## Notice of Intent to Submit a Funding Proposal

## **INSTRUCTIONS:**

- 1. Complete this Notice of Intent as soon as you identify a funding source or project, or need help doing so.
- 2. Attach:
  - A detailed project summary and budget (with budget justification) indicating approximate cost of necessities to accomplish your objectives.
  - An additional sheet for explanations to information requested below that may not apply to the project summary.
- 3. *Circulate* the document to obtain the approval of your department Chair and Dean (division chair if applicable).
- 4. Forward the document, with attachments, to ORSP: ORSP@laverne.edu
  - Once submitted, the appropriate office (ORSP / UA) will follow-up with you for further guidance.

Project	Summary			
Principal Investigator (PI):	Date:			
If applicable, additional La Verne Co-Investigators:				
PI College / Department:	Email:			
Funding Agency / Program:	Submission Deadline:			
Program Announcement: URL				
Proposed Title:				
Type of Funding: Is your proposal a: Grant Fellowship				
Other Institutions: Any others Involved? Yes No (If yes, de				
	tees or courses that may impact your current and potential time &			
effort by semester/term? Ves No (If yes, attach an additiona	sheet for details.)			
Budget and Budget	Justification Summary			
<b>Proposed Faculty Salary Support:</b> Course Release Summ needed per semester/term; 2) Number of years the release(s) is/are needed; 3) W support, if needed, which should not exceed the maximum of 2 offload months)	er Support (describe in the budget justification: 1) number of course release(s) (hen the course release(s) will most likely be needed (Fall/Spring); 4) Summer			
Research Assistant Support: 🗌 Undergraduate 🗌 Graduate (de	scribe in the budget justification: work & approximate number of hours needed)			
<i>Indirect Cost Rate (IDC):</i> La Verne's Indirect Cost Rate (IDC) is 30. IDC calculation. What is the maximum IDC rate the funder will all	9%. La Verne uses the Modified Total Direct Cost (MTDC) method of ow?%			
<b>Matching Funds / In-Kind:</b> Required/Strongly Encouraged: Ye 1) The amount of support required, percentage or otherwise; 2) How you plan or utilized to calculate and achieve the funder's terms and conditions of the grant)	es No (If stated by the agency, describe in budget justification: fulfilling the requirement – what source of monetary resources you believe may be			
Major Equipment: Will this project involve the acquisition of maj	or equipment? 🗌 Yes 🗌 No (If yes, describe in budget justification)			
Space: Will this project require additional space on or off campu	? Yes No (If yes, describe in budget justification)			
Research Methodology & Other:				
IRB: Does this project involve human subjects?  Yes No (If	yes, describe in summary)			
<i>IACUC:</i> Does this project involve the use of animals?	No (If yes, describe in summary)			
<b>Research Substances:</b> Does this project involve potentially harmful controlled agents? Yes No (If yes, describe in summary)				
Export Controls: Does this involve collaboration with any foreign	national or institution? 🗌 Yes 🗌 No (If yes, describe in summary)			
<b>IR:</b> Will this proposal require information from Institutional Rese	arch for your proposal <b>or</b> for any measurable objectives to			
accomplish your goals for the duration of your program, if award				
Yes No (If yes, describe in summary)				
Fact Book located here: <u>http://sites.laverne.edu/institutional-res</u>	earch/reportspublications/			
<i>Keywords:</i> For funding searches:				
Institutional Letters of Support: Will you need letters of support?	Yes No (If yes, describe in summary from whom and when they are			
needed) It is recommended that you prepare the letter for your supporters, focus				
<b>Program Officer:</b> Did you contact the Program Officer? Yes	No (For ORSP Only.)			
By signing this form, I as submitter agree to a 2-week review lead	-time of the proposal prior to the final agency submission deadline.			
Signature of Principal Investigator Date	Distribute: ORSP/UA			

Signature of Principal Investigator	Date		For use by ORSP/UA Distribute: ORSP/UA
Signature of Department Chair	Date		OCCE
Signature of Division Chair (if applicable)	Date		Institutional Research
Signature of Dean	Date	 Form Revised 2/25/2020	Other, state below