

THE COLLEGE OF WOOSTER

Proposal Transmittal Form

PROJECT TITLE _____

PI/PD _____ DEPT. _____ DATE _____

INVESTIGATOR _____ DEPT. _____ DATE _____

INVESTIGATOR _____ DEPT. _____ DATE _____

INVESTIGATOR _____ DEPT. _____ DATE _____

GRANTOR _____ PROPOSAL DEADLINE _____

TYPE: NEW RENEWAL REVISION

SOURCE: FEDERAL FOUNDATION CORPORATION STATE GOVT. OTHER

PURPOSE: RESEARCH INSTRUCTION FELLOWSHIP FINANCIAL AID

EQUIPMENT LEAVE SUPPORT OTHER/SPECIFY: _____

WILL THE COLLEGE OF WOOSTER BE A SUBRECIPIENT TO ANOTHER INSTITUTION Y N

IF YES, WHAT ARE THESE ARRANGEMENTS _____

BUGETARY INFORMATION

PERIOD	START DATE	END DATE	DIRECT \$	INDIRECT \$	TOTAL
YEAR 1			\$	\$	\$
YEAR 2			\$	\$	\$
YEAR 3			\$	\$	\$
YEAR 4			\$	\$	\$
YEAR 5			\$	\$	\$
TOTALS			\$	\$	\$

<i>I certify that the statements made in the attached proposal, and on this form are true and complete to the best of my knowledge. I agree to comply with relevant institutional and/or Federal requirements and the award terms and conditions if an award is made.</i>	_____ PI/PROJECT DIRECTOR DATE
<i>I have discussed the attached proposal with the PI. Adequate space is available or planned for the conduct of the project. The professional time allocations described therein are realistic and within College guidelines.</i>	_____ DEPARTMENT CHAIR DATE
<i>I have discussed the attached proposal with the PI and it meets all policy requirements. Any conflicts of interest can be managed, reduced or eliminated.</i>	_____ SPONSORED RESEARCH OFFICE DATE
<i>I have discussed the attached proposal with the PI. The budget numbers described therein are appropriate and withing the College's guidelines.</i>	_____ SENIOR GRANTS ACCOUNTANT DATE
<i>The attached proposal is consistent with the overall objectives of the College and all institutional concerns are resolved.</i>	_____ AVP & CONTROLLER DATE
<i>The attached proposal is consistent with the overall objectives of the College and all institutional concerns are resolved.</i>	_____ VP FINANCE & BUSINESS DATE
<i>The attached proposal is consistent with the overall objectives of the College and all institutional concerns are resolved</i>	_____ PROVOST DATE

The Dean for Faculty and/or the Sponsored Research Office can assist PIs with this section.

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

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

\$	
\$	
\$	
\$	

TOTAL PROJECT COST:	Request from Grantor	\$	
	College Contribution	\$	
	Third-Party Funds	\$	
	TOTAL	\$	

EQUIPMENT, INSTALLATION, AND MAINTENANCE

Please explain any new equipment purchases that will be funded by this grant. Will you need additional spaces? Also include any information regarding installation and maintenance needs and who you have discussed these needs with.

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EMPLOYMENT

Please describe student employment needs. Will this proposal involve creation of new staff positions? Who have you spoken with in Human Resources regarding this?

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COMPUTERS OR SOFTWARE REQUESTED

Please list any computer and/or technology hardware or software requested with this grant. Provide any maintenance arrangements and approvals from our IT and/or EdTech departments.

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RESEARCH CERTIFICATION

Please attach approvals for IRB, IACUC, or Radioactive Materials as appropriate? If these approvals have not been completed, please provide information for your approval timeline. Many grants do not require this to be received beforehand, but the College does require that you have a plan in place.

The Proposal Transmittal Form must accompany all grant proposals that will be submitted for outside funding. 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 as well as the Sponsored Research Office.

The remainder of the form is exclusively for grant proposals that include government funds. Any grants submitted through foundations can stop here. If you are not sure, please contact the Sponsored Research Office.

As another part of requests for Federal funds, please attach a printout from the Excluded Parties List System that includes all vendors named in the proposal.

CONFLICT OF INTEREST CERTIFICATION

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 of forfeiting the award.

This form 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.

Investigator 1:

Signature:	Date:
Printed Name:	

Investigator 2:

Signature:	Date:
Printed Name:	

Investigator 3:

Signature:	Date:
Printed Name:	

Investigator 4:

Signature:	Date:
Printed Name:	

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

By signing the below, 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 judgement 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:	