

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.

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: _____

Deadline Type:

Prime Sponsor (if UVM is a subawardee): _____

Link to Sponsor Guidelines/RFP: _____

Anticipated Budget Amount/Maximum Allowable Request: _____

Anticipated Start Date:

Anticipated End Date:

Will there be subawards on this proposal:

Add information about subawards on page 2.

[Activity Type](#):

Is full F&A (indirect costs) allowed by sponsor?

If no, sponsor rate: _____

Cost Share:

Please use page 2 to note anticipated sources of cost share.

Compliance Review:

Laboratory Animals

Human Subjects

Human Embryonic Stem Cells

Radioactive Materials/Radioisotopes

None of the above

Additional Information:



Last updated April 2025

Budget Information

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

NOTE: If you are requesting Academic and Summer effort, please list separately in the table below.

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

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

If cost-share is required, please provide information below:

Other Information

Please use this section to add information about subawards, etc.