



Notification of Intent to Prepare a Grant Proposal

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** _____

Project Title _____

Brief Description (Please limit to 2 sentences) _____

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
students – how many? ; Other: _____

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 cost 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 – Reviewed and recommended for submission by:

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 _____ Date _____

Print Name

Signature

Department Chair _____ Date _____

Print Name

Signature

Dean/Vice President _____ Date _____

Print Name

Signature

Co-Principal Investigator _____ Date _____

Print Name

Signature

Co-PI Department Chair _____ Date _____

Print Name

Signature

Co-PI Dean/Vice President _____ Date _____

Print Name

Signature