

**Washburn University Office of Sponsored Projects
INTERNAL APPROVAL FORM**

1 TITLE OF PROJECT: _____

SPONSORING AGENCY: _____

AGENCY CONTACT NAME/TITLE: _____

ADDRESS/PHONE/EMAIL: _____

2 PRINCIPAL INVESTIGATOR:	DEPARTMENT	EXTENSION				
CO-INVESTIGATOR:	DEPARTMENT	EXTENSION				
PI ADMINISTRATIVE OVERSIGHT:	CAS	SAS	SOBU	SOL	SON	KTWU
UNIVERSITY LIBRARIES	CCSCE/LINC	MULVANE	WU TECH	OTHER:		

3 BRIEF DESCRIPTION OF PROJECT PROPOSAL:

PROJECT/AWARD PERIOD: From _____ To _____

4 AGENCY DUE DATE:		Receipt	Postmark
SOURCE OF FUNDING:	Local Government	State Government	Federal Government
	Private (non-profit)	Private (for-profit)	Other
TYPE OF SUBMISSION:	Initial Proposal	Competitive Renewal	Non-Competitive Renewal
	Letter of Inquiry/Intent	Required Draft or Preliminary Proposal	
	Sub-Award	Lead institution, if sub-award:	
CFDA OR AGENCY RFP NUMBER:	_____		
TYPE OF ACTIVITY:	Academic Support	Equipment	Facilities or Construction
	Student Instruction	Professional Development	Public Service
	Research	Scholarships	Collaboration with Other Entities

5 PROJECT BUDGET:

A. Amount of this request:

B. Total Washburn Funding Commitment:

Amount of cash match: _____	*Attach supplemental document listing the FOAPAL, budget amount, and budget category for all committed match.
Amount of in-kind match: _____	

C. Amount to request from other external sponsors: _____

*Attach supplemental document listing other external sponsors. Indicate which are committed and prospective.

D. Total Project Budget

Proposal Benefits to Washburn University:	F&A Cost Payments	Other Sources of Revenue
	Other Tangibles	Other Intangibles

6 ADMINISTRATIVE PROPOSAL REQUIREMENTS:

If the answer is YES to any of the statements below, the Principal Investigator is responsible for securing all required approvals for such activities. Please attach additional pages for documentation when necessary.

A. Principal Investigator completed and passed the WU human subjects IRB training module.	Yes	No
B. New faculty hired with continuing commitments beyond project.	Yes	No
If yes, explain: _____		
C. Faculty will be off-campus for 3 months or longer for reasons unrelated to the project.	Yes	No
If yes, explain: _____		
D. Project is responding to or will result in faculty overloads in instruction.	Yes	No
E. Construction or alteration by Facilities Services required for project.		
If yes, explain: _____		
Estimated Cost: _____	Source of funding: _____	For capital improvements? Yes No
F. Project requires installation of additional equipment, including electrical modification.	Yes	No
If yes, explain: _____		
G. Project will create a new organizational unit(s) within the University.	Yes	No
H. Project will require new space.		
If yes, explain: _____		
Estimated Cost: _____	Source of funding: _____	
I. Project includes conferences (regional or national), workshops, or off-campus courses.	Yes	No
If yes, explain: _____		
J. Project will result in intellectual property (e.g. publications, controlled data, or curriculum).	Yes	No
If yes, explain: _____		
K. Project includes research subjects (IRB approval required).	Yes	No
Human Subjects _____	Live Vertebrates or Animals _____	IRB Status: Approved Pending
L. Project requires foreign travel or visitors.	Yes	No
M. Project requires external contracts and/or sub-awards.	Yes	No

7 ADDITIONAL INFORMATION:

8 REQUIRED SIGNATURES:

By signing, I agree to abide with university policies and regulations, including but not limited to, those defining responsibilities, conditions of employment, outside financial interest, and all other research compliance matters. I also agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity. I certify that I have a current Conflict of Interest disclosure statement on file with Vice President for Administration and Treasurer. I certify that I have not been debarred, suspended, or declared ineligible to receive federal funds, that I am aware of the Principal Investigator's responsibilities for handling grant contracts as outlined in the Washburn University Policies, Regulations, and Procedures Manual and that, to the best of my knowledge, no appropriated funds have been expended that would influence award of the grant contract.

Principal Investigator: _____ **Date:** _____

By signing, I have reviewed this form and the appended documents for all institutional commitments and approved the obligations therein. I also have reviewed the documents for any appearance of or potential for conflict of interest and hereby affirm that none exists or that any potential conflict is being managed.

Department Chair: _____ **Date:** _____

Dean: _____ **Date:** _____

THIS SECTION FOR USE BY OSP ONLY. OSP WILL ACQUIRE VP APPROVAL & INFORM PI OF STATUS.

Risk Assessment _____	Current F&A Rate _____	Initials of OSP Director _____
Budget Variances _____	Proposal Allowed Rate _____	Initials of OSP Accountant _____
Vice President of Academic Affairs: _____		Date: _____
Vice President for Administration and Treasurer: _____		Date: _____