

Grant Proposal and Contract Routing Form

Return this completed form and a copy of the proposal or contract to Sponsored Programs
 Old Main 303

Grant Proposal



Cooperative Agreement

Contract

Sponsor Information



Sponsor & Program:		Proposal Deadline:
Sponsor Contact:	Phone:	Email:
Request for Proposal link/location:		
Agency Type:	Federal*	State* Private
<i>*For Federal and State funding attach a signed UW-Superior Conflict of Interest Form.</i>		
C.F.D.A. # (for Federal awards only):		

Proposal Information

Project Title:		
Principal Investigator:	Institution/Department:	
Co-Investigator(s):	Institution/Department:	
Project Description:		
Is this a renewal or continuation of funding? If yes, what funding source:	Yes	No
Is this a subaward?	Yes	No
Are there subrecipients? If yes, who? <i>Attach completed subrecipient(s) form.</i>	Yes	No
Total Request/Contract Amount:	Indirect Cost Rate:	Indirect Cost Amount:
Match Amount:		
Match Source(s):		
University: Cash	In-kind	Unrecovered Indirect
Third Party Contribution: Cash	In-kind	
Project Start Date:	Project End Date:	Project Type:



Project Highlights and Required Follow-Up

If your project involves any of the below items you may be required to receive additional approvals prior to submitting the application or once awarded.

Does this project involve:

			<i>Approval Initials</i>
1) The reallocation of space, remodeling, or construction?	Yes	No	_____
2) Hiring personnel?	Yes	No	_____
3) Creation of new degree program or services?	Yes	No	_____

If you selected 'Yes' to any of the above items, approval must be received prior to submission.

Once approved, please have the individual initial the approval column.

- | | | | |
|--|-----|----|--|
| 4) Toxic, infectious, or carcinogenic/mutagenic hazardous material and disposal?
<i>If yes, when awarded discuss with the Environmental Health & Safety Director.</i> | Yes | No | |
| 5) Use recombinant DNA technology or vertebrate animals?
<i>If yes, when awarded the project will need to go through IACUC for approval.</i> | Yes | No | |
| 6) Use of human subjects or human tissue?
<i>If yes, when awarded the project will need to go through IRB for approval.</i> | Yes | No | |

Required Signatures

Principal Investigator - I certify that the plan detailed in the proposal and/or contract complies with all campus, state, and federal regulations and policies and reflects University and departmental goals. This project is achievable as described, including the limitations of time, resources, and personnel. All required approvals have been satisfied. If awarded, I agree to conduct the proposed project in compliance with 1) the conditions of the grant and 2) all federal policies and procedures and with all policies, procedures, and protocols mandated by UW-Superior, UW-System, and the State of Wisconsin.

Typed Name	Signature	Date
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Department Chair/Unit Director - I certify that I have reviewed the proposal and/or contract and found it to be complete including required clearances, budget, and commitments involving space, faculty/staff time, and matching funds. In addition, I certify that all resources and other provisions of any award will be fulfilled.

Typed Name	Signature	Date
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Office of Institutional Research and Sponsored Programs*: – *Proposal Certification Only* - By signing this transmittal, I certify that to the best of my knowledge this proposal is consistent with campus, state, and federal regulations, is within the campus' research/service mission, and is approved for submission to the funding agency.

Typed Name	Signature	Date
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Provost - By signing this transmittal, I certify that this proposal and/or contract falls within the University's mission and is beneficial to the University and is approved for submission to the funding agency.

Typed Name	Signature	Date
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Vice Chancellor Administration & Finance –By signing this transmittal, I certify that this proposal and/or contract falls within the University's mission and is beneficial to the University. In addition, I certify that all financial resources stipulated in this proposal and/or grant will be fulfilled.

Typed Name	Signature	Date
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Grant Submission Date: _____ **All staff within the Office of Institutional Research and Sponsored Programs have signing authority*