

The purpose of this form is to gather information necessary to obtain appropriate internal administrative and academic approvals. For external projects that do not have a proposal or an application process, please complete this form. This includes intergovernmental agency agreements, direct awards, and other projects through carefully cultivated partnerships.

The Sponsored Projects Office (SPO) requires this completed form, including Attachment A - E as applicable, and a copy of the contract if available. Please email all documents to our office at (sponsoredprojects@wou.edu).

All signatures required on this form will be initiated by the Sponsored Projects Office and require at least 5 business days to process.

If your form requires a contract, the expected processing time is **3 weeks minimum**, so please plan accordingly.

Sponsored Projects Office Use Only:

1. Date	
2. PI/PD'S Name and Email	
3. PI/PD's Supervisor's Name and Email	
4. Division or Center where the award will be housed, and support will come from	
5. Project Title	
6. Funding Agency Name	
7. Type of Funding Source	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Foundation <input type="checkbox"/> Other:
8. Project Period	
9. If your project includes a contract, have you submitted a contract number request form? Be sure to include a copy of your contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter the Contract Number you have been assigned:
10. Is there a deadline to submit your Application to the funder?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date this project is due:
11. Will the project include Cost-Share/ Cost-Match? If yes, complete Attachment C	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Brief Description of project	

13. Anticipated Project Costs

Anticipated Direct Costs	\$
Anticipated Indirect Costs	\$
Total Project Costs	\$

Please note Western Oregon University’s federally negotiated Indirect rate is 22%. This indirect rate should be incorporated into any budgets submitted. If you need an exception because of any of the following reasons, please make sure to check the reason below:

- The sponsor does not allow indirect costs
- The sponsor’s published indirect rate is: _____%
- If through WOU Foundation, include the 5% fee

14. Unallowable Costs and Over Expenditures

Identify an alternative index to be charged:

Index #: _____ Name of Administrator: _____

15. Does the project involve student and/or animal participation?

- Yes No

If Yes, what is the status of the IRB and/or IACUC application?

Lead Institution:	IRB/IACUC #: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Submitted <input type="checkbox"/> To be submitted Date of Approval, Submission, or to be submitted on: _____
-------------------	---

16. Will WOU be the pass-through entity for any subawards?

- Yes - If Yes, please complete Attachment D (see below)
- No

17. Conflict of Interest form

- Completed

Each principal member of the project must complete a conflict of interest form and submit it to the Sponsored Projects Office. Conflict of interest forms can be found at: [SPO Forms](#)

Additional documents/Attachments to include are the following:

Attachment A: Administrative Support

- Attachment A is included with this routing form.
Please see “Attachment A” at the end of this document. This is the only attachment that cannot be in a different format.

Please note for attachments B and C you can use your own format as long as it fulfills all of the required check boxes. Sponsored Projects Office has worksheets available for use if you need any assistance completing the documents required.

Attachment B: Budget Attachment

- Detailed Budget please mark as “Attachment B”

Budget Attachment B should include:	<input type="checkbox"/> Detailed Budget	<input type="checkbox"/> Staff/Faculty Effort Plan	<input type="checkbox"/> Approval of Staff/Faculty Plan
	<input type="checkbox"/> Contract/Subaward budgets and justification	<input type="checkbox"/> Who will be supervising student workers	<input type="checkbox"/> Budget Justification

Attachment C: Detailed Cost Sharing/WOU Commitments

- This project **will not** require WOU Cost Share, matching funds, in-kind services, or revenue.
- This project **will** require WOU cost share, matching funds, in-kind services or revenue. If checked, please make sure to complete **Attachment C**.

Attachment D: Subaward Checklist

If you are awarding a portion of your grant funds to an outside entity to complete a portion of work on this project, you must provide us with the sub awardee information for each subaward you will offer. The following documents must be attached when submitting this form:

- Letter of Commitment
- Scope of Work
- Detailed Budget
- Risk Assessment Form ([SPO Forms](#))

Attachment E: Project Summary Form

This form outlines the scope of your project along with university resources that may be needed to complete the project. Examples of campus resources include but are not limited to:

- Learning Management Software (WOU contracted/owned software)
- Office/Lab space
- Meeting/Classroom space
- Equipment
- Any other WOU funded materials, supplies, or digital resources

Attachment A

Administrative Support

Please list who will be assisting with Administrative Support and the name of their supervisor. Please note, the person assigned to each task must have the appropriate Banner access and/or the ability to make purchases and complete necessary forms as noted below. If you are not sure if the person has the necessary access, please ask their supervisor.

