**CESS New Grant Proposal Intent Form**

**Please complete this form so that your Business Manager can create a new proposal record for you in the InfoEd system. Consult with your Department Chair, Business Manager or CESS Grant Administrator as needed to ensure that all information is accurate.**

1. Principal investigator (PI) name(s):
2. Is this a Multiple Principal Investigator Proposal?  Yes  No
3. Proposal Department:  DOE  DLDS  Social Work  CDCI
4. Associated Proposal Department of Co-PIs (if applicable):
5. Project Title:
6. Sponsor:
7. Prime (originating) Sponsor if this is a subaward:
8. Funding Opportunity number (PA or RFA):
9. If this is competitive renewal, please provide previous InfoEd proposal number:
10. Project Start and End dates:
11. Submission deadline:
12. Approximate Proposal Budget including F&A (if applicable):
13. Does the Sponsor have any restrictions on F & A, and if so, has your Department Chair and/or the Dean’s Office approved rates below the UVM’s federally negotiated rate?  Yes  No
14. Will your proposal be including any subcontractors?  Yes  No
15. Will your proposal involve the use of human subjects?  Yes  No
16. Select the appropriate purpose for your proposal. This will help us identify the appropriate F&A rate, if there is no F&A restriction (see Rate Types by Function in [F&A Rates by Fiscal Year](https://www.uvm.edu/sites/default/files/Division-of-Finance/cost_accounting/F_A_rates.pdf) for more information).

Research

Experiment Station Research

Instruction

VCHIP Program

Public Service

Extension Service

1. Is the majority of the proposed work on campus or off campus?  On Campus  Off Campus
   * If off campus, what is the location? Will more than 50% of the work happen in that location? :
   * If off campus, will your budget include rent?  Yes  No

***Please complete the form and send it to your Department Chair and Business Manager with RFP (PDF or Link) and Draft Budget.***

*To Be Completed by the Business Office:*

Business Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the Chair:**    
In signing, I agree to the following statements:

* I agree to the F & A rate indicated above.
* The PI and I have discussed potential implications for the PI’s workload and have agreed upon the changes likely to be made if the grant is funded.
* The Department Business Manager, CESS Grant Administrator, and CESS Dean’s Office have been notified that this proposal will proceed through the appropriate UVM review process.

Chair/Designee Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_