

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](mailto: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. Type of Project (Select all that apply)	<input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Subaward <input type="checkbox"/> To WOU Found <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal <input type="checkbox"/> Resubmit/Revised      Prior SPO #:
10. Is there a deadline to submit your commitment to the funder?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date this needed by:
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 budget 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: _____
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### 16. Will WOU be the pass-through entity for any subawards or contracts?

- ☐ 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

**For Sponsored Project Office Use Only**

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**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: \_\_\_\_\_

Director  
WOU Authorized Institutional Representative

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

