

WPI Proposal Coordination Form

Proposal No. _____

NOTE: This form must be fully completed, signed and approved prior to proposal submission.

INVESTIGATOR PROFILE

1. Principal Investigator:	2. Email:	3. Phone:	4. Fax:	5. Department:
6. WPI Co-Investigator(s):				
7. Other Senior/Key WPI Personnel:				

PROPOSAL SUMMARY

8. Proposal Type: <input type="checkbox"/> New <input type="checkbox"/> Pre-Proposal <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement <input type="checkbox"/> Competing Renewal	
9. Sponsor Deadline:	10. Sponsor (to which proposal is being submitted):
11. Prime Sponsor (original funding source, if subcontract proposal):	12. Proposed Project Period: Start Date: End Date:
13. Title of Project:	
14. Brief description of project (Eg; 2-3 sentences):	

BUDGET

15. Direct Costs: \$	16. Indirect Costs: \$	17. Total Costs: \$	18. Indirect Cost Rate _____%
19. Cost Sharing: Yes . No .	20. Cost Sharing Amount: \$	<i>REMINDER: Cost-Sharing must be approved in advance by the Provost's Office—Please attach cost-sharing form.</i>	

SPECIAL CONSIDERATIONS

Please check the appropriate box(es) if this proposal includes any of the items listed below:

Use of human subjects Use of animals Biohazardous Materials (e.g., recombinant DNA, living cells) (type: _____) Chemical Hazardous materials including Radioactive Materials (type: _____) Confidential/proprietary information (label proposal pages) Restriction on publication, disclosure, or dissemination of data	Export controlled information/technology Transfer of technology and/or materials overseas Additional space, renovations, or alterations Use of WPI special service facility/in-house services shops Graduate Research Assistants (M.S. or Ph.D: _____) Additional non-student personnel Consultant(s) and/or subcontractor(s) Academic year faculty salary budgeted Purchase of equipment
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ADDITIONAL INFORMATION

Please provide any information you feel may assist OSP in its review of your proposal:

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CONFLICT OF INTEREST (required for NSF and NIH proposals)

In the design, conduct and reporting of the proposed project:

To the best of my knowledge, an actual or potential conflict of interest does not exist with this proposal, or:

An actual or potential conflict exists. A disclosure is required and a completed Academic Staff Conflict of Interest Disclosure is attached.

(Note: A completed Academic Staff Conflict of Interest Disclosure is required for all key personnel on NSF & NIH Proposals)

PRINCIPAL INVESTIGATOR CERTIFICATION

I hereby certify that:

- The information submitted within the application is true, complete, and accurate to the best of my knowledge;
- I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties;
- I will accept responsibility for the scientific conduct of the project and will provide the required progress reports if an award is made as a result of this proposal;

Principal Investigator(s): _____ Date _____

DEPARTMENTAL ENDORSEMENT

By signing below, the Department Head is endorsing the submission of this proposal on behalf of WPI, and in accordance with University policy and applicable sponsor guidelines, if any.

Department Head _____ Date _____

OSP USE ONLY

Cost-Share Type: Voluntary Mandatory Mandatory and Voluntary VUCS

Departmental: Type _____ Amount _____

Type _____ Amount _____

Provost: Type _____ Amount _____

Type _____ Amount _____

Type _____ Amount _____

External IK Type _____ Amount _____

Third-Party: Type _____ Amount _____

Other: Type: _____ Amount _____

Recovery: Full IC Waiver IC Reduction Sponsor Max Non-Research Rate

Sponsor Type _____ Program Type _____ Special Program _____

First Tier Sponsor _____

Lowest Tier Sponsor _____

Special Considerations Review

ARRA Funding

Date Submitted: ___/___/___ Reviewer: _____ Sponsor Proposal # _____

Reviewer Notes: