INSTITUTIONAL APPROVAL FORM FOR EXTRAMURAL APPLICATIONS

This form is to be completed by the Principal Investigator/Project Director, or his/her designee, for each (and every) grant and/or contract application and then returned to the Offices of Sponsored Programs and Contract Management (OSR), x5458.

Submit form to OSR for signatures a minimum of 10 Business days before mailing date.

1. Project Director/Principal Investigator

2. College ____________________________ Department:__________________________ Ext.:__________

3. Proposal Title:____________________________________________________________________
   ________________________________________________________________________________

4. Investigator’s % of effort on project:

5. Application Due Date:_________________ 5A. RFA/PA Number

6. Funding Agency:__________________________   6a. Type of Award (ie: R01, R03)______________

7. Funding Agency Address and Phone Number:_________________________________________

7A. Funding Agency’s Website: __________________________________________________________

8. Type of Proposal:   __ Grant __Contract __Subcontract __Other

9. Type of grant/contract:   __ New __Resubmission __Renewal __Continuation(non-competing) __ Revision

10. Purpose of Project:  __Research __ Education/Training __Service __Fellowship
   __Career Development __Other______________

11. Agency type:   __ Federal ___ State ___ Foundation ___ Corporate ___Other

12. Will this project involve the use of radioactive isotopes?   ___ Yes   ___No

13. If the project does involve the use of radioactive isotopes, please list those specific isotopes to be used: ________________________________________________________________

14. Will this project involve the use of a controlled substance?   ____Yes   ____No

15. If this project involves the use of a controlled substance, do you have a current DEA license?   ____ Yes ___No
   License number __________
   ____ No    Do you have a pending license application?   ____ Yes ___No
Investigators performing research on the following must have protocols approved by the Institutional Biosafety Committee (IBC):

1. Recombinant DNA
2. Infectious agents
   A. Explicit use of infectious agents
   B. Research involving human blood or tissue (potentially infected)
   C. Research involving human cells or cell lines in culture (potentially infected)

16. **Committee Approvals:** (Attach copy of approval letters)

<table>
<thead>
<tr>
<th>Please Mark</th>
<th>Approval Dates</th>
<th>Project Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No/Pending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Subjects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Animals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biohazards</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. **Space and Facilities:** Are existing allotments adequate? ____ (If yes, state the location and rooms to be used).

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

18. Does the proposal obligate the University and/or College to expenses beyond the terms of the project period? ____________ If yes, please describe what the proposed obligation entails:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

19. **OTHER PERSONNEL:** PROVIDE LIST OF NAMES OF OTHER WESTERNU PERSONNEL, DEPARTMENTS, AND/OR EXTERNAL ORGANIZATIONS INVOLVED IN THIS PROJECT. FOR EXTERNAL ORGANIZATIONS, PLEASE ATTACH LETTERS OF AGREEMENTS AND/OR SUPPORT.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
OTHER FACULTY/STAFF ASSURANCE AND APPROVAL (see #23: PI Assurance):
(PLEASE OBTAIN SIGNATURE OF OTHER PARTICIPATING FACULTY/STAFF AND THEIR DEPT CHAIRS AND/OR DEANS)

_______________________________________  _________________  
Participating WesternU faculty or staff member   Date

_______________________________________  _________________  
Supervisor (Dept Chair/Program Head or Dean)   Date

_______________________________________  _________________  
Participating WesternU Faculty or staff member   Date

_______________________________________  _________________  
Supervisor (Dept Chair/Program Head or Dean)   Date

20. PERFORMANCE PERIOD:
   First Year: From ___________________    To ___________________
   Total Project Period: From ___________  To ___________________

DOES PROJECT REQUIRE IN-KIND CONTRIBUTIONS?  __Yes___No  If yes, attach list.

