### THE COLLEGE OF WOOSTER

## Proposal Transmittal Form

<table>
<thead>
<tr>
<th>PI/PD</th>
<th>DEPT.</th>
<th>PHONE</th>
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</thead>
<tbody>
<tr>
<td>INVESTIGATOR</td>
<td>DEPT.</td>
<td>PHONE</td>
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<td>INVESTIGATOR</td>
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<tr>
<td>GRANTOR</td>
<td></td>
<td>DEADLINE DATE</td>
</tr>
</tbody>
</table>

**PROJECT TITLE**

- **TYPE:** [ ] NEW  [ ] RENEWAL  [ ] REVISION
- **SOURCE:** [ ] FEDERAL  [ ] FOUNDATION  [ ] CORPORATION  [ ] STATE GOVT.  [ ] OTHER
- **PURPOSE:** [ ] RESEARCH  [ ] INSTRUCTION  [ ] FELLOWSHIP  [ ] FINANCIAL AID

- [ ] EQUIPMENT  [ ] LEAVE SUPPORT  [ ] OTHER/SPECIFY:

### BUDGET REQUESTED

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>START DATE</th>
<th>END DATE</th>
<th>DIRECT/$</th>
<th>INDIRECT/$</th>
<th>TOTAL</th>
<th>COST SHARE/$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;ST&lt;/sup&gt; YEAR</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>0.00</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2&lt;sup&gt;ND&lt;/sup&gt; YEAR</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>0.00</td>
<td>$</td>
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<tr>
<td>3&lt;sup&gt;RD&lt;/sup&gt; YEAR</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>0.00</td>
<td>$</td>
<td></td>
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<tr>
<td>4&lt;sup&gt;TH&lt;/sup&gt; YEAR</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>0.00</td>
<td>$</td>
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</tr>
<tr>
<td>5&lt;sup&gt;TH&lt;/sup&gt; YEAR</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>0.00</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6&lt;sup&gt;TH&lt;/sup&gt; YEAR</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>0.00</td>
<td>$</td>
<td></td>
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<tr>
<td>7&lt;sup&gt;TH&lt;/sup&gt; YEAR</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>0.00</td>
<td>$</td>
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<tr>
<td>TOTAL</td>
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<td>0.00</td>
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</table>

- Are you requesting funding for equipment or computers?  [ ] NO  [ ] YES  If “yes”, please provide details on the back
- Does the proposal involve creation of new staff positions?  [ ] NO  [ ] YES  If “yes”, please consult the Dean for Faculty Development.
- Does the proposal include Federal funds?  [ ] NO  [ ] YES  If “yes”, please attach a printout from the Excluded Parties List System that includes all vendors named in the proposal. (See instructions.)

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I certify that the statements made in the attached proposal, and on this form are true and complete to the best of my knowledge. The budget is reasonable and adequate for the project. I agree to comply with relevant Federal requirements and the award terms and conditions if an award is made.

**PI / PROJECT DIRECTOR**

**DEPARTMENT CHAIR**

**ASSOC DIRECTOR OF SPONSORED RESEARCH**

**CONTROLLER**

The attached proposal is consistent with the overall objectives of the College and all institutional concerns are resolved.

**VP FOR FINANCE AND BUSINESS**

**PROVOST**
The Dean for Faculty Development will assist faculty with this section.

### COST SHARE INFORMATION (Cash/In-Kind/Waived Indirect Costs/Operating & Maintenance Costs)

Please describe the types of costs and the funding source and provide amounts.

<table>
<thead>
<tr>
<th></th>
<th>Request from Grantor</th>
<th>College Contribution</th>
<th>Third-Party (Other)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>$</td>
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<td>$</td>
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<td>0.00</td>
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</tbody>
</table>

**TOTAL PROJECT COST:**

- Request from Grantor: $ 0.00
- College Contribution: $ 0.00
- Third-Party (Other): $ 0.00
- TOTAL: $ 0.00

### INSTALLATION REQUIREMENTS

**EXPLAIN:**

Who at the College has reviewed these requirements?

### SPACE OR RENOVATION NEEDS

Describe additional space or renovations that will be needed to carry out this project.

Who at the College has reviewed these needs?

### EQUIPMENT / COMPUTERS / SOFTWARE REQUESTED

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>College Share</th>
<th>Maintenance Arrangements</th>
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</thead>
<tbody>
<tr>
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Who at the College has reviewed computer/technology purchases?
<table>
<thead>
<tr>
<th>Human subjects?</th>
<th>[ ] NO</th>
<th>[ ] YES: Human Subjects Chair signature:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal research?</td>
<td>[ ] NO</td>
<td>[ ] YES: IACUC Approval signature:</td>
<td>Date</td>
</tr>
<tr>
<td>Radioactive Materials?</td>
<td>[ ] NO</td>
<td>[ ] YES: Radiation Safety Officer signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

*Signature required for “yes” answer only*

**CONFLICT OF INTEREST CERTIFICATION**
(Required for all grant proposals that include government funds.)

I certify that I have provided an accurate and up-to-date statement of my significant financial interests and any other interests that could be considered a conflict of interest. I agree to update this disclosure on an annual basis or as new reportable significant financial interests or other conflicts of interest occur. If any conflicts of interest are identified, I agree to cooperate in a plan to manage, reduce, or eliminate the conflict or forfeit the award.

**Investigator 1:**
- Signature: 
- Printed Name: 
- Date: 

**Investigator 2:**
- Signature: 
- Printed Name: 
- Date: 

**Investigator 3:**
- Signature: 
- Printed Name: 
- Date: 

**Investigator 4:**
- Signature: 
- Printed Name: 
- Date: 

**Investigator 5:**
- Signature: 
- Printed Name: 
- Date: 

**Investigator 6:**
- Signature: 
- Printed Name: 
- Date: 

*(The Investigator Certification must be signed by every person included in the grant proposal who is an “investigator”. “Investigator” is defined as the principal investigator/project director, co-principal investigators/co-principal project directors, and any other person who is responsible for the design, conduct, or reporting of research or activities funded by an external grantor agency.)*
CERTIFICATION REGARDING DEBARMENT AND SUSPENSION
(Required for all grant proposals that include government funds.)

I certify that:

(a) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
(b) I have not within a three-year period preceding the proposal been convicted of or had a civil judgment rendered against me for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
(c) I am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) above; and
(d) I have not within the preceding three years had one or more public transactions (Federal, State, or local) terminated for cause or default.

I will provide immediate written notice if I am debarred, suspended, or proposed for debarment by any government during the term of this grant.

(If you are unable to certify to any of the statements in this certification, please attach an explanation to this proposal.)

Investigator 1:
Signature: Date: 
Printed Name: 

Investigator 2:
Signature: Date: 
Printed Name: 

Investigator 3:
Signature: Date: 
Printed Name: 

Investigator 4:
Signature: Date: 
Printed Name: 

Investigator 5:
Signature: Date: 
Printed Name: 

Investigator 6:
Signature: Date: 
Printed Name: 

The Proposal Transmittal Form must accompany all grant proposals that will be submitted for outside funding. The Principal Investigator/Project Director is responsible for obtaining the appropriate signatures. All proposals from faculty must be received by the Dean for Faculty Development before being submitted to the Provost for approval and signature. Failure to obtain the signature of the Provost or Vice President on the routing form for any grant proposal may result in the Institution's refusal to accept the grant if awarded. The form will not be sent with the proposal, but will be kept on file in the office of the Provost or Vice President.

Revised 5/11/10