

**William Paterson University****Office of Sponsored Programs**

Raubinger Hall 309, 973-720-2852

**Project Approval Sheet**for Applications for Sponsored Project  
Grants, Agreements, and Contracts

Submit this form with a copy of the proposal narrative, budget and application guidelines to the OSP at least 5 business days before the deadline. SECTION E MUST BE SIGNED BY PD/PI.

OSP Control Number:

Date Received by OSP:

**SECTION A GENERAL INFORMATION**Project Director or Principal  
Investigator, Department  
and College/Unit

Submission Target Date:

Project Title

Type of Sponsor

Sponsor and  
Title of Funding  
Opportunity

Source of Funds

Lead Agency if  
WPUNJ is Subrecipient

Submission Method

Type of Submission: Please Check All That Apply

☐ Grant ☐ Contract ☐ Subrecipient ☐ New ☐ Supplement ☐ Resubmission ☐ Renewal or Continuation**SECTION B PARTICIPANT/PARTNER INFORMATION**

1. If WPU Faculty/Staff from other departments/units are included in this project as key project staff, list each and obtain approval if in another College or Unit. Attach additional sheets if needed.

Name	Department	Approval	College/Unit	Approval

2. If there are partner agencies who will receive a subcontract, list each and attach Subrecipient Commitment Form. Identify in comments block and note if Form is attached.

Agency:

Agency:

☐ Subrecipient Commitment Form Attached☐ Subrecipient Commitment Form Attached**SECTION C BUDGET**

Project Dates: No. of Years: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Direct Expenses

Requested: \$

Indirect Expenses

Requested: \$

Total Expenses

Requested: \$

WPU Match or Cost Share Required? ☐ No ☐ Yes: Ratio or Percentage:WPU Match / Cost Share:  
\$Description of Cost Share/Match Expenses: ☐ Reassigned Time ☐ Travel ☐ Supplies ☐ Equipment  
☐ Computers/IT Support/Software/Licenses ☐ Food ☐ Other:

Partner Agency Match or Cost Share

Required: ☐ No ☐ Yes: Ratio or Percentage:

Special Expense Concerns Included in Project?

☐ No ☐ Yes: Explain on Reverse**SECTION D SPECIAL REQUIREMENTS AND APPROVALS: Check all that apply, obtain signatures or attach approval. Attach additional sheets if needed.**☐ Human Subjects ☐ Additional Office ☐ Additional Lab ☐ Recombinant DNA ☐ Biohazard  
☐ Animal Subjects ☐ New Computer Lab ☐ Facility Renovation ☐ Radioactive Substance ☐ Controlled Substance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Certifications and Approvals on Reverse



**SECTION E CERTIFICATIONS AND FINAL APPROVAL SIGNATURES****Project Director's Principal Investigator's Compliance Certifications:**

1. I certify that the information contained in and attached to this proposal is true and accurate to the best of my knowledge.
2. Conflicts of Interest:
  - a. I certify that the key individuals who developed and are anticipated to be part of the funded project are familiar with the requirements of the State of New Jersey Uniform Ethics Code, have completed the mandatory training, have submitted any required questionnaires or forms, and are in compliance with all management plans.
  - b. I certify that the key individuals who developed and are anticipated to be part of the funded project are familiar with the requirements of the *Sponsored Projects and Research Conflict of Interest and Commitment Disclosure Policy*, and that if a potential conflict exists for anyone that is related to this project, then a *Conflict of Interest and Commitment Disclosure Form* is attached for everyone. Conflict of Financial Interest and Commitment Disclosure Statement are: ☐ **Attached** ☐ **Not Attached**
  - c. I certify that partner agencies have provided a Subrecipient Commitment Form and have indicated whether their institutional conflict of interest policy applies to this proposal or if they will be working under the William Paterson *Sponsored Projects and Research Conflict of Interest and Commitment Disclosure Policy*.
3. In accepting external funds, WPUNJ assures compliance with all Federal standards and policies specified in OMB Circulars and other regulatory directives regarding topics such as Misconduct, Conflict of Interest, Drug-Free Workplace, Protection of Human and Animal Subjects in Research, Lobbying Activities, and other issues mandated in the application materials. **I certify that this application is in compliance with these policies and that I will comply with these policies in my role as Project Director or Principal Investigator when administering any grant or contract received in response to this application.**

**Project Director's Signature:****Date:****Approval for Submission:**

**I approve the submission of the attached proposal and budget, including the WP cost share. When an award is made, there may be further discussions regarding the final approval and allocation of expenses included herein.**

Department Chair or Director:	_____	<input type="checkbox"/> Comment
	Signature Date	
Dean/Associate Dean or Assistant/Associate Vice President:	_____	<input type="checkbox"/> Comment
	Signature Date	
Other: _____	_____	<input type="checkbox"/> Comment
	Signature Date	
Director, OSP:	_____	<input type="checkbox"/> Comment
	Signature Date	
Controller:	_____	<input type="checkbox"/> Comment
	Signature Date	
Vice President, Administration & Finance:	_____	<input type="checkbox"/> Comment
	Signature Date	
Associate Provost for Academic Affairs:	_____	<input type="checkbox"/> Comment
	Signature Date	
Provost & Senior Vice President for Academic Affairs:	_____	<input type="checkbox"/> Comment
	Signature Date	

**Comments**