

Proposal Routing Form (PRF)

PROPOSAL SUMMARY				InfoEd Number:		
Role	Name	Department	Average Reimbursable Effort (months)			
			AY	Summer	Calendar	
PI:						
Co-PI:						
Co-PI:						
Co-PI:						
Co-PI:						
Other Senior Personnel:						
Proposal Title:				Deadline:		
Sponsor:		Prime Sponsor (if applicable):		Start Date	End Date	
Program Type:			Research Type:			
Thematic Area:			Special Program:			
Special Considerations:		Chemical Hazards	Purchase of equipment			
Human Subjects		Biohazards	Additional space or renovations			
Animal Subjects		Subawards or consultants	Export controlled information/technology			
SPONSOR REQUESTED BUDGET & COST-SHARING						
Approximate Budget Request:						
Direct Costs:		F&A Costs:	Total Costs:	F&A Rate:		
Cost Sharing Detail (if applicable):						
		Voluntary	Mandatory	Both		
Cost Share Type		Responsible Party		Amount		
TOTAL COST SHARE:						
COI CERTIFICATION & ENDORSEMENT						
I hereby certify that: <ul style="list-style-type: none"> By signing the PRINCIPAL INVESTIGATOR CERTIFICATION below I hereby certify that within the last 12 months, I have disclosed all significant financial interests in accordance with WPI's conflict of interest policy, and I have not acquired any new financial interests since my most recent disclosure. 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 within a drug-free, non-discriminatory workplace, and I will provide the required progress reports if a grant is awarded as a result of the application. 						
PI Endorsement:					Date:	
Department Head Endorsement:					Date:	
Dean Endorsement:					Date:	
OSP USE ONLY						
Pre-Award Reviewed By:				Date Submitted:		
Additional Notes:						

Your award cannot be processed if this is not completed and signed