

Non-Competitive Sponsored Project Form

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.

Spo	onsored 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	□ Federal □ State □ Foundation □ 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.	☐ Yes ☐ No If yes, please enter the Contract Number you have been assigned:
10. Is there a deadline to submit your	□ Yes □ No
Application to the funder?	If yes, please provide the date this project is due:
11. Will the project include Cost-Share/ Cost-Match? If yes, complete Attachment C	□ Yes □ No
12. Brief Description of project	



13. Anticipated Project Costs

Anticipated Direct Costs \$	
Anticipated Indirect Costs \$ Total Project Costs \$	
Please note Western Oregon Uni	versity's federally negotiated Indirect rate is 22%. This indirect rate budgets submitted. If you need an exception because of any of the sure to check the reason below:
\square The sponsor does not all	ow indirect costs
\square The sponsor's published	indirect rate is:%
☐ If through WOU Foundat	cion, include the 5% fee
14. Unallowable Costs and Over E Identify an alternative index to Index #:	
□ Yes □ No	lent and/or animal participation? e IRB and/or IACUC application?
Lead Institution:	IRB/IACUC #:
	□ Approved
	☐ Submitted☐ To be submitted☐
	Date of Approval, Submission, or to be submitted on:
16. Will WOU be the pass-throug	gh entity for any subawards or contracts?
☐ Yes - If Yes, please complete	e 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 nflict of interest forms can be found at: SPO Forms



Attachments (A, B, C & D)
Below is a list of attachments needed to be able to process this form.

<u>Attacl</u>	<u>hment</u>	A : A	<u>Admir</u>	<u>iistra</u>	<u>itive</u>	Sup	port	(REC	<u>UIRED</u>)
						_	_	-	-	_

☐ Risk Assessment Form (SPO Forms)

	Attachment A is inclu	ded with this form.		
<u>Attach</u>	nment B: Budget Atta	chment (REQUIRED)		
			. You may use your own temp nplate and would like assista	
	Budget Attachment	□ Detailed Budget	☐ Staff/Faculty Effort Plan	□ Approval of Staff/ Faculty Plan
	B should include:	☐ Contract/Subaward budgets and justification	☐ Who will be supervising student workers	☐ Budget Justification
		st Sharing/WOU Commitn require WOU Cost Share, m	<u>nents</u> atching funds, in-kind service	s, or revenue.
		nire WOU cost share, matchi te Attachment C (attached	ng funds, in-kind services or r to this form).	revenue. If checked, please
f you project	t, you must provide us ete Attachment D (att	on of your grant funds to a swith the sub awardee info	n outside entity to complete rmation for each subaward yo llowing documents must be a	ou will offer. Make sure to
	Letter of Commitmen	t		
	Scope of Work			
Ш	Detailed Budget			



External Funding Attachments Instructions

Additional documents/Attachments to include are the following:

Attacl	ment A: Administra	tive Sunnort		
	Attachment A is inclu	ded with this routing form.	cument. This is the only attac	hment that cannot be in a
boxes.		-	own format as long as it fulfill able for use if you need any	_
<u>Attacl</u>	ıment B: Budget Atta	<u>ichment</u>		
	Detailed Budget pleas	se mark as "Attachment B"		
	Budget Attachment	□ Detailed Budget	☐ Staff/Faculty Effort Plan	☐ Approval of Staff/ Faculty Plan
	B should include:	☐ Contract/Subaward budgets and justification	☐ Who will be supervising student workers	☐ Budget Justification
Attacl	nment C: Detailed Co	st Sharing/WOU Commitn	nents	
		o,	atching funds, in-kind service	s, or revenue.
	This project <u>will</u> required make sure to complete		ng funds, in-kind services or r	evenue. If checked, please
If you projec	t, you must provide us	on of your grant funds to a	n outside entity to complete rmation for each subaward yo ı:	-
	Letter of Commitmen	t		
	Scope of Work			
	Detailed Budget			
	Risk Assessment Form	m (<u>SPO Forms</u>)		

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	Administrative	Administrative	Administrative Support
	Project	Support	Support Supervisor	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:







I Page Project Summary/Abstract:	
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Non-Competitive Sponsored Project Form

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:
Hillary N. Fouts
WOU Authorized Institutional Representative
The Authorized Institutional Representative signature is required <u>before</u> proposals are formally submitted to funding agency.