

# 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. Co-Investigator(s):				

## PROPOSAL SUMMARY

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

## BUDGET

14. Direct Costs: \$	15. Indirect Costs: \$	16. Total Costs: \$	17. Indirect Cost Rate _____%
18. Cost Sharing: Yes <input type="checkbox"/> No <input type="checkbox"/>	19. 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:

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

## ADDITIONAL INFORMATION

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

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

**CONFLICT OF INTEREST (required for NSF and NIH proposals)**

- To the best of my knowledge, no disclosure of an actual or potential conflict of interest is required 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 a grant is awarded as a result of the application;

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 \_\_\_\_\_

**ORA USE ONLY**

Cost-Share Type: Voluntary  Mandatory  Mandatory and Voluntary  VUCS

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

Departmental: Type \_\_\_\_\_ Fund/Org \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Fund/Org \_\_\_\_\_ Amount \_\_\_\_\_

Provost: Type \_\_\_\_\_ Fund/Org \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Fund/Org \_\_\_\_\_ Amount \_\_\_\_\_

External IK Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

Third-Party: Type \_\_\_\_\_ Amount \_\_\_\_\_

Type: \_\_\_\_\_ Amount \_\_\_\_\_

Sponsor Type \_\_\_\_\_ Program Type \_\_\_\_\_ Special Program # \_\_\_\_\_

First Tier Sponsor \_\_\_\_\_

Lowest Tier Sponsor \_\_\_\_\_

Special Considerations Review

Date Submitted: \_\_\_/\_\_\_/\_\_\_ Reviewer: \_\_\_\_\_ Sponsor Proposal # \_\_\_\_\_

Reviewer Notes:

Blank area for reviewer notes.