



WESTERN CONNECTICUT STATE UNIVERSITY

OFFICE OF SPONSORED RESEARCH ADMINISTRATIVE SERVICES
INTENT TO APPLY FOR EXTERNAL GRANT FUNDING

Principal Investigator/Project Director: _____ Date: _____

Department: _____ Campus Phone: _____ Cell Phone: _____ E-mail: _____

Project Title: _____

Type of Project: _____ Project Start Date: _____ Project End Date _____

This is a: [] New Grant [] Continuation [] Pre-proposal [] Subcontract/subaward with _____

Funding Sponsor: _____ Requires 501(c)(3) Letter [] Yes [] No

Submission Deadline: Date _____ Time _____ Via: Online _____ Email _____ Mail _____ Delivery Service _____

Estimated Budget: _____ Indirect costs allowed: [] No [] Yes Indirect Cost Rate Allowed _____ %

Matching funds required? _____ Ratio: _____ Type: Cash: _____ Amount \$ _____ In kind: _____ Value: \$ _____

Please indicate if any of the following are required for the project. Items and unbudgeted costs that are not accounted for during the proposal stage may lead WCSU to decline to accept an award that might adversely impact the institution's finances or operations.

Table with 5 columns: Item, checkbox, Item, checkbox, Item, checkbox. Rows include Reassigned Time, Office Space, Classroom Space, Other Campus Facilities, Facility Renovation/Alteration, Rental of Space, Use of University Services, Computing Equipment, Software Licenses, A/V Equipment, Rental of Equipment, Phone Service, Publication, Travel Funds, Support Services, Maintenance/Support Contracts, Insurance Coverage, Possible Patents/Copyrights, Use of Biohazardous Material, Use of Recombinant DNA Material, Other.

Explanation of other costs, requests or required approvals:

IRB approval required? [] Yes [] No IACUC approval required? [] Yes [] No (If required, approval must be obtained from the appropriate committee prior to beginning the research.)

Does project involve hiring personnel? [] No [] Yes (If yes, Associate VP of Human Resources must also sign form)

Additional WCSU faculty/staff involved in project (Chair and Dean/Director must indicate approval by initialing each entry):

Table with 5 columns: Name, Department, Chair's Approval, School/Division, Dean/Director's Approval. Contains 4 empty rows for entries.

List any collaborating or participating organizations or groups:

Name	Nature/Degree of Involvement

Please provide a brief abstract of the proposed project or research investigation below. For *institutional* grant applications only, please describe how the project fits the University's mission and/or strategic plan and how the University will benefit from the project.

APPROVED	SIGNATURE	DATE
Department Chair/Director		
Dean		
VP of Finance & Administration		
Provost & VP of Academic Affairs		
Associate VP of Human Resources		
Other (as appropriate)		