

WVU Foundation
Proposal Coordination Approval Form
Please use this form when requesting grant support from
Foundations, Corporate Foundations & Organizations

In order to Guarantee Submission, the Proposal Must be Submitted to the WVUF at least Five (5) Business Days Prior to Donor Due Date. Please review your proposal with your college/unit Director of Development before submitting this form for the required signatures.

The WVU Foundation, through its Foundation Giving Office and Corporate Giving Office, is responsible for coordinating with the University's Office of Sponsored Programs on applications to University donor prospects in the private sector. This allows the University and the WVUF to maximize private charitable support and providing services to the University and its affiliated organizations.

Proposal Title:					
Brief Description of Project:					
Name of Proposed Funding Source:					
Name:					
Address:					
City, State & Zip:					
Phone Number (for FedEx Delivery):					
Amount Requested:		Matching or in-kind funds:		Project Duration Date(s):	
Is F&A allowed by the donor prospect? If so, please include the maximum allowable percentage in the budget request.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project Director's Name:			Title:		
Project Director's College & Department:			Phone:	Email:	
Co-Project Director(s):			Co-P.D.'s College & Department:		
Co-Project Director:			Co-P.D.'s College & Department:		
Co-Project Director:			Co-P.D.'s College & Department:		
Does this project involve possible Conflict of Interest issues? If yes, please attach current conflict interest form to this document and return with proposal to WVUF. <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Does This Project Require Special Reviews/Approvals? If yes, the proposal may require review and approval by WVU's O.S.P. If project requires an IRB review but is exempt, provide a copy of the exemption letter if available.</i>					
Human Subjects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recombinant DNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animal Subjects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radioactive Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Research with Hazardous Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proprietary Materials/Publications or Export Control Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project Type:	Instruction Scholarships	Service/Outreach Program Development	Research	Faculty Development	
Proposal will be submitted by:	Project Director WVU Foundation		College/Unit Development Officer		

REQUIRED APPROVAL SIGNATURES

Principal Project Director Endorsement: By signing below, you agree to conduct the project in accordance with the University's and the donor's procedures.

Multiple Project Director Projects: For those projects designated as a Multiple P.D. Project, the listed Co-P.D.s share the responsibility for informing their department chairs and deans of their involvement in the proposed project.

Departmental and College/Unit Endorsements: This project has been reviewed by the P.D.s Department Chair and Dean as well as those chairs and deans of the co-P.D.s and the approval is given below.

Indirect Cost Distributions: When a donor permits the payment of Indirect Cost Recovery funds, the WVU Foundation will seek those funds from the donor in the proposal budget and if funded will distribute those ICD funds as provided for in the University's policies.

The undersigned project directors, chairs, and deans acknowledge approval of this proposal and its use of university personnel and facilities. Except as described herein, this application does not obligate the University or the WVUF for additional facilities, utilities, equipment, remodeling, extra operating funds; nor the establishment of new organizations, courses, curriculum, or faculty or staff positions. Any such commitments contained in this project have been approved in advance as represented in the signatures below.

Project Director Signature/Date	Department Chair Signature/Date	Dean/Unit Director Signature/Date	Provost Signature/Date
P.D. _____ Typed name Date	_____ Typed name Date	_____ Typed name Date	_____ Joyce McConnell Typed name Date
Co-P.D. _____ Typed name Date	_____ Typed name Date	_____ Typed name Date	_____ Typed name
Co-P.D. _____ Typed name Date	_____ Typed name Date	_____ Typed name Date	_____ Typed name
Co-P.D. _____ Typed name Date	_____ Typed name Date	_____ Typed name Date	_____ Typed name
Unit Director of Development _____ Typed name Date			