

Intent to Submit Form



Please provide as much of the following information as possible, and ALL the information outlined in RED.

PRINCIPAL INVESTIGATOR (Last name, first name)		UA PHONE #		E-MAIL ADDRESS				
ADMINISTERING DEPT NAME	ADMIN	ADMINISTERING DEPT #		EADLINE D				
TITLE OF PROPOSAL								
PROPOSED START DATE		PROPOSED END DATE						
TYPE OF PROPOSAL: New Re	esubmission* Re	vision* Renev	val* * Fed	eral ID:				
SPONSOR (Funding Agency)								
PROGRAM ANNOUNCEMENT WEB A	ADDRESS							
Include all proposed CON resources Consider including graduate assistan Review draft budget and resources in Get approval from ADR and Dean for Review final budget with the ADR and DST SHARING OR MATCHING FUNDS ROJECT LOCATION (select one) There will the project be conducted? Bldg GUBAWARDS (If applicable): Sethis an Incoming Subaward? Testing the project of the	ts and undergraduate cluded in the proposines resources/other item diget approval for round roun	e students in your lal with the ADR ns not included in tuting (via Pre-Awar o Source of Campus (>50%)	budget the budget d) Account(s) effort at faci	:lities not UA	N owned/unde	er central leas		
Organization Name Sit		PI Name/Title		(Contact Info			
JA INVESTIGATOR EFFORT, ROLE, A	ND ALLOCATIONS	(if known)						
		lease select)	%	Credit for Award F&A Re			evenue	
UA Investigator (Last name, First nam	e) Role (Pl		Effort	Award Dept. #	% Award Credit	F&A Dept. #	% F&/	
		<u> </u>		<u></u>	100%	<u></u>	100%	

Please note: No F&A Waivers will be approved.