

# THE COLLEGE OF WOOSTER

## Proposal Transmittal Form

PROJECT TITLE \_\_\_\_\_

PI/PD \_\_\_\_\_ DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_ DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_ DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_ DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

GRANTOR \_\_\_\_\_ PROPOSAL DEADLINE \_\_\_\_\_

TYPE:            NEW                      RENEWAL                      REVISION

SOURCE:        FEDERAL                      FOUNDATION                      CORPORATION                      STATE GOVT.                      OTHER

PURPOSE:        RESEARCH                      INSTRUCTION                      FELLOWSHIP                      FINANCIAL AID

                    EQUIPMENT                      LEAVE SUPPORT                      OTHER/SPECIFY: \_\_\_\_\_

WILL THE COLLEGE OF WOOSTER BE A SUBRECIPIENT TO ANOTHER INSTITUTION        Y        N

IF YES, WHAT ARE THESE ARRANGEMENTS \_\_\_\_\_

### BUGETARY INFORMATION

PERIOD	START DATE	END DATE	DIRECT \$	INDIRECT \$	TOTAL
YEAR 1			\$	\$	\$
YEAR 2			\$	\$	\$
YEAR 3			\$	\$	\$
YEAR 4			\$	\$	\$
YEAR 5			\$	\$	\$
TOTALS			\$	\$	\$

<p>I certify that the statements made in the attached proposal, and on this form true and complete to the best of my knowledge. I agree to comply with all relevant institutional and/or Federal requirements and the award terms and conditions if an award is made.</p> <p>I have discussed the attached proposal with the PI. Adequate space is available or planned for the conduct of the project. The professional time</p>	<p style="text-align: right;">_____ PI/PROJECT DIRECTOR                      DATE</p>
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The Dean for Faculty and/or the Sponsored Research Office can assist PIs with this section.

*The remainder of the form is exclusively for grant proposals that include government funds. Any grants submitted through foundations can stop here. If you are not sure, please contact the Sponsored Research Office.*

*As another part of requests for Federal funds, please attach a printout from the Excluded Parties List System that includes all vendors named in the proposal.*

### CONFLICT OF INTEREST CERTIFICATION

I certify that I have provided an accurate and up-to-date statement of my significant financial interests and any other interests that could be considered a conflict of interest. I agree to update this disclosure on an annual basis or as new reportable significant financial interests or other conflicts of interest occur. If any conflicts of interest are identified, I agree to cooperate in a plan to manage, reduce, or eliminate the conflict of forfeiting the award.

This form must be signed by every person included in the grant proposal who is an “investigator”. “Investigator” is defined as the principal investigator/project director, co-principal investigators/co-principal project directors, and any other person who is responsible for the design, conduct, or reporting of research or activities funded by an external grantor agency.

Investigator 1:

Signature:	Date:
Printed Name:	

Investigator 2:

Signature:	Date:
Printed Name:	

Investigator 3:

Signature:	Date:
Printed Name:	

Investigator 4:

Signature:	Date:
Printed Name:	

## CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

By signing the below, I certify that:

- (a) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- (b) I have not within a three-year period preceding the proposal been convicted of or had a civil judgement rendered  
a