



UW-WHITEWATER I-GRANTS APPROVAL AND CERTIFICATION TRANSMITTAL FORM

**** FOR USE WITH UW-WHITEWATER SPONSORED INTRAMURAL GRANT APPLICATIONS ONLY ****

FUNDING COMPETITION INFORMATION

I-GRANT PROGRAM:

- | | |
|---|---|
| <input type="checkbox"/> Academic Staff Development Grant | <input type="checkbox"/> Inclusive Excellence Initiatives Program |
| <input type="checkbox"/> Education Outreach Grant | <input type="checkbox"/> Strategic Initiatives Program |
| <input type="checkbox"/> Faculty Development Grant | <input type="checkbox"/> Student Technology Fee Grant |
| | <input type="checkbox"/> Other (please specify): _____ |

PROJECT INFORMATION

Project Title:

Principal Investigator:

Department/Division:

Co-Investigator:

Department/Division:

Co-Investigator:

Department/Division:

Co-Investigator:

Department/Division:

Total Amount Requested: \$

Total Matching Funds: \$

Source(s):

REQUIRED CLEARANCES – Does the project involve/include (if yes, indicate whether or not approval has been received):

release time for the PI and/or Co-PIs in support of project activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Approval received
a summer stipend for the PI and/or Co-PIs in support of project activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Approval received
creation of new degree programs, courses, or services?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Approval received
hiring non-UW-W personnel?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Approval received
action involving space, remodeling, or construction?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Approval received
use of human subjects/human subjects data, human tissue, or vertebrate animals?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Protocol approved
toxic, infectious, or carcinogenic/mutagenic material, or use recombinant DNA technology?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Protocol approved
potential environmental impacts which require review under the WI Environmental Policy Act?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Protocol approved

REQUIRED SIGNATURES

PRINCIPAL INVESTIGATOR / PROJECT DIRECTOR

I certify that the project detailed in this application complies with all campus, UW System, state, and federal regulations and policies as applicable, and reflects University, College/Division, and Department/Unit goals. This project is achievable as described despite any possible limitations of time, resources, and personnel expertise. All required clearances have been or will be obtained prior to starting the project. If awarded, I agree to conduct the proposed project in compliance with (1) the conditions of the award, and (2) all policies of UW-Whitewater, UW System, and the State of Wisconsin.

I authorize the use of my name and award information for university publications. NO YES (If YES, PI initials) _____

Typed name

Signature

Date

DEPARTMENT CHAIR / UNIT DIRECTOR

I certify that I have reviewed the proposal and found it to be complete, including required clearances, budget, and commitments involving space, faculty/staff time, and matching funds. In addition, I certify that all committed resources and other provisions of any award will be fulfilled. A match (check one) has OR has NOT been pledged by the Department/Unit. Cash match will be satisfied by a transfer of funds from org code _____-_____-_____ in the amount of \$_____.

Typed name

Signature

Date

COLLEGE DEAN / DIVISION DIRECTOR

I certify that I have reviewed the proposal and found it to be complete, including required clearances, budget, and commitments involving space, faculty/staff time, and matching funds. In addition, I certify that all committed resources and other provisions of any award will be fulfilled. A match (check one) has OR has NOT been pledged by the College/Division. Cash match will be satisfied by a transfer of funds from org code _____-_____-_____ in the amount of \$_____.

Typed name

Signature

Date

ADDITIONAL CERTIFICATIONS (IF APPLICABLE)

Applicants that propose projects that include an international component must secure the signature of the Director of the Center for Global Education. Applicants submitting proposals that include the acquisition or purchase of technology must secure the signature of the Assistant Vice Chancellor for Instructional, Communication, and Information Technology (iCIT).

Typed name

Signature

Date