

## NOTIFICATION OF INTENT FORM FOR PROPOSAL SUBMISSION



**Proposal Type:**      New ☐                          Renewal ☐

Institutional Funds (UPR, Formula) ☐      Private Funds ☐      Federal Funds ☐

2. Name(s) of Principal Investigator(s) [PI] or Project Director(s) [PD]:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. Funding Agency:

5. Program Title: \_\_\_\_\_ CFDA# (if applicable): \_\_\_\_\_

Priority targeted (if applicable):

6. Funding Agency Deadline:

7. Brief Project Description (150 words or less):

<p>8. Total Funding Requested: \$_____ Matching Funds Required? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Don't know</p> <p>Indirect Cost Percentage _____%    Cash Amount: \$_____ In Kind: \$_____</p> <p>Project Duration: _____(Years)</p>
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9. Source of UPR Cost Shares

Not applicable: _____	\$ _____
CCA Dean/AES/ Extension/FAC: _____	\$ _____
Department: _____	\$ _____
Chancellors Office: _____	\$ _____
Central Administration: _____	\$ _____
Other: (Please Specify) _____	\$ _____

10. If the project requires any additional costs (space renovation, additional personnel, transportation, equipment, etc. not included in proposal) please identify the resources needed, their estimated costs and briefly describe your plans to cover these costs.

11. Time Commitments:

PI: \_\_\_\_\_ (credits/semester)      Co-PI (s): \_\_\_\_\_ (credits/semester)

12. Assistantships: Will the project involve support for graduate or undergraduate students?

\_\_\_\_\_ Number of students    \_\_\_\_\_ Number of months    \$\_\_\_\_\_ (Amount)

13. Estimated Proposal Start Date:
14. Estimated Termination Date:

15. Will the project involve the use of animals, human subjects, or Biohazards?

☐ Yes ☐ No

If yes, which?