

SPA 2.0 PRE-AWARD REQUEST FOR PROPOSAL

*Instructions: Please fill this form out as soon as you intend to apply to a funding opportunity.
Be sure to fill out ALL drop-down menus. Return form to your preaward administrator.*

Type of Application: **Limited Competition**

If Continuation/Supplement, please provide UVM Click award number:

PI:

Responsible Department:

Project Title:

Sponsor:

Due Date:

Prime Sponsor (if UVM is a subawardee):

Link to Sponsor Guidelines/RFP:

Anticipated or Maximum Allowable Request from Sponsor:

Subawards:

Anticipated Start Date:

Add information about subawards in Additional Info box.

Anticipated Length of Project:

PI Effort: FTE

Compliance Review:

Summer effort: FTE

Laboratory Animals

Activity Type:

Human Subjects

Is full F&A (indirect) allowed?

Human Embryonic Stem Cells

Cost Share:

Radioactive Materials/Radioisotopes

None of the above

If yes, anticipated source(s) of Cost Share:

Salary

Unrecovered F&A

Third Party

Other

Add information about cost share in Additional Info box.

Additional information:

Note: Signature section required for all CALS proposals; optional for other departments.

By signing below, I am indicating that I have reviewed and verified the source(s) of cost share, if applicable, and the PI has appropriate capacity in their workload.

Chair Name:

Chair Signature:



Last updated September 19, 2023

Budget Information

Please provide information in the table below for the Unit Pre-Award Administrator to create an internal draft budget spreadsheet.

Personnel Name	Project Role	Key or Non-Key	Sponsor Funded Effort % Or person-months	Appt. Type

UVM Budget Category	Yr1 Cost	Yr2 Cost	Yr3 Cost	Yr4 Cost	Yr5 Cost

If cost-share is required, please provide information (e.g., effort, amount, sources):

Other Information

Please use this section to add any other information.