NOTICE OF INTENT TO SUBMIT A FUNDING PROPOSAL

INSTRUCTIONS:

• Complete this Notice of Intent as soon as you identify a funding source for your research or project.
• Attach a project summary and budget with approximate cost of necessities to accomplish your objectives.
• Circulate the document to obtain the approval of your department Chair and Dean (division chair if applicable).
• Following department and college approval, forward the document, with attachments, to ORSP.
  o Once submitted, the appropriate office (ORSP/UA) will follow-up with you for further guidance.

La Verne Principal Investigator (PI): ___________________________ Date: ______________
College / Department: ___________________________________________ Due Date: ____________________
Funding Agency: ______________________________________________ Extension: ______________________
This proposal is for: ☐ Grant ☐ Sub-Award/Collaboration ☐ Fellowship ☐ Other __________________________________________________________________________
Program Announcement URL: ____________________________________________
PI proposed Title: _________________________________________________________
Other Institutions Involved? ☐ Yes ☐ No (if yes, describe in summary) Is La Verne the lead? ☐ Yes ☐ No

Budget:
Faculty Salary Support: ☐ Course Release (if yes, how many units? _____ ) ☐ Summer Support ☐ Both
Research Assistant Support: ☐ Undergraduate ☐ Graduate ☐ Both
Indirect Cost Rate: ______ % Matching Funds Required / Strongly Encouraged: ☐ Yes ☐ No (Explain)
Will this project involve the acquisition of major equipment? ☐ Yes ☐ No (if yes, describe below)
Will this project require additional space on or off campus? ☐ Yes ☐ No (if yes, describe below)

Research Methodology:
Does this project involve human subjects? ☐ Yes ☐ No (if yes, describe in your summary)
  If yes, is this a Clinical Trial? ☐ Yes ☐ No (if yes, describe in your summary)
Does this project involve the use of animals? ☐ Yes ☐ No (if yes, describe in your summary)
Does this project involve potentially harmful agents or controlled supplies? If yes, check where appropriate:
  ☐ Human blood, fluids or tissues ☐ Radioactive materials
  ☐ Class IV lasers (ir, uv and visible) ☐ Other ionizing radiation
  ☐ Cell lines (primary & established) ☐ Infectious Agents / Microorganisms
  ☐ Any other toxins / agents (If yes, describe in your summary)
Does this involve collaboration with any foreign national or institution? ☐ Yes ☐ No (if yes, describe in summary)
Will this proposal require information from Institutional Research other than that provided in the La Verne Fact Book?
  ☐ Yes ☐ No (if yes, describe in your summary)
Any additional details: __________________________________________________________
______________________________________________________________________________

______________________________________________________________________________

Signature of Principal Investigator Date

Signature of Department Chair Date

Signature of Division Chair (if applicable) Date

Signature of Dean Date

For use by ORSP/UA
Distribute: ☐ ORSP/UA
☐ OCCE
☐ Academic Affairs
☐ Other

Sent by: ____________________________

Form Revised: 8/24/16