



A member of the Pennsylvania State System of Higher Education

Office of Research and Sponsored Programs INTENT TO SUBMIT FORM

Complete this form to inform all appropriate individuals of your plans to submit a grant or develop a contract with an **external** agency. The information contained in the form will help the Office of Research and Sponsored Programs provide you with proposal or contract assistance. We recommend submission of this form a minimum of 4-5 weeks prior to a due date. If you have questions, please call 389-4208 or e-mail bugrants@bloomu.edu

Instructions:

1. Complete this form. Note that fund centers must be identified for matching funds, cost-sharing of expenses, and reassigned time. If you need information to complete the form, consult your Chairperson, Dean, or the ORSP for assistance.
2. Prior to obtaining signatures, submit this form and all supporting materials for review to the ORSP at bugrants@bloomu.edu. Attach supporting materials to the e-mail with this form:
 - a. A copy of the request for proposals or program announcement
 - b. A draft of the proposal or project summary
 - c. A budget and budget justification (explanation of expenses)
 - d. BU Financial Conflict of Interest Form
3. After approval from the ORSP, obtain signatures by administrators.

For ORSP use ONLY

Type of Proposal: NEW CONTINUATION RENEWAL SUPPLEMENTAL REVISION/RESUBMISSION
 Other Attributes: GRANT CONTRACT SUBCONTRACT FELLOWSHIP COOPERATIVE AGREEMENT

Submit through: Bloomsburg University Husky Research Corporation BU Foundation
 Supporting Materials Attached: YES NO

Reviewed by ORSP on:

Submission due date:

Principal Investigator/Project Director (PI/PD): Department:

Email: Phone:

Co-PI/PD: Department:

Email: Phone:

Co-PI/PD: Department:

Email: Phone:

Title of Proposal (tentative):

Funding Agency CFDA# (if applicable):

Project Begin Date: Project End Date:

Max. Amount Agency will fund per year: Total budget for project:

BUDGET DETAILS

Does this proposal involve cost sharing? YES NO If yes, what is the:

Dollar amount of cost sharing:

Source of the funds? Fund Center:

Name of personnel responsible for Fund Center: Approval

signature:

Does this proposal require matching funds? YES NO

If yes, what is the ratio (A/B) of agency (A) to BU funds (B)?

If yes, what is the:

Dollar amount of matching funds:

Source of the funds? Fund Center:

Name of personnel responsible for Fund Center: Approval

signature:

Is BU the prime recipient or a subawardee?

If BU is the prime recipient, does this proposal involve subcontracts or subrecipients? YES NO If yes, list the person, institution, or agency partner(s):

Will BU provide Reassigned Time (RT) for this project? YES NO If yes,

what is the:

Dollar amount of RT funds:

Source of the funds? Fund Center:

Name of personnel responsible for Fund Center: Approval

signature:

PROJECT SPECIFICS

Will additional lab or room space be required for this project? YES NO

If yes, I require approx. sq ft and discussed this with:

Will additional technology or software support be required for this project? YES NO

If yes, I have discussed this matter with:

Will this project be located on campus? YES NO

If no, indicate the location of the research:

Will human subjects be used in this research? YES NO
 Will animal subjects be used in this research? YES NO
 Will this research require access to Qualtrics, university databases, or institutional data? YES NO
 Will this research involve export-controlled information, technology, or equipment? YES NO
 Will this project involve recombinant DNA or cell culture? YES NO
 Will this project yield a product that may be patented, copyrighted, or marketed? YES NO

PERSONNEL COMMITMENTS

Are you planning to collaborate with anyone else on the proposed project? YES NO
 If yes, from what department or university:

Will this project request support for positions not already established within the university? YES NO
 If yes, is a position description, source of support, and university commitment at close of project attached? YES NO

Will this proposal provide reassigned time for the PI/PD or anyone else on the project? YES NO
 If yes, what is the percentage of time and effort? Academic Year: Summer:

Will this proposal involve international students or faculty? YES NO
 If yes, will the international students or faculty be in the USA for the proposed project? YES NO

FINANCIAL DISCLOSURE: READ BU PRP 2751 before completing this section.

For each PI/PD and Co-PI/PD, complete the BU Disclosure of Financial Interest Form and check appropriate option.

I confirm and certify that:

- A. No significant financial interest related to this proposal exist as determined by the *BU Disclosure of Financial Conflict of Interest Form*
- B. A financial conflict of interest related to this proposal exists and will be disclosed by the individual on the *BU Disclosure of Financial Conflict of Interest Form (FCOI)*. Following Federal requirements, I understand that the FCOI form is to be submitted before the proposal can be submitted. I also understand that no funds can be expended if an award is made as a result of this proposal until all identified conflicts have been institutionally managed or eliminated.

PI/PD Name:
 Co-PI/PD Name:
 Co-PI/PD Name:
 Co-PI/PD Name:
 Co-PI/PD Name:

Project and Budgetary Review

- PI met with the Director of the ORSP to review grant and budget
- PI consulted with Payroll if needed
- PI had a final review meeting with:
 - Director of the ORSP
 - Dean of Graduate Studies
 - Payroll
 - Grants Accounting

..... Signature of Principal Investigator/Project Director Date
..... Signature of Chairperson Date
..... Signature of Dean Date
..... Signature of Provost Date

If additional space is needed, please attach on a separate page(s). Return the completed and signed form to the Director of the Office of Research and Sponsored Programs, 212 Centennial Hall, Bloomsburg University, Bloomsburg, PA 17815.