

CONFLICT OF INTEREST

- To the best of my knowledge, no disclosure(s) of an actual or potential conflict of interest are required with this proposal, or:
- 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

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 _____
Third-Party:	Type _____		Amount _____
Other:	Type: _____		Amount _____

Sponsor Type _____ Program Type _____ Special Program # _____

First Tier Sponsor _____

Lowest Tier Sponsor _____

Special Considerations Review

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

Reviewer Notes: