

Proposal Intent Form

Research & Sponsored Programs * University of Houston-Victoria

Complete all fields, obtain required signatures, and return scanned or printed form by

email rsp@uhv.edu; fax 361-580-5502; interoffice mail UW 272

PROPOSAL INFORMATION

Project Director/Investigator:

College:

Co-Project Director/Investigator:

College:

Co-Project Director/Investigator:

College:

Other Senior Personnel, if known:

Sponsor:

Funding Opportunity Title:

CFDA/Solicitation
Number:

Sponsor Type: Federal State Private Trust

Award Mechanism: Grant Contract Cooperative Agreement Other

Project Summary: 2 - 3 sentences:

LOI/Pre-proposal Deadline:

Full Proposal Deadline:

Required Registrations: Grants gov Research gov eRA Commons Other

Anticipated Project Title:

Anticipated Budget Request:

Required Cost Match:

Proposed Cost Match Sources:

Expected Time Commitments of UHV Project Director(s)/Project Investigators(s) and co-Project Director(s)/Project Investigators(s):

Course Release (if needed describe):

Percentage of Indirect Cost:	%	Salary & Wage	Modified Total Direct Costs
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Human Subject Involvement?	Yes	No
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Who will complete the budget?	Project Investigator/Director	Office of Research & Sponsored Programs
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Commitment required beyond grant period?	Yes	No
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Proposed Commitment/Sustainability Plan (2-3 sentences):

Except as covered by written authorization for this project, this application does not obligate the University for funds for additional facilities, equipment, remodeling, extra operating funds, or matching funds, nor for the establishment of new organizations, courses, or programs not previously approved. My signature below certifies that: 1) I am not delinquent on any federal debts; 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; 3) I have not and will not lobby any federal agency on behalf of this award; 4) I am aware of and agree to abide by the UHV Drug Free Workplace policy; 5) I am aware of and have submitted notification of any relevant information with my department/college under the UHV policy on Conflict of Interest and agree to update information as needed and abide by this Policy; 6) I agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity and, in consideration of the information and facilities made available to me by the University or the outside sponsor, to assign copyright (where appropriate) and patent rights to the University of Houston - Victoria in accordance with the terms and conditions stated in the Faculty Manual; 7) I certify that the information submitted within the application is true, complete, and accurate to the best of my knowledge; 8) I understand that any false fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; 9) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

REQUIRED SIGNATURES the undersigned agree to comply with all applicable university and sponsor policies

Project Investigator/Director: _____ Date: _____

Typed name:

Co-PD/Co-PI: _____ Date: _____

Typed name:

Dean/Supervisor: _____ Date: _____

Typed name:

EXECUTIVE COMMITTEE APPROVAL the designated area Vice President's signature is required

Signature: _____ **Date:** _____

Typed name:

Designated area: