Project Title:

Project Director/Principal Investigator:

Department:

Name and Address of Funding Entity: UMW Institutional Review Board Approval [ ]

      Date Received:

      IRB Approval Not Required [ ]

Funding Agency's Telephone:       Funding Entity's Fax:

Proposal Deadline Date:       Deadline Type: Send by [ ]  or Receive by [ ]

Total Amount of Funds Requested: $       Indirect Cost Rate Used:

UMW Cost Sharing (attach justification): $      Cost Sharing is: In-Kind [ ]  **or** Actual Contribution [ ]

**[ ]  CONFLICT OF INTEREST DISCLOSURE (please check):** I **do not** have a significant financial conflict of interest in this project (defined as $10,000 or 3% ownership or a $10,000 income per annum from the proposed granting entity). No member of my family has a financial conflict of interest. ***If the box is not checked,*** complete the *Statement of Economic Interests Form* and attach it to this application.

***Attach a copy of the project proposal and a proposed itemized budget***

**ASSURANCES**

By signing below, I state that I understand UMW policies concerning external funding and agree to abide by them.

I further state that the proposal to be submitted is (1) complete in its technical content, (2) adheres to the conventions of proper scholarship, including proper attribution and citation of textual matter and graphics used: (3) complies with federal standards for integrity in research (such as the National Science Foundation's “Misconduct in Science” policy); and (4) has been prepared in accordance with the proposal specifications and requirements established by the sponsoring entity.

Facilities, space, equipment, and other UMW resources necessary to complete this project have been arranged with the university officials responsible to make commitments for the use of those resources should the grant be awarded.

If this proposal receives an award from the external source, and funding is accepted by UMW, I agree to conduct the project in accordance with all terms and conditions as established by the sponsoring entity. Should the project be funded, I also agree to assume full responsibility for providing the proper stewardship of the funds provided, for maintaining proper records as required, and for submitting all required reports and other documents in a timely manner.

**Signatures:**

Project Director/Principal Investigator Date

Department Chair or Direct Supervisor Date

Academic Dean (faculty grants only) Date

Associate Provost for Academic Affairs Date

CABINET SIGNATURE Date

(**Provost** for faculty or academic staff proposals; **VP for Administration & Finance** for all other proposals)