



OAKWOOD UNIVERSITY
Office of Research and Grants
NOTICE OF INTENT TO SUBMIT

PERSONNEL INFORMATION:

Principal Investigator: _____ Department: _____

Co-P.I.: _____ Department: _____

P.I. CONTACT INFORMATION:

Telephone Number: _____ Fax Number: _____ E-mail Address: _____

PROPOSAL SUBMISSION INFORMATION:

Proposal Title: _____

Key Words Describing Proposal Subject Matter: _____

Primary Funding Agency: _____ Sub-Award Funding Agency: _____

Agency Program Title: _____

Agency Type: ___ Federal ___ State ___ Private ___ Other (Specify) _____

Name of Agency Program Manager: _____

University Proposal Type: ___ Research ___ Training ___ Facilities/Equipment ___ Service ___ Other Specify) _____

Agency Submission Deadline: _____ Proposed Start Date: _____ Proposed Ending Date: _____

Project Location: [] On Campus [] Local Off-Campus [] % of Time

[] Out-of-State Off-Campus [] % of Time [] International

INSTITUTIONAL REVIEW:

Will your proposal require special review for ___ Human Subjects Protection ___ Animal Care and Use ___ The Use of Hazardous Materials?

(If your project requires any of the above special reviews, please submit a request to the respective Committee Chairs)

Does the Funding Agency accept the University rate for Indirect Costs? ___ Yes ___ No (If No, indicate proposed rate/no rate and attach approval for lower/no rate) ___ Agency Stipulated Rate ___ No/lower Indirect Costs Allowed

I/We will provide the ORG with FINAL proposal on: _____ (At least 7 working days prior to Agency Deadline)

Signatures: The signatures below indicate that this proposal has been authorized for submission to the agency mentioned above and that you, the PI, are aware of all aspects of this proposal.

Departmental Chair/Dean _____ Date _____ Principal Investigator _____ Date _____

Research Council Chair on Behalf of President's Council _____ Date _____

Please send this form to: Office of Research and Grants