



Corporate and Foundation Proposal Coordination Form

Grant Applicant Information

Name: _____ Date: _____
Last First M.I.

Campus Address: _____

Phone: _____ Email: _____

Academic Rank: _____

College: _____

Department: _____

Proposal Information

Organization: _____

Point of Contact (POC): _____

POC Phone Number: _____

POC Email: _____

Project Title: _____

Submission Deadline: _____

Please provide a brief description (200 words or less) describing your project.

Additional Proposal Details		
Length of Project (in months)		
Total Project Request	\$	
Does this project involve human subjects?	YES	NO
Does this project involve live vertebrate animals?	YES	NO
Does this project involve radiation and/or radioactive materials?	YES	NO
Does this project involve biohazards?	YES	NO
Does this project involve institutional cost share/in-kind contribution?	YES	NO
<i>If institutional cost share is involved, does this involve Federal/State project funds and/or Federal/State pass through project funds?</i>	YES	NO

Conflict of Interest

Is there a conflict of interest between the institution and/or yourself with the organization providing funding for this proposed project?	YES	NO
<p><i>If you have any questions or are unsure if there is a possible conflict of interest between the institution the organization providing the funds for the proposed project, please review the institutional policies and other resources:</i></p> <ul style="list-style-type: none"> ✦ COI in Research Policies and Guidelines: https://oric.research.wvu.edu/services/conflict-of-interest/statement-and-guidelines ✦ Institutional Policy on COI: https://policies.wvu.edu/finalized-bog-rules/bog-governance-rule-1-4-ethics-conflicts-of-interest-and-outside-consulting-arrangements 		
Have you completed your annual institutional disclosure of conflict of interest with the WVU Office of Research Integrity and Compliance?	YES	NO
If you have not completed your annual institutional disclosure of conflict of interest, would you like assistance completing this required task?	YES	NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that if information related to this proposed project or my conflict of interest (COI) should change, it is my responsibility to notify the WVU Foundation in a written notification (email) within thirty (30) calendar days of the change.

Faculty Member

Signature: _____ Date: _____

**Please make sure that all boxes have been checked on this form before submission.
It will be returned if all boxes are not completed.**

Approvals

Role	Printed Name	Signature and Date
Proposal Preparer <i>(Leave blank if prepared by faculty)</i>		
Faculty Member's Chairperson/Center Director		
Senior Director Of WVUF OCFR	Shelley Birdsong-Maddex	
Research Office <i>(Completed ONLY if proposal is to corporation)</i>	Ryan Watson OR Tiffany Lutskus	