

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	e) UA PHONE #	E	E-MAIL ADDRESS			
ADMINISTERING DEPT NAME	ADMINISTERING DEPT	*# D	DEADLINE DATE			
TITLE OF PROPOSAL		R	EADY-TO-E	DEVELOP DA	TE	
PROPOSED START DATE	PROPOSED	END DATE				
TYPE OF PROPOSAL: New Resubmiss	ion* Revision* Rene	ewal* * Fed	eral ID:			
SPONSOR (Funding Agency)						
PROGRAM ANNOUNCEMENT WEB ADDRESS	S					
there will the project be conducted? Bldg BUBAWARDS (If applicable): s this an Incoming Subaward? □ Yes □ No	oroval for routing (via Pre-Awa Yes No Source mpus Off Campus (>50%Room	ard) e Account(s) 6 effort at fac	lities not UA		r central lea	se)
f there are <u>Outgoing</u> Subawards, please provide the following: Organization Name Site PI Name/Title			Contact Info			
Organization Name Site FriName/Titi				Somact inio		
UA INVESTIGATOR EFFORT, ROLE, AND ALLO	OCATIONS (if known)					
UA Investigator (Last name, First name)	Role (Please select)	%		or Award F&A Reven		
	(Effort	Award Dept. #	% Award Credit	F&A Dept. #	% F&A Distrib
				1		

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