**Wittenberg University**

Sponsored Projects Internal Approval Form

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*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 Page**

By signing below any Principal Investigator (PI) or Co-Investigator (CO-PI) certifies that statements made in this document and attached proposal are true and complete to the best of their knowledge. Additionally, by signing, PI’s and Co-PI’s certify that: 1. Each investigator is 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)); 2. that each acknowledges that Wittenberg University will disclose to federal awarding agencies any findings pertaining to them of sexual harassment, other forms of harassment, and/or sexual assault; or, administrative action imposed on them related to findings or investigations of alleged violations of awardee policies or codes of conduct, statutes, regulations, or executive orders relating to sexual harassment, other forms of harassment, or sexual assault ([83 FR 47940](https://www.federalregister.gov/documents/2018/09/21/2018-20574/notification-requirements-regarding-findings-of-sexual-harassment-other-forms-of-harassment-or)). By signing below, all PIs and Co-PI’s agree to comply with all relevant federal requirements and the award terms and conditions if an award is made, and accept academic and administrative responsibilities.

**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 the above statements.

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

**Co- Principal Investigator**: I certify the above statements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.*