



A member of the Pennsylvania
State System of Higher Education

Office of Grants and Sponsored Programs

INTENT TO SUBMIT FORM

Complete this form to secure approval from appropriate officials to submit a grant or develop a contract with an **external** agency. The information contained in the form will help the Office of Grants and Sponsored Programs (OGSP) provide you with proposal or contract assistance. We recommend submission of this form a minimum of 3 weeks prior to a due date. If you have questions, please call 570-662-4809 or e-mail pswank@mansfield.edu

Instructions:

1. Complete this form. Note that fund centers must be identified for matching funds, cost-sharing of expenses, and reassigned time. If you need information to complete the form, consult your Chairperson, Dean, or the OGSP for assistance.
2. Prior to obtaining signatures, submit this form and all supporting materials for review to the OGSP at pswank@mansfield.edu
3. Attach supporting materials to the e-mail with this form:
 - a. A copy/link of the request for proposals or program announcement
 - b. A draft of the proposal or project summary
 - c. A budget and budget justification (explanation of expenses)
4. After approval from the OGSP, obtain signatures by administrators.

FOR OGSP USE ONLY

Type of Proposal:	NEW	CONTINUATION	RENEWAL	SUPPLEMENTAL	REVISION/RESUBMISSION
Other Attributes:	GRANT	CONTRACT	SUBCONTRACT	FELLOWSHIP	COOPERATIVE AGREEMENT
Supporting Materials Attached:	YES				
	NO				
Reviewed by OGSP on:				

1. Principal Investigator:

Last Name	First Name	Department	Email Address	Extension

2. Additional named MU faculty/staff Co-PI's (use additional sheets, if necessary)

Last Name	First Name	Department	Email Address	Extension

Proposal Title (*Tentative*): _____

Funding Agency: _____

CFDA# (If applicable): _____

Project Begin Date: _____

Proposal Due Date: _____

Total budget for project: _____

Is MU the prime recipient or a subawardee?

If MU is the prime recipient, does this proposal involve subcontractor sub recipients? YES NO

If yes, list the person, institution, or agency partner(s):

BUDGET DETAILS

Does this proposal involve costsharing or matching? YES NO
If yes, what is the:
Dollar amount of cost sharing: _____ Source of the funds? Fund Center: _____
Name of personnel responsible for Fund Center: _____
Approval signature: _____

Will MU provide Reassigned Time (RT) for this project? YES NO
If yes, what is the: Dollar amount of RT funds: _____ Source of the funds? Fund Center: _____
Name of personnel responsible for Fund Center: _____
Approval signature: _____

PROJECT SPECIFICS

Will additional lab or room space be required for this project? YES NO
If yes, I require approx. _____ sq. ft. and discussed this with: _____

Will additional technology or software support be required for this project? YES NO
If yes, I have discussed this matter with: _____
Will this project be located on campus? YES NO
If no, indicate the location of the research: _____

Will human subjects be used in this research? YES NO
Will animal subjects be used in this research? YES NO
Will this research require access to Qualtrics, university databases, or institutional data? YES NO
Will this research involve export-controlled information, technology, or equipment? YES NO
Will this project involve recombinant DNA or cell culture? YES NO
Will this project yield a product that may be patented, copyrighted, or marketed? YES NO
Will this project involve International Travel? YES NO

PERSONNEL COMMITMENTS

Are you planning to collaborate with anyone else on the proposed project? YES NO
If yes, from what department or university: _____
Will this project request support for positions not already established within the university? YES NO
If yes, is a position description, source of support, and university commitment at close of project attached? YES NO
Will this proposal provide reassigned time for the PI/PP or anyone else on the project? YES NO
If yes, what is the percentage of time and effort? Academic Year: _____ Summer: _____

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Signature of Principal Investigator/Project Director Date
.....
Signature of Chairperson or Supervisor Date
.....
Signature of Dean or Appropriate Vice President Date
.....
Signature of Provost Date

Electronic signatures are sufficient. If additional space is needed, please attach on a separate page(s). Return the completed and signed form to the Director of Grants and Sponsored Programs, 521 North Hall, Mansfield University, Mansfield PA 16933 or at pswank@mansfield.edu