

# 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

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](#)

#### 2. EQUIPMENT & FACILITIES ISSUES – does the proposal involve any of the following? If all answers are NO, check here

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

<i>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.</i>	_____ PI/PROJECT DIRECTOR <span style="float:right">DATE</span>
<i>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.</i>	_____ DEPARTMENT CHAIR <span style="float:right">DATE</span>
<i>The attached proposal is consistent with the overall vision of Westfield State University and all institutional concerns are resolved.</i>	_____ DEAN OF FACULTY <span style="float:right">DATE</span>
<i>The attached proposal is consistent with the overall vision of Westfield State University and all institutional concerns are resolved.</i>	_____ PROVOST & VICE PRESIDENT FOR ACADEMIC AFFAIRS <span style="float:right">DATE</span>
<i>I authorize submission of the attached proposal.</i>	_____ DIRECTOR OF GRANTS & SPONSORED PROGRAMS <span style="float:right">DATE</span>

**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).**

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

<b>WAIVED FRINGE BENEFITS or F&amp;A/INDIRECT COSTS – Check all that apply and fill in actual rates used in budget:</b>	
<input type="checkbox"/> Fringe rate used for faculty/staff	No WSU contribution to retirement plan unless full fringe rate used
<input type="checkbox"/> Fringe rate for undergrad students _____	
<input type="checkbox"/> F&A/Indirect rate used (% and basis) _____	
<b>Notes:</b> _____	

<b>COURSE RELEASE DETAILS</b>	
Budgeted at approved amount? YES <input type="checkbox"/> NO <input type="checkbox"/>	Full fringe? YES <input type="checkbox"/> NO <input type="checkbox"/>
Full F&A? YES <input type="checkbox"/> NO <input type="checkbox"/> or actual rate _____	
Course to be released (if not, explain) _____	
<b>Notes:</b> _____	

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

EQUIPMENT & COMPUTERS REQUESTED				
Item	Cost	College Share	Maintenance Estimate	Maintenance Arrangements

**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: \_\_\_\_\_

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