



# Proposal Certification

**This form is required prior to submitting any proposal for external funding.**

- **Step 1:** Share final draft of proposal narrative and budget with your Chair and Dean or Director and VP.
- **Step 2:** Complete this form and forward to OSP along with final draft of proposal narrative and budget at least 5 business days prior to deadline. For questions, call x3635 or visit 324 Hardway Hall.

Proposal Submission Deadline:

PI Name: Department:

Co-PI name: Department:

Co-PI name: Department:

Proposal Title:

Funding Source (Agency Name):

Funding Source Type(s):

Federal	State	Corporate/Industry	Private/Non-Profit	Other
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CFDA# (If Federal):

Total Funding Requested from Agency:

Total IDC Requested:

Match/Cost-Share Required:

Cash:

In-Kind:

Other Leverage:

Total Project Cost:

Project Start Date:

Project End Date:

Staff Contact\*: Name:

Phone:

Location:

\*The designated staff person within your department who is responsible for processing expenditures, travel, agreements, purchasing, reconciling, bookkeeping, etc.

Will Fairmont State University be obligated to:

- YES NO a) provide faculty release time?
- YES NO b) provide additional space beyond what is currently allocated to the unit?
- YES NO c) hire new faculty and/or staff?
- YES NO d) change the conditions of employment of present employees?
- YES NO e) continue the program after the sponsor terminates support?
- YES NO f) purchase or acquire any equipment?
- YES NO g) provide building alterations or install any equipment?

Additional Information:

**Cost-Sharing Detail:**

Any cost sharing/matching mentioned in the proposal must be listed below and approved. If cost sharing includes contributions from third parties, such as non-profit agencies, state agencies, industry sponsors, and/or private individuals, the Principal Investigator must provide written documentation signed by those third parties. In most cases, federal funds cannot be used as match monies for a federal grant award.

Description	Amount	Source of Matching Funds	
		Fund	Org
Salary/Wages/Fringe		Fund	Org
PI Name:		Fund	Org
Co-PI:		Fund	Org
Co-PI:		Fund	Org
Other Expenses: (Travel, Supplies, Contractual Agreements, etc.)		Fund	Org

**Total Match Funds Allocated:**

Cash:

In-Kind:

Please describe match funds below.

**Procedural Questions:**

- YES NO (a) Will this project utilize human subjects? (If Yes, your Institutional Review Board (IRB) approval must be submitted with this form.
- YES NO (b) Will this project: 1) utilize radioactive materials, bio-hazardous, or other hazardous materials; 2) generate radioactive, bio-hazardous, or hazardous waste; 3) present possible exposure to blood-borne pathogens; or 4) utilize recombinant DNA?
- YES NO (c) Is the proposed activity the result of a collaborative effort with another institution, agency, or organization?
- YES NO (d) Will any curriculum changes or additions be needed? (If Yes, contact the Office of the Provost to discuss changes.
- YES NO (e) Does the proposed project offer academic credit, tuition waivers, or reduced tuition rates?
- YES NO (f) Does the proposed project involve cost sharing or matching funds? (If Yes, complete Cost Sharing Section III above.)
- YES NO (g) Does the proposal contain proprietary information that could result in a patent or copyright?(If Yes, contact OSP for guidance on addressing protection of intellectual property within the proposal.)

- **Step 3:** Forward this completed form to [Christy.Burner@fairmontstate.edu](mailto:Christy.Burner@fairmontstate.edu).
- **Step 4:** OSP will obtain signatures through SignNow and will issue an email once form is approved.
- **Step 5:** After receiving formal approval for submission, work with OSP to submit to funding agency.
- **Step 6:** Please promptly share any post-submission communications from the agency with OSP.

**REVIEW AND APPROVAL:** *OSP will obtain the needed signatures through SignNow. NOTE: please type all relevant names in provided text fields on signature page.*

I certify that all resources required for this project are a part of the direct costs requested in the proposal or are available as cost-share funding, as indicated above.

I certify that I have no financial disclosure and am in compliance with federal, state, and institutional regulations regarding Conflict of Interest and will remain so during the award period of performance. **If you feel you may have a potential conflict of interest, please contact the OSP.**

I certify that all information on this form and in the proposal is correct to the best of my knowledge.

I understand and agree with my responsibilities as **Principal Investigator/Co-Principal Investigator, Department Chair, or Dean/Director** as described on the [Office of Sponsored Programs website](#).

**I certify that I have reviewed this proposal and all accompanying forms, am aware of all requirements of this project, and am committed to providing them as obligated.**

**Principal Investigator**

Name	_____ Signature	_____ Date
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**Co-PI(s)**

Name	_____ Signature	_____ Date
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Name	_____ Signature	_____ Date
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**Department Chair(s)**

Name	_____ Signature	_____ Date
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Name	_____ Signature	_____ Date
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**Dean(s)/Director(s)**

Name	_____ Signature	_____ Date
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Name	_____ Signature	_____ Date
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**Office of Sponsored Programs**

Name	_____ Signature	_____ Date
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**President of Foundation  
(when applicable)**

Name	_____ Signature	_____ Date
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**Provost  
(when applicable)**

Name	_____ Signature	_____ Date
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**Grants Accounting Department**

Name	_____ Signature	_____ Date
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**Finance & Administration**

Name	_____ Signature	_____ Date
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