



WESTERN CONNECTICUT STATE UNIVERSITY
OFFICE OF SPONSORED RESEARCH ADMINISTRATIVE SERVICES
Internal Administrative Approval Form for External Grant Proposals

Date: _____

Project Title: _____

PI/Project Director Name _____ Title _____

Department/School _____ Phone _____ Cell Phone _____ Email _____

Co-PI _____ Phone _____ Cell Phone _____ Email _____

Funding Agency _____ 501 (c)(3) Required? _____

Submission Deadline: _____ Submission Method: _____ Application Type: _____ Activity Type: _____

Subcontract/Subaward No Yes If yes, from where: _____ Existing Award Yes No

Collaborating Institution (if more than one, list on accompanying sheet) _____ Contact Person _____ Phone _____

BUDGET

Funds Requested: _____ Indirect Cost Rate _____ % Indicate if there is a cap on indirect costs: _____

Project Period _____ From: _____ To: _____ # of Months _____

Total Direct Costs: _____

Total Indirect Costs: _____

Total Costs: _____

COST SHARING

Are cost sharing or matching funds required? No Yes Required % _____

Is cost sharing expected by sponsor but not required? No Yes Expected% _____

WCSU Cost Sharing _____ Direct _____ Indirect _____ Total _____

WCSU Personnel Effort to be cost shared (Note: effort reporting required)

Name	Title/Position	12/10/ 9 mo.	% of Effort	Amount \$	Fringe \$	Org. #	Account #	Financial Manager's Signature

WCSU Other Than Personnel Costs (OTPS) to be cost shared (Note: documentation of each paid expense will be required)

Budget Category	Description	Amount \$	Org #	Account #	Financial Manager's Signature

Costs Derived from Other Sources (Documentation that funds were received and used as specified in the grant application will be required)

Budget Category	3 rd Party Inkind or Cash	Source of Funds	In-Hand or To Be Acquired	Amount \$

Participating Faculty, Staff and/or Students

Name	Dept.	Participant's Signature	Chair's/Director's Approval

COMPLIANCE **Project Approval** (Insert Date or "Pending") **Protocol/Approval** (Insert # for Project)

IRB (Humans) Yes No _____ _____

IACUC (Animals) Yes No _____ _____

WCSU COMMITMENTS UNDER GRANT
Specify facilities that will be used

Building	Room	Approved by:	Date

Will space need to be renovated? No Yes Cost \$ _____ Source of Funds _____

Approved: _____ Date _____

Is any construction required? No Yes Cost \$ _____ Source of Funds _____

Approved: _____ Date _____

Does the project involve reassigned time for faculty? No Yes Approved: _____ Date _____

Phone Service	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cost \$	A/V Equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cost \$
Computing Equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cost \$	Travel Funds	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cost \$
University Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cost \$	Other	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cost \$

List University Services or Other: _____

APPROVALS:

Department Chair: _____ Date: _____

Dean: _____ Date: _____

Sponsored Research Administrative Services: _____ Date: _____

HR Director: _____ Date: _____

Vice President for Finance and Administration: _____ Date: _____

Provost & Vice Pres. for Academic Affairs: _____ Date: _____

Other signature (as required): _____ Date: _____

(If there are any comments or specific conditions on the proposal, please provide them below)

Comments or Specific Conditions on the Proposal

PI/PROJECT DIRECTOR'S COMPLIANCE CERTIFICATION

In accepting external funds, WCSU assures compliance with all Federal Standards and policies in OMB Circulars and other regulatory directives regarding topics such as: Misconduct in Science; Drug-Free Workplace; Protection of Human Subjects in Research; Proper Care and Use of Animals in Research; Prohibition Against Lobbying Activities; Debarment and Suspension; and other issues mandated in the application materials.

By signing, I certify that I understand the above information and will comply with these policies in performing any duties that might be assigned as a result of receiving a grant or contract in response to the application now being made. I also assure that I am not presently debarred nor suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department of agency, and I am not delinquent in federal debt. I also certify that neither I nor any member of my immediate family has a significant financial interest that would be affected by the instructional, research, or service activities proposed to be funded by the external agency; if any financial conflict of interest does exist, I understand that I or any Co-PIs are required to disclose such conflict to WCSU prior to submission of the application to the external funding agency.

Signed: _____
PI/ Project Director

Date

