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| **Please complete all sections of this form. Incomplete or outdated forms will be returned.** | West Virginia State University **WVSU Research and Development Corp.**  **INTERNAL APPROVAL FORM** ForGRANTS, CONTRACTS AND AGREEMENTS | | | | | **Deadline:** Click or tap here to enter text.  ***Postmarked*  *Receipt*  *Electronic***  **EA *The Complete Grant Application and the***  ***signed Internal Approval Form is due to the***  ***Office of Sponsored Programs 7 business days***  ***before the deadline. Please note:***  ***Weekends and Holidays do not count as***  ***business days. All grant applications must be***  ***s submitted 48 hours in advance of the deadline.*** | | | |
| SECTION 1: PRINCIPAL INVESTIGATOR / PROJECT DIRECTOR DATA | | | | | | | | | |
| 1. Principal Investigator/Project Director  Click or tap here to enter text. | | | | 1. Telephone Number/E-mail   Click or tap here to enter text. | | | | | |
| 3. Administrative Entity  WVSU  WVSU R&D Corp.  Foundation | | | | 4. Organizational Unit/Department/School    Click or tap here to enter text. | | | | | |
| SECTION 2: PROPOSAL DATA | | | | | | | | | |
| **If you choose two or more types, attach an explanation of the percent dedicated for each project type. *(e.g. 60% Outreach – 40% Research)***  1. Project type:  RESEARCH Enter %   INSTRUCTION Enter %  INSTITUTIONAL SUPPORT Enter %  EXTENSION Enter %  OUTREACH Enter %  EQUIPMENT **Please check here if purchasing**  **Equipment.** | | | | | | | | | |
| 2. Proposed Project Title:  Click or tap here to enter text. | | | | | 3. Proposed Project Dates: Start Date Click or tap to enter a date. End Date: Click or tap to enter a date. | | | | |
| 4. Proposal Type:  New Proposal  Resubmission  Formula | | | | | | | | | |
| 5. Award Type Code/Anticipated Terms:  Grant  Sub-Award/Contract  Cooperative Agreement  Contract  Consulting Agreement  Other (Identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |
| SECTION 3: AGENCY TRANSMITTAL DATA | | | | | | | | | |
| 1. Sponsor/Agency Name:Click or tap here to enter text. | | | | 1. Sponsor/Agency Website Address for Proposal Guidelines:   Click or tap here to enter text. | | | | | |
| 3. Funding Source:  Federal-CFDA# Click or tap here to enter text.  State  City/County  Private/Non-profit (Identify)        For-profit (Identify)        Other (Identify) | | | | | | | | | |
| SECTION 4: INVESTIGATOR(S)/PROJECT DIRECTOR(S) DISCLOSURES AND ASSURANCES | | | | | | | | | |
| **By signing below, I certify and disclose the following: (a) I accept the responsibility for the design, execution, and management of this project; (b) I am neither presently debarred or suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in current transactions by any federal department or agency and I am not delinquent on any federal debt; (c) The information that I have provided about this project is accurate, truthful and complete to the best of my knowledge and belief; (d) I acknowledge that any false, fraudulent or fictitious statements or claims may subject myself as the Principal Investigator to civil, criminal or administrative penalties; and (e) I have not engaged in any lobbying activities on behalf of this application and I will not lobby any federal agency in relation to this activity.** | | | | | | | | | |
| Principal Investigator/Project Director  Co-Principal Investigator  Investigator  Investigator  Investigator | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effort Commitment Enter %    Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effort Commitment Enter %    Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effort Commitment Enter %  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effort Commitment Enter %    Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effort Commitment Enter % | | | | | | Date\_\_\_\_\_\_\_\_\_    Date\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_ | |
| **SECTION 5: BUDGET SUMMARY AND COST SHARING/MATCHING FUNDS COMMITMENTS** | | | | | | | | | |
| 1. Total Budget Request: Click or tap here to enter text.    Direct: $Click or tap here to enter text.    F&A (Indirect): $Click or tap here to enter text.    Total: $ Click or tap here to enter text. | | | 2. Total Cost Sharing/Matching Funds:  In-Kind: $ Click or tap here to enter text.    Cash: $ Click or tap here to enter text.  Third Party : $ Click or tap here to enter text.  Total Cost Sharing: $ Click or tap here to enter text. | | | | 3. Anticipated Revenue Generated:    Amount: $ Click or tap here to enter text.  Source(s): Click or tap here to enter text.  *(Include discussion of how revenue will be used in budget justification)* | | |
| 4. **Total Project Cost (Direct & F&A + Cost Sharing) = $** Click or tap here to enter text. | | | | | | |
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| SECTION 6: CONDITIONS REQUIRING SPECIAL CONSIDERATION AND DOCUMENTATION | | |
| **Institutional Commitments –** Indicate resources to be provided by West Virginia State University or WVSU R&D Corporation by checking the boxes and attach explanation for each checked box to this form.  **Resources**  Additional space or modifications to existing space  Use of additional on or off-campus facilities  Distributed delivery systems (on-line course delivery)  Equipment maintenance (during and/or after grant period)  Animal maintenance  Subcontracts/consultants  **Faculty/Student Commitments**  Additional personnel  University provided release time for faculty  Summer salary for faculty  Financial support for graduate or undergraduate students  Other Special Considerations  Creation of new academic program, degree and/or certification  Creation of new center and/or institute  Obligation to continue the program beyond the term of the  grant/contract  Tuition waiver for graduate assistant/student(s)  Tuition waivers for undergraduate students, or others  **Checking any of the five items listed above will require**  **additional time for administrative review.** | Certifications – Please indicate any of the circumstances below that apply to this project  **Intellectual Property**  Publication restrictions  Controlled use of data  Work for Hire  Ownership of product/discovery  **Protections:** (Date of IRB Review):  Use of recombinant DNA  Use of human subjects  Use of animals  Radiological hazards  Infectious or biohazardous agents or substance  **Export Controls**  Foreign/International Collaborators  Foreign/International Goods/Service/Technologies  Foreign/International Travel  **Indirect Costs/F&A Costs**  Federally approved Indirect Cost rate applied  IDC not allowed (documentation attached)  Other stated sponsor rate applied  Requesting waiver of Indirect Costs (**attach *required* form)** | |
| **SECTION 7: COST SHARING AND MATCHING** | | | |
| Does the project include cost sharing or matching funds?  Yes  No If **Yes**, is this  Mandatory  Voluntary? | | | |
| University/R&D Corp. Cost Sharing/Matching Fund Commitments: Click or tap here to enter text.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Unit** | **Total In-Kind Match** | **Total Cash Match** | **Length of Commitment (yrs.)** | **Authorizing Signature** | | Department/School Chair | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | | Unit Head | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | | Dean | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | | Vice-President | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | | R&D Corp. Business Dir. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | | Other (Identify) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | | | | |
| SECTION 8: CONFLICT OF INTEREST | | | |
| Does the PI or co-PI(s) have a financial or personal conflict of interest that needs to be disclosed related to the project? If yes, please attach a conflict of interest disclosure form.  Yes  No | | | |
| SECTION 9: APPROVAL SIGNATURES | | | |
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| 1. Unit Head (Department/School Chair/Director) Date  In signing this application, I certify that the project’s activities and purpose are consistent with the mission of the unit, facilities/space and other unit resources necessary to complete the proposed project are available to the project, or provisions have been arranged with the unit to make such space or other institutional resources available in the event an award is made. | | | 5**.** Fiscal Officer Date:  In signing this application, I certify that I have reviewed the proposed budget and find costs to be reasonable and appropriate per university and corporation policy for the scope of the project. |
| 2. Dean(s)\*\* Date  In signing this application, I certify that the project’s activities and purpose are consistent with the mission of the college, and that the approval by the unit chair and/or director or myself signifies that adequate support and resources will be available in the event an award. | | | 6. Other (Additional Dean/Dept. Head/etc.) Date: |
| 3. Provost / Vice President Date: | | | 7. R&D Corporation Executive Director Date  In signing this application, I certify that the project’s activities and purpose are consistent with the mission of the university and the corporation. |
| 4.WVSU Sponsored Programs Date:  In signing this application, I certify that the project meets the standards of federal and state requirements, that the application will be submitted in accordance with university and corporation policy, that all appropriate signatures have been obtained, and that all compliance and other policy requirements have been met. | | | 8. WVSU Sponsored Programs Process Review Date:  In signing this application, I certify that the budget, format, representations and other requirements are correct. |
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**INSTRUCTIONS FOR COMPLETING INTERNAL APPROVAL FORM**

Please review the following instructions carefully before completing the internal approval form. If you have not yet submitted an ‘Intent to Submit’ form to the Office of Sponsored Programs, please do so before completing the internal approval form. If you have any questions or need clarification about any of the information that should be entered on the form, please contact the Office of Sponsored Programs at [grants@wvstateu.edu](mailto:grants@wvstateu.edu) or 304-204-4005.

**SECTION 1: INVESTIGATOR/PROJECT DIRECTOR DATA**

1. Principal Investigator/Project Director (PI/PD): Enter the name of the PI/PD. The PI/PD is the person with the primary responsibility of preparing the grant proposal and carrying out the scope of work if the grant proposal is awarded.
2. Telephone Number/E-mail: Please enter the telephone number *and* email address of the PI/PD.
3. Administrative Entity: The administrative entity is the entity that will submit the grant proposal and be legally liable if the grant is awarded. Generally, grants are submitted by WVSU Research & Development Corporation. Please contact the Office of Sponsored Programs for guidance if there is a reason why the grant proposal cannot be submitted through WVSURDC.
4. Organizational Unit / Department / School: List the Department of the University in which the PI/PD works.

**SECTION 2: PROPOSAL DATA**

1. Project Type: Select the university functions that the grant opportunity will support by checking the appropriate box(s). At times, grant opportunities may support more than one function. If your grant opportunity is intended to support more than one function, please select both functions and indicate the percentage of the grant that will be dedicated to each function. Double-check that the indicated percentages add to 100%. If the grant will purchase equipment, please check the equipment box.
2. Proposed Project Title: Please enter the proposed project title.
3. Project Dates: Please enter the proposed project dates.
4. Proposal Type: Indicate whether the grant proposal is a new proposal, resubmission, or Formula grant.
5. Award Type Code/Anticipated Terms: Indicate the type of award terms anticipated if the grant is awarded.

**SECTION 3: AGENCY TRANSMITTAL DATA**

1. Sponsor/Agency Name: Indicate the entity to which the grant proposal will be submitted.
2. Sponsor/Agency Website Address for Proposal Guidelines: Please provide the URL for the grant application instructions, For Example: Request for Proposal (RFP), Request for Application (RFA), or Funding Opportunity Announcement (FOA).
3. Funding Source: Please indicate the funding source type. If the funding source type is federal please include the Catalog of Federal Domestic Assistance (CFDA) number. For Example: 10.879. CFDA numbers are typically listed in the funding announcement.

**SECTION 4: INVESTIGATOR(S)/PROJECT DIRECTOR(S) DISCLOSURES AND ASSURANCES**

1. Please carefully read the fine print.
2. Then sign and date by your appropriate grant affiliation title.
3. Be sure to include your committed effort. All WVUS grants require at least a 10% commitment of time. This is very important in terms of time and effort reporting! Please contact OSP with questions.

**SECTION 5: BUDGET SUMMARY AND COST SHARING/MATCHING FUNDS COMMITMENTS**

1. Total Budget Request: Indicate the total direct amount you are requesting. Be sure not to request more than allowable amount on proposal. F&A (Indirect): If indirect is allowable, please indicate amount you are requesting based on the allowable percentage.
2. Total Cost Sharing/Matching Funds: If the grant opportunity requires cost-sharing, please indicate the amount by the appropriate form (In-Kind, Cash, Third Party) along with the source if known. If the grant only encourages cost-sharing, leave this section blank.
3. Anticipated Revenue Generated: If generated revenue is expected, please list the amount and source.
4. Please provide the total project cost (This is the total sum of box 1 and box 2).

**SECTION 6: CONDITIONS REQUIRING SPECIAL CONSIDERATION AND DOCUMENTATION**

1. Please indicate resources to be provided by West Virginia State University or WVSU R&D Corporation from the available list by checking the appropriate box(s). **Please attach an explanation of each resource indicated on this form.**
2. Please indicate any certifications or circumstances from the available list by checking the appropriate box(s). If requesting a waiver of Indirect Cost, **please attach required form.**

**SECTION 7: COST SHARING AND MATCHING**

1. In this section please check the appropriate boxes, then fill in the total amount under the appropriate “Unit” and “Type” in relation to required cost-sharing and matching funds.
2. Please include the appropriate authorizing signature for matching funds. This is the person who has the authorization to commit the matching resources. **NOTE: This is not the PI/PD.**

**SECTION 8: CONFLICT OF INTEREST**

1. Please check the appropriate box. **If you chose “yes” to this question, please attach a conflict of interest disclosure form.**

**SECTION 9: APPROVAL SIGNATURES**

1. Please schedule a Final Check out meeting with the OSP to review the full grant application and to before beginning the sign off process.
2. The PI will be responsible for obtaining all Non-Research Administration signatures within their chain of command, for example: Department Head, Dean and Provost.

\* If multiple academic colleges or other campus units are involved in the proposal, signature approval must be obtained from all Administrative Leaders. For example: If the Social Work Department is collaborating with Extension then the Social Work Department Chair, College Dean, Provost, Extension Supervisor and Director of Extension must sign.

1. Once the PI has obtained the required signatures please return the signed internal approval form and complete grant application (hard copy attached to internal approval and electronic files) to OSP **seven (7) full business days before the grant deadline**. **Please note: Holidays and Weekends are not considered business days.** These documents must be hand delivered or dropped in an OSP mailbox (Ferrell 131, Hamblin Rm 101, ACEOP Building and Curtis House). Please notify us via [**grants@wvstateu.edu**](mailto:grants@wvstateu.edu) if delivering to an OSP mailbox.