**Wittenberg University**

Worksheet for Institutional Support on Sponsored Project Proposals

The purpose of this worksheet is to identify the institutional resources required to support a sponsored project proposal. The principal investigator needs to work with each of these areas to share requirements and to gain approvals. This worksheet must be submitted with the Internal Endorsement Approvals Form when additional institutional resources are identified.

1. **Space Needs**

If the project will displace other activities from spaces currently in use or if currently unused space must be dedicated to this project, describe the space, and location needed to carry out this project. (If other departments are impacted by these space needs, also include the chairs’ or directors’ approval).

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**Department Chair Signature**. I certify that I am aware of this need and approve the required space arrangements.

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**Signature of Physical Plant**. I certify that I am aware of this need and approve the required space arrangements.

1. **Physical Plant Support**

#### A. If the project will use physical plant staff in any capacity (e.g., construction, the installation of equipment, new utility service, or the improvement or renovation of space), describe the work to be accomplished.

#### What is the estimated cost calculated by Physical Plant staff (including labor costs)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### By when must the work be completed should the grant be approved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Signature of Physical Plant**. I recommend approval of the estimated costs, commitment of Physical Plant resources and the proposed timetable.

##### **Hazardous, Toxic, or Radioactive Materials**

If the project will use toxic, hazardous, or radioactive materials, please describe the materials and how they will be used, and any safety measures to be employed regarding these materials.

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**Signature of Physical Plant**. I certify that I am aware that this project will require the use of hazardous, toxic, or radioactive materials and recommend approval.

1. **Computing or Other Equipment**
2. If the project will acquire computing equipment or require the use of computing services staff for installing or configuring equipment or connecting equipment to the campus network, please describe the equipment and the required services.
3. List the computing hardware and software you intend to purchase with grant funds.

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| --- | --- | --- | --- | --- |
| **Item** | **Cost** | **Annual maintenance cost** | **Replacement cost** | **Replacement frequency** |
|  |  |  |  |  |
|  |  |  |  |  |

1. List all equipment that will be directly connected to the University’s ***wired*** network and estimate the cost of the connection.

|  |  |
| --- | --- |
| **Item** | **Network Connection Cost** |
|  |  |
|  |  |

1. List all equipment that will be directly connected to the University’s ***wireless*** network and estimate the cost of the connection.

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| --- | --- |
| **Item** | **Wireless Network Connection Cost** |
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|  |  |

1. List all existing equipment that connects to the University’s network (wired or wireless) and that needs to be relocated. Estimate the cost to connect the equipment in the new location.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Wittenberg Tag Number** | **Current Location** | **New Location** | **Wireless or Wired?** | **Network Connection Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. What is the timetable associated with this work should the grant be approved? Please fill in the table below.

|  |  |
| --- | --- |
| **Computing Resources Timetable** | **Date** |
| When will the funds be available to accomplish this work? |  |
| When will computer and networking hardware and software be ordered? |  |
| By when must the installation of hard ware and software be completed? |  |
| When will the hardware and software be tested? |  |
| By when must the hardware and software be fully functional for use in the project? |  |

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**Signature of ITS Officer**. I recommend approval of the estimated costs, the purchase of equipment, the commitment of Computing Services resources and the proposed timetable.

# Equipment

1. If there is other equipment to be purchase with grant funds that will require support from the institution, please describe the equipment and the intended use, and required services.
2. List other equipment you intend to purchase with grant funds.

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| --- | --- | --- | --- | --- |
| **Item** | **Cost** | **Annual maintenance cost** | **Replacement cost** | **Replacement frequency** |
|  |  |  |  |  |
|  |  |  |  |  |

1. How were the costs calculated?
2. Please explain installation requirements for the equipment. By when must the installation be complete if the grant is approved?

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**Signature of Institutional Official**. I recommend approval of the purchase of these equipment items, approve the commitment of resources to configure and install the equipment within the proposed timetable.

***To the Principal Investigator****: After the completed worksheet has the required signatures, attach to the Internal Approval Form.*