

OSU Institute of Technology Workforce & Economic Development Grant Office

INTENT TO SUBMIT FORM

The goal of the Intent to Submit (ITS) Form is to inform all appropriate individuals of your interest and commitment to submit a grant proposal to an external agency. The form will also allow the Grant Office to provide you with grant and budget development assistance. We recommend submission of this form a minimum of 90 days prior to the submission date. If you have any questions regarding the content of this form, please contact Anna Dinsmore-Hearn at 918-293-5178 or email anna.dinsmore@okstate.edu

Type of Proposa Additional Attrib		□NEW □GRANT	☐CONTINUATION ☐CONTRACT	□RENEWAL □SUBCONTRACT	SUPPLEMENTAL FELLOWSHIP	☐REVISION / RESUBMISSION☐COOPERATIVE AGREEMENT
Submission Due Date of Grant:			Submit throug	gh OSUIT Foundation?	☐ YES ☐ NO	
Principal Investigator/Project Director (PI/PD):			Departr	ment:		
E-mail:				Phone:		
Co-PI/PD				Departr	ment:	
E-mail:				Phone:		
Title of Proposal	(Tentative):					
Funding Agency:				CFDA# ((if applicable):	
Project Begin Da	te:		Project End Date:		Abstract Att	ached: YES NO
Max Amount Ago	ency will fun	d, Per Year:	То	tal:	_	
BUDGET	SPECIFICS:					
YES	NO					
		Does this proposa	Il involve cost sharing?			
		If YES,	what is the source of funds:			
		Does this proposa	Il require matching funds?			
		If YES,	has this been discussed with	your Chair? YES	□ NO	
		If YES,	what is the ratio:			
		If YES,	what is the source of funds:			
		Does this proposa	Il involve subcontracts?			
		If YES,	with whom:			

	NO							
		Will additional lab/room space be required for this project?						
		If YES, I require approx sq./ft. and have disc	cussed this matters with					
		Will additional Office of Information Technology support be requ	ired for this project?					
		If YES, I have discussed this matter with						
	☐ Will the project be located on campus? If NO, please specify where:							
		Will humans be used as subjects in this research? Will animals be used as subjects in this research?						
PERSONI	NEL COMI	MITMENTS:						
YES	NO							
		Are you planning on collaborating with anyone else? If YES, with whom and from what department/university:						
		This proposal will request support for positions not already established within the University.						
		If YES, please attach information detailing position(s),	source of internal support	(if any) during the term of the project and t				
	UCO commitment at the close of the project.							
		This proposal will provide reassignment time for the PI/PD, or anyone else working on the project.						
		If YES, what is the estimated % of time and effort?	Academic Year:	Summer:				
		Will Research/Teaching Assistants be included in this proposal?	Salary Included:					
Signature of Pr	rincipal In	vestigator/Project Director	Date					
Signature of De	ean/Supe	rvisor	Date					
Signature of As	ssociate V	P – Workforce & Economic Development						
Signature of G	rant Write	er	Date					

For any additional comments, please attach a separate sheet of paper.

Return completed and signed form to: OSUIT Grant Office, Donald W. Reynolds Training Center, Suite 108 or anna.dinsmore@okstate.edu