

INTENT TO WRITE FORM

Instructions: Please complete the following form as soon as you have been approved by your department to submit an upcoming proposal. This form and the agency announcement must be e-mailed to sponsoredprograms@desu.edu with the subject line "Online Submission Form".

Principal Investigator Information

Name :

School/Department :

Office Email Address :

Office Phone Number :

Do you have a current Conflict of Interest Form on file in OSP? **Yes** **No** **If not, the form must be submitted with the completed proposal application

Proposal Information

Sponsoring Agency :

Title of Proposal :

Type of Submission : **Hard copy** **Electronic – Portal/Service:**

Catalog of Federal Domestic Assistance (CFDA) Number:

Max. Total Annual Budget: Max. Total Annual Budget Includes Indirect Costs: **Yes** **No:**

Proposal due date:

Match Planned: **Yes** **NO**

Match Type: **Release Time** **IDC Reduction** **IDC Commitment** **Other:**

Collaborative effort: **Yes (see additional questions below:)** **NO**

– DSU is the: **Prime** **Subawardee**

– Collaborating University:

– Collaborating Faculty Name:

Description of your proposed project: