

INTENT TO SUBMIT A PROPOSAL FOR EXTRAMURAL FUNDING

The completed form should be submitted to the ORS at least 4 weeks prior to the submission deadline. Complete all sections. Please send the completed form via email to ors@sju.edu, and either attach the agency announcement or guidelines or provide a link to the web page.

GENERAL INFORMATION				
Principal Investigator/Program Director:				
College/Area:		Department/Center/Institute:		
Proposal Title:				
Sponsor:			Due Date:	
Sponsor Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Government <input type="checkbox"/> Private Foundation <input type="checkbox"/> Other				
Proposal Type: <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Sub-Award <input type="checkbox"/> Other				
Application Type: <input type="checkbox"/> New Proposal <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision <input type="checkbox"/> Supplement				
Anticipated Start Date:	Number of Years:	Proposed Budget:	Indirect Cost Rate:	(The University's IC rate is 45% and should be used for all proposals unless the agency mandates a different rate)
Matching Funds Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes" please complete the Matching Funds/Cost Share Approval Form)				
Will funds be requested for another organization or institution as a sub-award? If yes, please complete the information below:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Institution:	Contact Person:	Telephone Number:	Email:	
SPECIAL REQUIREMENTS				
Does this project /research involve the use of human subjects? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a protocol to the IRB.				
Does this project /research involve the use of vertebrate animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a protocol to the IACUC.				
Does this project /research involve the use of chemical/physical/biological hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is release time requested as part of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of course releases per year:				
Has summer salary been requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of months: (Maximum of 2.5 months)				
Does the proposal require additional personnel be hired by the University? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PROJECT SUMMARY (Provide a brief description of the proposed project. Please do not exceed more than the space allowed.)				