

Name and Address of Funding Entity

UMW Institutional Review Board Approval:

<i>Is Required</i>	<i>Is Not Required</i>	Date Received:
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Proposal Deadline Date:

Deadline Type:	<i>Send by or,</i>	<i>Receive by</i>
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Total Amount of Requested Funds: \$

Indirect Cost Rate Used (if applicable): %

UMW Cost Sharing (attach justification): \$

Cost Sharing is	<i>In Kind or,</i>	<i>Actual Contribution</i>
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Telephone

Fax

Website

Grant Opportunity or RFP Name/Number and link to solicitation:

Conflict of Interest Disclosure

I (Employee) **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 box is not checked, complete the **Statement of Economic Interest Form** and attach it to this application.

Copy of the project proposal and a proposed itemized budget is attached.

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.

When signing electronically, you agree that your electronic signature is equivalent to your manual signature.

Project Manager/Principal Investigator Signature and Date

Department Chair or Director Supervisor Signature and Date

Academic Dean (faculty grants only) Signature and Date

Cabinet Signature and Date

Provost for faculty or academic staff proposals and VP for Admin and Finance for all other proposals.

Authorized Organizational Representative Signature and Date