

| West Virginia University and WVU Research Corporation | | | | | | OSP No. | |
|---|--------------|------------------------------------|---|---|--|---|-------|
| Sponsored Programs Application Approval Sheet | | | | | | ROADS DATE: | |
| <i>Failure to Complete All Fields Will Result in Delay of Proposal Review While Form is Returned to PI For Completion</i> | | | | | | | |
| In Order to Guarantee Submission, Proposal Must be Submitted to OSP 5 Business Days Prior to Agency Deadline | | | | | | | |
| 1. Principal Investigator/Project Director Name (First, Middle, Last) | | Degree (s) | Academic Rank/Administrative Title | | % Effort | | |
| 2. College and Department | | PO Box | Phone | Fax | Email | | |
| 3. Co-Investigator and Academic Rank or Admin. Title | | | Co-investigator's College/Department | | % Effort | | |
| 4. Project Title (absolute limit of 240 characters) | | | | | | | |
| 5. Short Title (absolute limit of 30 characters) | | | | Sponsor | | | |
| 6. Deadline Date: (as specified by agency) Deadline Type: (click to select) | | Number of Agency Copies Requested: | | Lead Organization (WVU or other - please specify): | | | |
| 7. Project Type: (click to select) | | | 8. Project Status: (click to select) | | | | |
| 9. Have investigators had Responsible Conduct of Research Ethics Training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach certification of training for all key personnel on project. | | | | 10. Does the project involve human subjects? <input type="checkbox"/> Yes <input type="checkbox"/> No IRB #: | | If the research is exempt, please provide a copy of the approval letter if available. | |
| 11. Does the project involve biohazards? <input type="checkbox"/> Yes <input type="checkbox"/> No IBC #: | | | 12. Does the project involve animals? <input type="checkbox"/> Yes <input type="checkbox"/> No ACUC #: | | | | |
| 13. Does the project involve radiation or radioactive materials? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 14. Estimated Project Dates | | First/Current Year: | Finish: | Total Project Period (all years) | Start: | Finish: | |
| Agency Costs | | | Cost-share ** | | F&A * Percentage Used: % | | |
| 15. First or Current Year: | Direct Costs | F&A Costs* | Total Costs | Dept./College | | | Other |
| Total Project Period: | | | | \$ | | | \$ |
| * Unless Facilities and Administrative (F&A) costs are specifically limited or prohibited by written sponsor policy, reduction and waivers of F&A costs must be approved, in writing, well in advance of OSP proposal approval. Provide a copy of sponsor's written policy regarding F&A. ** Attach a separate, detailed budget for any cost sharing proposed and an approval letter from each appropriate institutional official authorizing the cost shared funds. If awarded, you must provide OSP with accounting information for cost-sharing before funds can be made available. | | | | | | | |
| 16. If funded, will this project involve more than one task that requires its own budget? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete Supplement Form A. http://osp.research.wvu.edu/r/download/1814 | | | | | | | |
| 17. Project Location (On-Campus room # or address): | | | | Off-Campus Location: | | | |
| 18. Mailing Information: (click to select) If sending via FedEx, provide AirBill with FedEx account number completed. | | | | | | | |
| 19. Have you filled out an annual WVU Disclosure of Conflict of Interest form for the current calendar year as required by the WVU Conflict of Interest Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No WVU Conflict of Interest policy: http://orc.research.wvu.edu/r/download/10101 | | | | | | | |
| 20. Has the topic of export control come up in any form in connection with this proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Export Control Policy: http://osp.research.wvu.edu/export_controls/memo | | | | | | | |
| 21. Will your project involve any communication with U.S. embargoed countries or their citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 22. Will your project require the shipment of equipment outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 23. Are there any restrictions on university investigator publication or intellectual property rights? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 24. Is the proposed activity a fixed-price, commercially sponsored activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete and attach Supplement Form B. http://orc.research.wvu.edu/r/download/1817 | | | | | | | |
| 25. Does the project involve one or more subcontracts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Supplement Form C. http://osp.research.wvu.edu/r/download/22727 | | | | | | | |
| 26. Does the project require space or utility alterations or additions? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

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|---|---|---------------------|
| 27. Financial administrative unit for award: | Please complete Supplement Form A for each additional D/A name and task. | |
| 28. Business office Award Manager: | http://osp.research.wvu.edu/r/download/1814 | |
| 29. Facilities and Administrative Return (see instructions) | % (primary department) | %(other department) |

30. Is this project the result of Congressionally Directed Appropriation? Yes No

Certification

The undersigned investigator(s), chair(s) and dean(s) acknowledge approval of this proposal and its use of university personnel, facilities and students. If applicable, the undersigned signify approval of the proposed distribution of funds as indicated in Supplement Form A.

The undersigned have read, understand and will abide by all applicable university, sponsoring agency, and federal policies and guidelines. This includes, but is not limited to, fraud and misconduct, procurement, debarment and suspension, federal loan defaults and drug-free workplace policies. The investigators certify that they are not debarred from receiving federal funds nor delinquent on any federal debt. Further, the PI(s) certifies that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge; (2) that any false, fictitious or fraudulent statements or claims may subject the PI(s) to criminal, civil or administrative penalties; and (3) that the PI(s) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Except as described herein, this application does not obligate the university for additional facilities, utilities, equipment installation, remodeling, extra operating funds, nor for the establishment of new organizations, courses, curriculum, or faculty positions, and that any such commitments contained in this project have been approved in advance as represented by the signatures below.

Approval Signatures

| 29. Investigator/Co-Investigator(s) | Department/Division Chair | Dean/Director (required) VP (if required) |
|-------------------------------------|---------------------------|--|
| Signature/Date | Signature/Date | Signature/Date |
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30. Notes and/or Special Instructions:

31. **Agency Address** (required for OSP transmittal letter):

Recipient's Name:

Phone Number:

Organization:

Address Line 1:

Address Line 2:

City: State: Zip:

Please note that FedEx deliveries require a street address.