

INTENT TO SUBMIT A GRANT

In order to assure that you receive the assistance you need, it is important that we have some indication of the timeline for your grant application. Please submit this form to the ONR and Research Administration (CON-ONR@email.arizona.edu and preaward@email.arizona.edu) as soon as possible.

| ITEM | RESPONSE (Complete shaded items below) | NOTE |
|-------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Incoming Sub-Award (Yes/No) | | |
| Date | | |
| PI Name (Last, First) | | |
| Indicate if Multiple PI (Include name) or if you are Co-Inv | | |
| Title of Proposal | | NIH and other PHS agencies limit title character length to 200 characters, <i>including the spaces between words and punctuation.</i> |
| Submission Type (New, Resub) | | |
| If Resub, provide original submission Grant Number | | Can be found on NIH Summary Statement. Please also include copy of your summary statement, if willing, to allow ADR and Research Administration review. |
| Submission Due Date | | |
| *Does this proposal include outgoing subaward(s)? (Yes/No) | | |
| Funding Source | | |
| Type of Proposal (R01, T32, etc.) | | |
| Provide PA/PAR/RFA for program guidance | | |
| Electronic Submission (Yes, No) | | |
| Space Required in CON (Yes, No) | | |
| Clinical Trial (Yes, No) | | |
| Banner Research site (Yes, No) | | Please indicate yes if you are using any Banner facility as a research site. For example Banner Tucson, Banner Phoenix, any other Banner affiliate. |
| Indirect cost: is a reduction or waiver being requested? (Yes/No) | | If Yes, please contact your division director and ADR immediately after submitting this form. |