UNIVERSITY OF WISCONSIN WHITEWATER
Office of Research and Sponsored Programs

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:

- ☐ Academic Staff Development Grant
- ☐ Education Outreach Grant
- ☐ Faculty Development Grant
- ☐ Inclusive Excellence Initiatives Program
- ☐ Strategic Initiatives Program
- ☐ Student Technology Fee Grant
- ☐ 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?	☐ No	☐ Yes	☐ Approval received
a summer stipend for the PI and/or Co-PIs in support of project activities?	☐ No	☐ Yes	☐ Approval received
creation of new degree programs, courses, or services?	☐ No	☐ Yes	☐ Approval received
hiring non-UW-W personnel?	☐ No	☐ Yes	☐ Approval received
action involving space, remodeling, or construction?	☐ No	☐ Yes	☐ Approval received
use of human subjects/human subjects data, human tissue, or vertebrate animals?	☐ No	☐ Yes	☐ Protocol approved
toxic, infectious, or carcinogenic/mutagenic material, or use recombinant DNA technology?	☐ No	☐ Yes	☐ Protocol approved
potential environmental impacts which require review under the WI Environmental Policy Act?	☐ No	☐ Yes	☐ 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***