

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"/> Hazardous materials (type: _____) <input type="checkbox"/> Confidential/proprietary information (label proposal pages) <input type="checkbox"/> Export controlled information/technology <input type="checkbox"/> Transfer of technology and/or materials overseas <input type="checkbox"/> Restriction on publication, disclosure, or dissemination of data	<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:
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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 _____
	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: