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| **Westfield State University**  **GRANT PROPOSAL Summary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Grants Official Sign Off*** | | | | | | | | | | ***PROSUM#*** | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | ***Dated*** | | |  | | | | | | | | | | | | | | | |
|  | | FACULTY | | | | | | | | | |  | | | | | INSTITUTIONAL | | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| **PI/PROJECT DIRECTOR** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **DEPT.** | | | | | |  | | | | | | | | | | | | **PHONE** | | | | |  | | | | | | | | | | | | | | |
| **SPONSOR** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DEADLINE DATE** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **PROJECT TITLE** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE** | | | | | | | | |  | | | NEW | | | | | | | | | | | | | |  | | RENEWAL | | | | | | | | | | | | | | | | | | |  | | | REVISION | | | | | | | | | | | | |
| **SOURCE** | | | | | |  | FEDERAL | | | | | | | | | |  | | | FOUNDATION | | | | | | | | | | |  | | | | CORPORATION | | | | | | | |  | | | | STATE GOVT. | | | | | | | | | | |  | | | OTHER | | | | | | | | | | |
| **PURPOSE** | | | |  | | INSTRUCTION | | | | |  | | | | | BASIC RESEARCH | | | | | | |  | | APPLIED RESEARCH | | | | | | | | | | | | | | |  | | | | | | | **FOREIGN TRAVEL?**  **NO**   **YES** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | EQUIPMENT | | | | |  | | | | | PROGRAM | | | | | | |  | | OTHER/SPECIFY **List Countries:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FUNDING REQUESTED FROM SPONSOR – Attach detailed multi-year budget | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **# of Years** | | | | | **START DATE** | | | | | | | | | | | | **END DATE** | | | | | | | | | | **DIRECT/$** | | | | | | | | | **INDIRECT/$** | | | | | | | | | | **TOTAL** | | | | | | | | | | |
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| **Cost share?** | | | | | NO | | | YES | | | | | Amount committed in budget | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | Approved | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Waived fringe benefits?** | | | | | | | | NO | | | | | | YES | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reduced F&A/indirects?** | | | | | | | | NO | | | | | | YES | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subaward information:** | | | | | | | | N/A | | | | | | Budget includes subaward TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant will be subaward FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. PERSONNEL ISSUES (provide additional details on back) If all answers are NO, check here** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you requesting funds for course release time? | | | | | | | | | | | | | | | | | | | NO | | | If YES | | | | | | | | | | | | | | | | D Chair/Dean approval | | | | | |  | | | | | | | | | | | | | | | | | | Date | | | |  | |
| Does proposal involve the creation of any new faculty positions? | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO | | | | | | | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does budget include funds for new or existing staff positions? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO | | | | | | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there unusual student arrangements (housing, wages, program)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO | | | | | | I YES | | | | | | | | | | Approved | | | | | | | | | |  | | | | | | Date | | | | | |  |
| Will any family members directly or indirectly benefit from this proposal? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NO | | | | | If YES, attach [disclosure form](http://www.middlebury.edu/offices/support/grants/sro/forms/middforms#famrel) | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | |  |
| **2. EQUIPMENT & FACILITIES ISSUES – does the proposal involve any of the following? If all answers are NO, check here** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Funding for equipment? | | | | NO | | YES | | | | Approved |  | | | | Date | | | |  | | |
| Special installation requirements for equipment? | | | | NO | | YES | | | | Approved |  | | | | Date | | | |  | | |
| ITS: equipment, access, servers/services, data: security/storage/exchange, programming? | | | | | | |  | NO  YES | | |  |  |  | | | Date | | | | | | |
| Funding for **OR** extensive use of computers or software? | | | | NO | | IYES | | | | Approved |  | | | | Date | | | |  | | |
| Space needs:  new/renovated space, event needing space, secure/guaranteed space? | | | | | | |  | NO  YES | | |  |  |  | | | Date | | | | | | |
| **3. Research Issues If all answers are NO, check here** | | | | | | | | | | | | | | | | |  | | | |  |
| human subjects? | NO | If YES, obtain signature | IRB Chair sig. | | | | | |  | | | | | Date | | | | |  | | |
| animal research? | NO | If YES, IACUC Protocol# | Chair sig. | | | | | |  | | | | | Date | | | | |  | | |
| **4. FEDERAL CERTIFICATION REQUIREMENTS –** IF FUNDING SOURCE IS **NOT FEDERAL check here** | | | | | | | | | | | | | | | | | | | | | |
| Is PI/Project Director debarred, suspended, or otherwise excluded from covered transactions by any Federal dept. or agency? | | | | | | | | | | | | | | | | | | NO | | YES | |
| Is PI/Project Director delinquent on any federal debts? | | | | | | | | | | | | | | | | | | NO | | YES | |
| Has anyone lobbied the federal government on behalf of this proposal? | | | | | | | | | | | | | | | | | | NO | | YES | |
| **5. Has** [**appropriate**](http://www.middlebury.edu/offices/support/grants/sro/forms/middforms) **Financial Conflict Of Interest disclosure form been attached?** | | | | | | | | | | | | | | | | | | | | YES | |
| ***I certify that the statements made in the attached proposal and the above certifications are true and complete to the best of my knowledge. I agree to comply with relevant federal requirements and the award terms and conditions if an award is made.*** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PI/PROJECT DIRECTOR DATE | | | | | | | | | | | | | | | | |
| *The attached proposal fits the department’s overall program and academic/institutional objectives. Adequate space is available or planned to conduct the project. The professional time allotted is realistic and within Westfield State University guidelines.* | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DEPARTMENT CHAIR DATE | | | | | | | | | | | | | | | | |
| *The attached proposal is consistent with the overall vision of Westfield State University and all institutional concerns are resolved.* | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean of faculy DATE | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | |
| *The attached proposal is consistent with the overall vision of Westfield State University and all institutional concerns are resolved.* | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provost & Vice president for academic affairs DATE | | | | | | | | | | | | | | | | |
| *I authorize submission of the attached proposal.* | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DIRECTOR OF GRANTS & sponsored programs DATE | | | | | | | | | | | | | | | | |

This form must accompany all faculty and institutional grant proposals that will be submitted for outside funding. The Principal Investigator/Project Director is responsible for obtaining their Department Chair’s signature. All proposals must be reviewed and authorized by the Director of Grants & Sponsored Programs before being submitted to funder. If signatures (or delegate) are missing, the Institution may refuse to accept the grant if awarded.

This form is also required for ANY PROPOSAL THAT INVOLVES A WESTFIELD STATE UNIVERSITY COMMITMENT, even if funding will go directly to the faculty member (e.g., curriculum development, conferences held on a campus, cost share).

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| COST SHARE INFORMATION | | | | | | | | | | | | | | | | | | | | |
| $ |  | | **TOTAL Westfield State CONTRIBUTION\*** \* | | | | | | | Cash\*\* | | | $ | | | | FOAP | |  | |
|  | |  | | |  | | |  | Budget Administrator: | | | | | |  | | | | | |
| Waived Indirects | | | | $ | | | Explain\*\* | | | | | Value of In-Kind | | | | $ | | Explain\*\* | |  |
|  | | | | | |  | | | | |  | | |  | | | | | | |
| **TOTAL PROJECT COST:** | | | | | | Request from Sponsor | | | | | $ | | | **\*\*EXPLAIN**: | | | | | | |
|  | | | | | | WSU Contribution | | | | | $ | | |
|  | | | | | | Third-Party (Other) ## | | | | | $ | | |
|  | | | | | | **TOTAL PROJECT COST** | | | | | $ | | |

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| **WAIVED FRINGE BENEFITS or F&A/INDIRECT COSTS – Check all that apply and fill in actual rates used in budget:** | | | | |
|  | Fringe rate used for faculty/staff |  | No WSU contribution to retirement plan unless full fringe rate used | |
|  | Fringe rate for undergrad students |  |  | |
|  | F&A/Indirect rate used (% and basis) |  | |  |
| **Notes:** | | | | |

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| COURSE RELEASE DETAILS | |
| **Budgeted at approved amount?**  YES  NO  **Full fringe?**  YES  NO   **Full F&A?**  YES  NO  or actual rate      \_ | |
| **Course to be released (if not, explain)** |  |
| **Notes:** | |

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| **NEW or EXISTING STAFF POSITIONS** (HR can provide or verify information by email to PI or grants staff person working on proposal)  **HR must approve budgeted wages for proposed positions; supervisor of position must approve budgeted wages for existing position.** | | | | | |
| New position | Existing | | If existing, current Index      Title or Staff name | | |
| Full Time  Part Time | | Hours per week       Months per year | | Benefits: Yes  No | |
| Salary/wage rate | | | | |  |
| **Notes:** | | | | | |

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| --- | --- | --- | --- | --- |
| **EQUIPMENT & COMPUTERS REQUESTED** | | | | |
| **Item** | **Cost** | **College**  **Share** | **Maintenance**  **Estimate** | **Maintenance Arrangements** |
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| DETAILS ABOUt INFORMation & Technology, SPACE & FACILITIES ISSUES or UNUSUAL STUDENT ARRANGEMENTS |
| Describe additional or specific types of space, renovations, equipment installation, or information technology services that will be needed to carry out this project (or any other facilities issues) AND/OR describe any unusual student arrangements (not consistent with precedent or policy) or student programs that will have impact on other parts of the institution. |
| **Notes:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Delivery:** Who will submit this proposal (OGSP or PI) | | | | | |
| Electronic | Express mail | | Hand delivery | | |
|  | | Prepared by: | | Date: | |
|  | | | | |  |
| Rev. 2017 – OGSP ProSum – 002 Template *Last updated 04/24/2019 OGSP* | | | | | |