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SPA 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: Please Select ☐ Limited Competition

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

PI: _____

Responsible Department: _____

Project Title: _____

Sponsor: _____

Due Date: _____ **Deadline Type:** Please Select

Prime Sponsor (if UVM is a subawardee): _____

Link to Sponsor Guidelines/RFP: _____

Anticipated Budget Amount/Maximum Allowable Request: _____

Is Research Development also supporting this proposal? Please Select

Anticipated Start Date:

Anticipated End Date:

Will there be subawards on this proposal: Please Select

Add information about subawards in Additional Info box.

Activity Type: Please Select

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

If no, sponsor rate: _____

Cost Share: Please Select

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

Compliance Review:

- ☐ Laboratory Animals
- ☐ Human Subjects
- ☐ Human Embryonic Stem Cells
- ☐ Radioactive Materials/Radioisotopes
- ☐ Dangerous gain of function research
- ☐ None of the above

Additional Information:

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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
	Please Select	Please Select		Please Select
	Please Select	Please Select		Please Select
	Please Select	Please Select		Please Select
	Please Select	Please Select		Please Select
	Please Select	Please Select		Please Select
	Please Select	Please Select		Please Select
	Please Select	Please Select		Please Select

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

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

Other Information

Please use this section to add any other information.