Supervisor approval will be initiated by the SPO team directly via Adobe Sign

	Need for Project	Administrative Support	Administrative Support Supervisor	Administrative Support Supervisor approval *
Budgets, Transactions and Reports	Yes			
Payroll Adjustments				
Purchasing				
Contracting				
Travel				
Subaward budget monitoring				
JV assistance				

Attachment C

Cost Sharing/ Matching Commitments

Please complete each section below

Signatures from administrators will be initiated by the SPO team directly via Adobe Sign

Staff Cost Matching

Name/ Position	Division/ Department	Time Frame of effort	Amount of effort (If designated)	Cost (If designated)	Index	Name of administrator	*Administrator Approval*

Faculty Cost Matching

Name/ Position	Division/ Department	Project effort and plan including contract availability	Amount of effort (If designated)	Cost (If designated)	Index	Name of administrator	*Administrator Approval*

Supplies/ Services or Other Cost Matching							
Supplies/Services	Division/Department Responsible for Purchase	Time Frame of match	Amount of effort (If designated)	Cost (If designated)	Index	Name of Administrator	*Administrator Approval*

Attachment D**Subaward Checklist**

Please complete each section for every subaward included in your proposal.

Subrecipient #: _____

Company Name: _____

Company Address: _____

Contact Person Name: _____

Contact Person Phone: _____

Contact Person Email: _____

Dates of Contract: _____

Attach the following documents:

- Letter of Commitment
- Scope of Work
- Detailed Budget
- Risk Assessment Form (_____)

Subrecipient #: _____

Company Name: _____

Company Address: _____

Contact Person Name: _____

Contact Person Phone: _____

Contact Person Email: _____

Dates of Contract: _____

Attach the following documents:

- Letter of Commitment
- Scope of Work
- Detailed Budget
- Risk Assessment Form (_____)

Attachment E**Project Summary**

Please tell us the scope of your project along with all university resources that may be needed to complete the project.

Examples of campus resources include but are not limited to:

- Learning Management Software (WOU Contracted/Owned Software)
- Office/Lab Space
- Meeting/Classroom Space
- Equipment, any other WOU funded materials, supplies, or digital resources

Name of PI/PD: _____

SPO Number: _____

Title of Project: _____

WOU Resources Requested for Project:

1 Page Project Summary/Abstract:

For Sponsored Project Office Use Only

All signatures required on this routing form will be initiated by the Sponsored Projects Office

PI certification: I certify that the information provided on this form is accurate and complete as of this date. I agree to accept responsibility for the scientific or technical conduct of the project and for provision of required technical reports if an award results from this application. My signature below certifies that:

1. I have reviewed this proposal with my Division Chair/Supervisor and College Dean (where applicable);
2. I agree to abide with applicable WOU policies; and
3. I agree to be bound by the terms and conditions of the funding agency that supports this proposed activity.

Project Director/PI: _____

Co-PI(s): _____

Co-PI(s): _____

Division, College and unit certification: I have reviewed the proposal submission. My signature below indicates my approval of the proposed project, budget, and cost share (if applicable) and signifies my commitment to provide the necessary administrative support if the proposal is funded.

Division Chair/Supervisor/Center Director: _____

Dean, Provost, or Vice President: _____

If the proposal submission requires a non-profit 501c3 status:

WOU Foundation: _____

If the proposal submission requires Cost Sharing/WOU Commitments:

WOU Budget and Planning Office: _____

Institutional Authorization: This application's text and budget have been reviewed for completeness, consistency With sponsor instructions and requirements, federal and state regulations, and WOU policies.

Sponsored Projects Office Pre-Award Approval: _____

Sponsored Project Official: _____

Breeann Flesch
WOU Authorized Institutional Representative

The Authorized Institutional Representative signature is required before proposals are formally submitted to funding agency.