



UNIVERSITY OF WISCONSIN
WHITWATER

RSP APPROVAL & CERTIFICATION
TRANSMITTAL



DO NOT COMPLETE SHADED SECTIONS WITH DOUBLED BORDER – FOR UWW RSP USE ONLY

FUNDING COMPETITION INFORMATION Deadline:		RSP USE ONLY ID:	
1. Sponsor & Program:		Date Submitted:	
2. Address:		Number of Copies to Sponsor (original +)	
3. Telephone:	Fax:	Binding of Original: <input type="checkbox"/> Clip <input type="checkbox"/> Staple <input type="checkbox"/> Other <input type="checkbox"/> N/A	
4. Web:		GT Proposal Entry: GT Award:	
4. Notes:			
PROPOSAL INFORMATION			
5. Principal Investigator:		5a. Department/Division/Institution:	
5b. Address:		Phone:	Fax: Email:
6. Co-Investigator:		6a. Department/Division/Institution:	
6b. Address:		Phone:	Fax: Email:
7. Co-Investigator:		7a. Department/Division/Institution:	
7b. Address:		Phone:	Fax: Email:
8. Co-Investigator:		8a. Department/Division/Institution:	
8b. Address:		Phone:	Fax: Email:
9. Project Title:			
10. Funding Type <input type="checkbox"/> New <input type="checkbox"/> Renewal/Continuation		AWARD INFORMATION – RSP USE ONLY <input type="checkbox"/> GRANT <input type="checkbox"/> CONTRACT	
11. Total Request \$		New Account <input type="checkbox"/> Non-Federal <input type="checkbox"/> Federal (CFDA#)	
12. Match Information \$		Org Information <input type="checkbox"/> New <input type="checkbox"/> Add To	
13. Begin Date End Date		Total Award Begin Date End Date	
REQUIRED CLEARANCES – Does the project involve: <i>Approved? (choose one)</i>			
14. toxic, infectious or carcinogenic/mutagenic material? Use recombinant DNA technology?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
15. use of human subjects, human tissue or vertebrate animals?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
16. action involving space, remodeling, or construction?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
17. hiring non-UWW personnel?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
18. requires release time by PI (and/or Co-Is) in support of project activities?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
19. creation of new degree programs or services?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
20. potential environmental impacts, which require review under the Wisconsin Environmental Policy Act?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
REQUIRED SIGNATURES		PLEASE RETURN FORM TO RSP	
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR		SIGNATURE DATE	
I certify that the plan detailed in the proposal/contract complies with all campus, state, and federal regulations and policies and reflects University, College/Division, and Department/Unit goals. This project is achievable as described, including the limitations of time, resources, and personnel expertise. All required clearances have been satisfied. I have disclosed any possible conflicts of interest during the proposal development process. If awarded, I agree to conduct the proposed project in compliance with (1) the conditions of the grant and (2) with all policies of UWW, UWS, and the State of Wisconsin.			
I authorize the use of my name and grant information for university publication. <input type="checkbox"/> NO <input type="checkbox"/> YES (initial)		TYPED NAME:	
DEPARTMENT CHAIR/UNIT DIRECTOR		SIGNATURE DATE	
I certify that I have reviewed the proposal/contract 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 resources and other provisions of any award will be fulfilled. A match (check one) <input type="checkbox"/> has OR <input type="checkbox"/> has NOT been pledged. Cash match will be satisfied by a transfer of funds from org code _____ in the amount of \$_____ or via in-kind contributions as described in the budget (narrative).			
		TYPED NAME:	
COLLEGE DEAN/DIVISION DIRECTOR(S)		SIGNATURE DATE	
I certify that I have reviewed the proposal/contract 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 resources and other provisions of any award will be fulfilled. A match (check one) <input type="checkbox"/> has OR <input type="checkbox"/> has NOT been pledged. Cash match will be satisfied by a transfer of funds from org code _____ in the amount of \$_____ or via in-kind contributions as described in the budget (narrative).			
<i>Applicants submitting proposals including an international component must secure the signature of the Director of the Center for Global Education in this cell.</i>			
		TYPED NAME:	
RESEARCH AND SPONSORED PROGRAMS CERTIFICATION		SIGNATURE DATE	
By signing this transmittal, I certify that this proposal/contract is consistent with campus, state, and federal regulations; is within the campus' research/service mission; and is approved for submission to the funding agency.			
INITIAL HERE TO APPROVE GRANT/CONTRACT ACCEPTANCE:		DATE: TYPED NAME: DENISE EHLEN	