**Wittenberg University**

Sponsored Projects Internal Approval Form

#

*Complete, seek signatures, and return this form with attachments to Academic Affairs and Institutional Research (Provost’s Office) prior to proposal submission. Submit a separate form for each funding source to which you are applying. Please type all responses.*

### Proposal Title.

1. **Principal Investigator and Department/ Program affiliation.** *Include email and phone number.*
2. **Co-PI and Department/ Program affiliation.** *Include email and phone number.*
3. **Other Collaborators (Departments, Programs or Institutional).** *If collaborators are not associated with Wittenberg, please include contact information.*
4. **Grant Proposal Submission Deadline Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Research/Project Start Date** \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**\_**\_\_\_\_\_\_\_\_End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Funding Agency Name, Name of the program, and Program solicitation number (if available).**
7. **Funding Agency Type**

 \_\_\_\_Federal

 \_\_\_\_State

 \_\_\_\_Local

 \_\_\_\_Foundation

Catalog of Domestic Assistance (CFDA) #\_\_\_\_\_\_\_\_\_\_\_ (if available)

 \_\_\_\_Corporation

 \_\_\_\_Other

1. **Project Abstract (250 words or less, should be suitable for press release).**

**Grant Proposal Budget and University’s Financial Commitment**

### Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Attach preliminary budget)

*In your preliminary budget, consider expenses for: research expenses, course or curriculum revision, equipment acquisition, leave support, faculty/staff stipends, released time and adjunct replacement, and new positions.*

1. **Does the grant provider allow for indirect costs? \_\_\_\_\_\_\_\_\_ If yes, at what rate?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Grant proposals from Federal funding sources must, when allowed, include the negotiated indirect cost rate of 40% of modified direct costs. (See Wittenberg’s policy on the Distribution of Indirect Costs from Grants.)*

1. **Does this project include Wittenberg to Cost Share (also called match)? \_\_\_\_\_\_\_\_\_\_\_**

Cost Share is (choose one): 1) required by the funder \_\_\_\_\_\_**\_\_\_\_ 2)** voluntary\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Amount of cost share $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Internal Source (provide Account Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Internal cost share approval (initials of person responsible for budget approval) \_\_\_\_\_\_\_\_\_\_\_**
* **External Source (Attach letter of verification) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Does the project include an in-kind match/contribution***? (e.g. personnel, supplies, equipment, facility use, etc.)* **\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, what is the cash value? \_\_\_\_\_\_\_\_\_\_\_**
* **In-kind Contribution approval (initials of person responsible for contributions)\_\_\_\_\_\_\_\_\_\_\_\_\_**

*All grants claiming cost share MUST document the cost share and provide documentation for the final report.*

1. **Does this proposal contain sub-awards/subcontracts?\_\_\_\_\_\_\_\_\_\_**

*If there are multiple sub-awards please attach a separate list.*

 Sub-award Institution/Individual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sub-award PI/Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethics and Compliance**

1. **Does this project need Institutional Review Board (IRB) approval due to research with human subjects?**

**Yes\_\_\_\_\_\_\_\_\_ or Yes, pending award\_\_\_\_\_\_\_\_ or No\_\_\_\_\_\_\_\_\_**

*If yes, please attach IRB Approval Letter and protocol number.*

1. **Does this project need IACUC approval due to research involving animal subjects?**

**Yes\_\_\_\_\_\_\_\_\_ or Yes, pending award\_\_\_\_\_\_\_\_ or No\_\_\_\_\_\_\_\_\_**

 *If yes, please attach IACUC Approval Letter and protocol number.*

1. **Read Wittenberg’s Policy on Conflict of Interest for Sponsored Projects and complete the Financial Conflict of Interest Disclosure Form.**

*Please attach the Financial Conflict of Interest Disclosure Form.*

1. **Are you currently delinquent on any Federal debt, debarred or suspended from receiving Federal assistance?** ([Per 2 CFR 215.13](https://www.whitehouse.gov/omb/circulars_a110/#13), parties who are debarred, suspended or otherwise excluded may not be participants or principals in Federal assistance awards and subawards, and in certain contracts under those awards and subawards.)  **Yes\_\_\_\_\_\_\_\_ (If yes, contact Academic Affairs and Institutional Research) No\_\_\_\_\_\_\_\_\_**
2. **Will any vendors be paid $25,000 or more for work pertaining to this project?** (Per [Federal Funding Accountability and Transparency Act (FFATA)](https://www.fsrs.gov/), Prime Contractors awarded a Federal contract subject to Federal Acquisition Regulation clause 52.204-10 (Reporting Executive Compensation and First-Tier Subcontract Awards) are required to file a FFATA subaward report by the end of the month following the month in which the prime contractor awards any subcontract greater than $25,000.)

**Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_**

**Other University Resources and Approvals**

1. **Does this project require new or additional space? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_**
2. **Will construction, the installation of equipment, new utility service, or the improvement or renovation of space be required? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_**
3. **Will the project use hazardous or toxic materials? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_**
4. **Will the project use radioactive materials? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_**
5. **Will the project acquire computing equipment or other equipment that will require the services of computing staff (e.g., to install, configure or connect equipment to the campus network)? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_**

*If you answered yes to any of the above (19-23), please attach the Worksheet for Institutional Support on Sponsored Project Proposals completed for the appropriate sections with the signatures of institutional officials responsible for those areas.*

**Signatures Obtained by Principal Investigator**

**Signatures below indicate approval for submitting this proposal for consideration and use of university resources.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator** : I certify that the statements made in this document and attached proposal are true and complete to the best of my knowledge. I am in compliance with Wittenberg’s Drug-Free Workplace Policy ([34 CFR 84](http://www.gpo.gov/fdsys/pkg/CFR-2007-title34-vol1/xml/CFR-2007-title34-vol1-part84.xml)). I agree to comply with relevant federal requirements and the award terms and conditions if an award is made, and accept academic and administrative responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co- Principal Investigator** : I certify that the statements made in this document and attached proposal are true and complete to the best of my knowledge. I am in compliance with Wittenberg’s Drug-Free Workplace Policy ([34 CFR 84](http://www.gpo.gov/fdsys/pkg/CFR-2007-title34-vol1/xml/CFR-2007-title34-vol1-part84.xml)). I agree to comply with relevant federal requirements and the award terms and conditions if an award is made, and accept academic and administrative responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair:** I certify the use of department resources as described herein, and approve the submission of this proposal under the conditions stated for this/these Investigators.

**Signatures Obtained by Academic Affairs and Institutional Research (Provost’s office)**

**Signatures below indicate approval for submitting this proposal under the conditions stated. If approval is contingent on any conditions, please provide those conditions on a separate form and attach it.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provost**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vice President for Finance and Administration**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**President**

*Note: Original copy kept in Provost’s Office. Send digital files to Investigators, Business Office and the Advancement Office, as necessary.*