

Project Director (PD) Information	
Name	<input type="text"/>
Email	<input type="text"/>
Phone #	<input type="text"/>
Department	<input type="text"/>
Will additional Longwood employees will be serving as Co-PD's on this project? <input type="radio"/> Yes <input type="radio"/> No	

OSPR USE ONLY:	
Proposal #	<input type="text"/>
Grant #	<input type="text"/>
Date Received	<input type="text"/>
Due Date	<input type="text"/>
Date Submitted	<input type="text"/>

Co-Project Director Information			
Co-PD Name	Email	Department	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sponsor Information									
Funding Agency or Program Sponsor <input type="text"/>									
Agency Contact <input type="text"/>	Phone # <input type="text"/>								
Email <input type="text"/>									
Solicitation/RFP/RFA* <small>*Attach a copy of the grant guidelines or provide web link</small>	<table border="1"> <thead> <tr> <th colspan="2">Sponsor Type</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> Foundation</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Business/Industry</td> </tr> </tbody> </table>	Sponsor Type		<input type="checkbox"/> Federal	<input type="checkbox"/> Foundation	<input type="checkbox"/> State	<input type="checkbox"/> Individual		<input type="checkbox"/> Business/Industry
Sponsor Type									
<input type="checkbox"/> Federal	<input type="checkbox"/> Foundation								
<input type="checkbox"/> State	<input type="checkbox"/> Individual								
	<input type="checkbox"/> Business/Industry								

Proposal Information		
Proposal Title <input type="text"/>		
Short Title <input type="text"/>	Project Start Date <input type="text"/>	Project End Date <input type="text"/>
Project Type (Select One) <input type="radio"/> New <input type="radio"/> Supplement <input type="radio"/> Renewal <input type="radio"/> Revised <input type="radio"/> Continuation	Category of Project (Select One) <input type="radio"/> Instruction <input type="radio"/> Research <input type="radio"/> Public Service <input type="radio"/> Other	Deadline Deadline Type <input type="radio"/> Receipt Date <input type="radio"/> Electronic Submission <input type="radio"/> Postmark
Is Longwood the lead institution for this proposal? Yes No*		
*If no, name of lead institution <input type="text"/>		
Are Subrecipients included in this proposal? <input type="radio"/> Yes** <input type="radio"/> No **If yes, complete Subrecipient Information section below.		

Subrecipient Information

Name of Institution Total Budget:
 Subrecipients PD Cost Share amount:

Have the following documents been provided to OSPR: Statement of Work Subrecipient Information and Compliance Form (signed) Budget

To add additional subrecipients attach Additional Proposal Information form.

Budget Information (a detailed budget must be attached)

Initial Budget Period Begin End
 Total Direct Costs
 Total Indirect/F&A Costs
 Total Direct + Indirect/F&A
 Yes No *Is Cost Share or Matching included in this proposal?*
 If Yes, please fill out and attach the Cost Share Approval Form.

F&A (Facilities and Administrative Costs)

- On-Campus Rate: 26.4% of MTDC
 Off-Campus Rate: 10.10% of MTDC
 *Other rate:

* If Longwood's on or off campus rates are not applied, you must provide a copy of the Sponsors Policy listing the F&A cap.

Compliance Information

Yes No Is this a systematic research study that includes human participants with the intention to generalize the resulting information?

If "Yes" please be aware the IRB must review and approve the project prior to the start of the project activities, and IRB approval will be required prior to the release of award funds. Pending Approval

Protocol # Date of Approval

Yes No Does this project involve vertebrate animals?

If "Yes" please be aware the IACUC must review and approve the project prior to the start of the project activities, and IACUC approval will be required prior to the release of award funds. Pending Approval

Protocol # Date of Approval

Yes No Does this project involve the use of biohazardous materials or genetically-modified agents, human tissue, infectious agents, biotoxins, recombinant DNA molecules, or select agents (e.g. regulated animal and plant pathogens)?

Research involving toxic or radioactive material or rDNA requires review by the Office of Environmental Health & Safety.

OEHS Approval Date

Special Considerations

Yes* No Does this project involve the purchase of new computer hardware, software, or any other technology? *If YES, Approval is required from Information Technology Services Official.

Yes* No Does this project involve hiring new personnel? *If YES, Approval is required from Human Resources Director.

Investigator(s) Certifications

My signature as PD or Co-PD certifies that:

1. The information submitted within the application is true, accurate, and complete to the best of my knowledge.
2. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
3. To the best of my knowledge, federal funds have not been used and will not be used to influence or attempt to influence members of Congress in the granting of this award.
4. I am not delinquent in submitting final project reports to sponsors for previous awards.
5. I agree to provide the required progress reports if a grant is awarded as a result of the application.
6. If awarded, I am agree to assume responsibility for the scientific conduct of this project and for ensuring compliance with sponsor requirements and stipulations, as well as University policies and procedures.
7. I agree to notify OSPR in writing if any of the above circumstances change during the term of the award.

Project Director Signature: _____	Print Name: _____	Date: _____
Co-Director Signature: _____	Print Name: _____	Date: _____

Required Administrative Approvals

A. Department Chair(s)/Director(s)

My signature confirms the review of the complete application materials attached. I approve the institutional commitment to the following, as applicable: 1) faculty and/or staff time; 2) cost-share or matching; 3) use of university facilities; 4) coverage of expenditures in excess of the award amount; and 5) tracking and monitoring of non-grant staff and resources.

PD's Department Chair/Director	Date	Co-PD's Department Chair/Director	Date
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B. Dean(s)

My signature confirms my review of the complete application materials attached. I certify that the project's activities are consistent with the mission of the college and commit to provide the support and resources as described in the application in the event of an award.

PD's Dean	Date	Co-PD's Dean	Date
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Provost and VP for Academic Affairs	Date	Office of Sponsored Programs	Date
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VP for Administration and Finance	Date
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Additional Approvals

Print Name and Title	Signature	Date
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Print Name and Title	Signature	Date
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Print Name and Title	Signature	Date
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