

Office of Sponsored Programs (OSP)

H1 Questions: (801) 863-6084

UTAH VALLEY



Important: This form must be downloaded and saved to your computer and then opened and completed in Adobe. If the form is completed in a web browser, the data will not save.

Notification of Intent to Prepare a Grant Proposal (NOI)

Purpose: In compliance with University policy to assure campus-wide coordination and appropriate oversight; to avoid multiple requests from the same funding source; allow collaborative opportunities to be explored; and to provide internal quality assurance of written proposals. **Please submit this form before proposal preparation.**

Proposal Submission Deadline

(If no submission deadline is required, identify the anticipated submission date.)

Note: All proposals **MUST** be submitted to OSP five (5) business days prior to the proposal submission deadline. Additional time may be required to address funding for research, new curriculum construction, external sub-awards, contractual relationships, revenue generating activities, cost sharing or match, or indirect cost modifications. Please note that failure to comply with this policy may result in your proposal **NOT** being submitted.

Principal Director/Investigator (PD/PI)

Phone

Are you a full-time, exempt UVU employee? Yes No Faculty Yes No Tenure Track Yes No

Job Title _____ Email _____

Department _____ Academic School/College _____

Co-PD/PI (1) _____ Phone _____

Are you a full-time, exempt UVU employee? Yes No Faculty Yes No Tenure Track Yes No

Job Title _____ Email _____

Department _____ Academic School/College _____

Cooperating PD/PI (2) _____ Phone _____

Are you a full-time, exempt UVU employee? Yes No Faculty Yes No Tenure Track Yes No

Job Title _____ Email _____

Department _____ Academic School/College _____

Funding Type: Federal, CFDA # _____ State Foundation Other

Sponsoring Agency/Foundation _____ Phone _____

Agency Contact Name _____ Email _____

Sponsoring Agency Program Name _____

Sponsoring Agency Program Name Website _____

Program Title

Project Description

Approximate amount of funds being requested \$ _____

Expected grant duration (number of years) _____

If your project will involve surveying individuals or performing human research on human subjects, contact IRB immediately at IRB@uvu.edu

Will international activities be involved? Yes No

Does the proposed project possess the potential for patentable ideas or intellectual property? Yes No

Should portions of the proposed project be identified as proprietary? Yes No

Does this project pose any potential conflict(s) of interest? Yes No

USE OF PROJECT: Fellowships Scholarships Instruction Student Engagement Public/Student Service
Community Development Capital Equipment or Facilities Research (If research is selected, check appropriate:
applied medical biological educational) extensive data collection off-site location travel
student travel – how many? None of these Categories apply. Please Describe:

INSTRUCTION: Does the project involve for-credit instruction? Y N

Does the project require creation or revision of curriculum? Y N

Is cost sharing required? (Matching, leveraging, institutional resources, etc.) Yes No
Cost sharing requires Dean/Chair approval: Dean initials Chair initials

Does the proposed project require a reduction or elimination of standard indirect costs rates? Yes No
If yes, please explain:

** Reduction or elimination of standard indirect cost rates is only allowable when required by the sponsoring organization; institutional approval is mandatory.*

Required Signatures – OSP will route this document for signatures after it has been submitted to OSP.
As PI/Co-PI, I attest that I understand the definition of the word plagiarism, and confirm that the research and/or written content that will be contained in this grant proposal will be my own original work and/or the original work of a team of writers under my coordination, and will not be copied from any other published or unpublished work without full acknowledgement and appropriate citation of the contribution.

| | |
|-----------------------------------|--------------------|
| Principal Investigator | Name Required |
| Department Chair/Area Supervisor | Name Required |
| Dean/ AVP/VP | Name Required |
| Co-Principal Investigator Co-PI | Name If Applicable |
| Department Chair /Area Supervisor | Name If Applicable |
| Dean/ AVP/VP | Name If Applicable |

STOP HERE

Thank you for filling out this form.

At this point, you will need to contact the following people:

- Kathryn Johnson, Program Director -
Research Administration
kjohnson@uvu.edu
- Sheldon Sumpter, Program Director -
Research Administration
sheldon.sumpter@uvu.edu