
Type of Submission: Please Check All That Apply
 Grant Contract Subrecipient New Renewal Supplement Resubmission

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 names of the organization/agency:

Agency: _____ Agency: _____

Partner Cost Share/Match:
Agency Required? No Yes If yes, ratio/percentage required: _____
Amount of Required Cost Share: \$ _____ (see budget for description of cost share/match expenses)
Partner Voluntary Cost Share/Match? No Yes
Amount Partner Voluntary Cost Share/Match: \$ _____ (see budget for description of cost share/match expenses)
Will the voluntary cost share be reported to the sponsor in the proposal: No Yes
OSP USE ONLY Partner Agency Subrecipient Forms Received: : Yes No

SECTION C.1. BUDGET

Project Dates: No. of Years: _____ Start Date: _____ End Date: _____

Direct Expenses	Indirect Expenses	Total Expenses
Requested: \$ _____	Requested: \$ _____	Requested: \$ _____

SECTION C.2. Cost Share/Match

Agency Required Cost Share/Match? No Yes If yes, ratio/percentage required: _____
Amount of Required Cost Share: \$ _____ (see budget for description of cost share/match expenses)
WPU Voluntary Cost Share/Match? No Yes
Amount WPU Voluntary Cost Share/Match: \$ _____ (see budget for description of cost share/match expenses)
Will the voluntary cost share be reported to the sponsor in the proposal: No Yes
Does the cost share/match include reassigned time for faculty? No Yes

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

<input type="checkbox"/> Human Subjects <input type="checkbox"/> Animal Subjects	<input type="checkbox"/> Other: _____
Signature _____ Date: _____	Signature _____ Date: _____

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

1. In applying for and accepting external funds, as Project Director/Principal Investigator, I assure compliance with all Federal standards and policies specified in the Uniform Guidance and other regulatory directives regarding topics such as Misconduct, Drug-Free Workplace, Protection of Human and Animal Subjects in Research, Lobbying Activities, and other issues mandated in the application materials. This certification also applies to the William Paterson University and State of NJ policies and regulations for funded projects.

2. WPU Sponsored Projects and Research Conflicts of Interest and Commitment Policy:
 I certify that I have completed the William Paterson University Sponsored Projects and Research Conflict of Interest Disclosure form as required. The form was submitted/late updated on: _____ (date)

It is the responsibility of all key individuals involved in the project to submit their own Conflict of Interest Disclosure form as required. The key project leaders who are subject to WP's Sponsored Project and Research Conflict of Interest Policy include (use the comment box below if more space is needed):

I certify that the information on this form and contained within and attached to this application is accurate and true to the best of my knowledge. I also certify that I will comply with these policies in my role as Project Director/Principal Investigator when administering any external funding 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: _____ Comment

Signature _____ Date _____

Dean/Associate Dean or Assistant/Associate Vice President: _____ Comment

Signature _____ Date _____

Other: _____ Comment

Signature _____ Date _____

Director, OSP: _____ Comment

Signature _____ Date _____

Confirmation of Receipt of Conflict of Interest Forms as noted above – date received: _____

Controller: _____ Comment

Signature _____ Date _____

Vice President, Administration & Finance: _____ Comment

Signature _____ Date _____

Associate Provost for Academic Affairs: _____ Comment

Signature _____ Date _____

Provost & Senior Vice President for Academic Affairs: _____ Comment

Signature _____ Date _____

Comments (use additional pages if necessary)