

contact information:

Intent to Submit Form

Da	te:				
Principal Investigator (PI): PI Title:			PI Telephone Number: PI E-mail:		
PI I	PI Department:		ool/Center:		
Co	-PI Investigator:	Co-PI	Telephone Number:		
Co-PI Title:		Co-PI	Co-PI E-mail:		
Co-PI Department:		Co-PI S	Co-PI School/Center:		
Co	-PI Investigator:	Co-PI	Telephone Number:		
Co	Co-PI Title:		Co-PI E-mail:		
Co-PI Department:		Co-PI S	Co-PI School/Center:		
Co-PI Investigator:			Co-PI Telephone Number:		
Co-PI Title:		Co-PI	Co-PI E-mail:		
Co	Co-PI Department:		Co-PI School/Center:		
	(additional Co-PIs can be added on the next page)				
1. Project Title:					
2.	Request for Application/Proposal (Please attach RFA, RFP, FOA, BAA, etc., if applicable)				
	a. Not Applicable b. Catalog	of Domestic Assistance			
3.	Type of Project (check all that apply):				
	New Continuation Ren	ewal Supplemental	Construction	Pre-Proposal	
4. Project Category (please check the primary purpose of proposed project):					
	Research Instruction/Trainin	ng Service Inf	rastructure Other		
5.	Estimated Start Date: Estimated End Date:				
6.	Is CAU the lead? Yes No If no, give the name and email of the lead organization's contact				
7.	If CAU is the lead, give the name and contact information for the sub-recipient(s) and the organization's RSP				

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8. Funding Source: Agency Type: Federal State Agency Name:

Other

9. Estimated Direct Costs Amount: Estimated Indirect Costs Amount:

10. Indirect Cost Rate: %

11. Cost Share If yes, what is the cost share percentage? %

12. Proposed Effort for Project

(# of months, etc. - If both academic year and summer, place under calendar year)

PI: Calendar Year Academic Year Summer

Co-PI: Calendar Year Academic Year Summer

Co-PI: Calendar Year Academic Year Summer

Co-PI: Calendar Year Academic Year Summer

13. Application Due Date: Time:

14. Please advise if your proposal includes the following: Human Subjects: Animal Subjects:

Bio-hazardous/Recombinant DNA: Radioactive Materials:

Additional PI Information (if required)

Co-PI Investigator: Co-PI Telephone Number:

Co-PI Title: Co-PI E-mail:

Co-PI Department: Co-PI School/Center:

Co-PI: Calendar Year Academic Year Summer

Co-PI Investigator: Co-PI Telephone Number:

Co-PI Title:

Co-PI Department: Co-PI School/Center:

Co-PI: Calendar Year Academic Year Summer

Please provide a brief project description and any other additional information.

Brief Project Description/Additional Information