IMPORTANT INSTRUCTIONS:  Please complete the detailed budget with as much information as you can provide, including types of supplies or pieces of equipment to be bought.  Please include the name of every faculty member and staff member who will be working on the project and their percentage of effort that will be devoted to the project for each year, even if no funds are being requested for that person.  If you can’t fit all their names, attach a separate sheet of paper.
<table>
<thead>
<tr>
<th>Personnel</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.I.</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Personnel Subtotal</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Fringe Benefits (30%)</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Total Personnel</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

| Supplies Total | $ - |

| Animal Costs | |
| Animal Per Diem | |

| Equipment Total | $ - |
| Travel Total | $ - |
| Contract Services/Consult Total | $ - |

| Consortium Direct Costs Total | $ - |
| Misc Total | $ - |

| TOTAL DIRECT COSTS | $ - |
| Consortium Indirect Costs | |

| INDIRECT COSTS (F&A) * | $ - |
| TOTAL COSTS | $ - |

*Indirect cost rate will depend on where the application is being submitted.
For Federal grants, the current rate is 46% on Modified Total Direct Costs excluding Equipment and only on the first $25,000 of consortiums.
You will need to **JUSTIFY** why there will be no **SALARY CHARGES** and no **INDIRECT COSTS** eg: the Sponsor does not allow, and **ATTACH** the justification to this form.

21. **COST SHARING OR MATCHING REQUIREMENT**

If the Sponsor requires a **MATCH** or **COST-SHARING**, please provide that information below.

<table>
<thead>
<tr>
<th></th>
<th>YEAR 1</th>
<th>TOTAL PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Match and/or Cost-Sharing</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>(Circle one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent University Match and/or Cost Share</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(Circle one)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please list those expenses which will be Cost-Shared (those expenses that will NOT be paid by the grant eg: PI’s Salary plus Fringe Benefits, un-recovered Indirect Costs):**

________________________________________________________________________

**Definitions:**

**University Match** – Those funds that the University must have on hand to meet a percentage of the actual costs of doing the proposed project, as identified by the sponsoring agency. For example: if it is proposed to purchase a piece of equipment costing $100,000, the sponsoring agency may ask for a 50% match so that the University must have $50,000 to meet the agency’s $50,000.

**Cost-Sharing** – Those direct cost expenses, though while identified as part of the cost of doing the project, the University agrees to share in the paying of said costs. Typically seen in cases of faculty time and effort. For example: if faculty member “A” proposes to work 50% on a protocol but only requests the sponsoring agency pay for 25% of his time, the remaining 25% balance would be paid for by the University. This is COST-SHARING.

When calculating COST-SHARING of faculty time and effort, be sure to include FRINGE BENEFITS as part of the total cost-sharing expense.
22. PLEASE PROVIDE A 1-2 PARAGRAPH PROJECT ABSTRACT IN LAYMAN’S TERMS:
23. **PRINCIPAL INVESTIGATOR ASSURANCE**

My signature below certifies that: 1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; 2) any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 3) I agree to accept responsibility for scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application. In addition, I am familiar with the conflict of interest policy and I have notified the appropriate office in writing of all possible conflicts of interest, as defined in Western University policies, as they may relate to this proposal or contract.

_____________________________________  _________________  
Project Director or Principal Investigator    Date

**Approval (REQUIRED SIGNATURES TO BE SECURED BY PROJECT DIRECTOR):**

I have read and I am familiar with the attached application and with all cost-sharing and/or matching obligations shown in section 21 of this form, and I am satisfied with and responsible for all commitments in the proposal as they relate to my area (facilities/personnel/financial/programmatic).

_____________________________________  _________________  
Supervisor (Department Chair/Program Head)    Date

_____________________________________  _________________  
Dean of College or Vice President (for non-teaching unit)   Date

**University Approval (SIGNATURES TO BE SECURED BY SPONSORED RESEARCH):**

_____________________________________  _________________  
Application Review (Sponsored Research)    Date

_____________________________________  _________________  
Vice President of Research or designee    Date

**ONLY IF REQUIRED BY THE SPONSOR**

_____________________________________  _________________  
Chief Financial Officer/Treasurer or designee    Date

_____________________________________  _________________  
Provost or designee    Date

_____________________________________  _________________  
President    Date