**CESS New Grant Proposal Intent Form**

**Please complete this form so that your Business Manager can create a new proposal record for you in** [**UVMClick**](https://www.uvm.edu/ovpr/uvmclick-grants)**. Consult with your Department Chair, Business Manager or CESS Grant Administrator as needed to ensure that all information is accurate.**

1. Primary [Principal investigator](https://www.uvm.edu/spa/principal-investigator-eligibility) (PI) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 Short Title (Displays in Smartforms on UVMClick): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Project Long Title (Displays in Sponsor Application): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Prime (originating) Sponsor if this is a subaward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Funding Opportunity number (PA or RFA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Project Start and End dates: From \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_
11. Submission deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Data (Soft) or  Sponsor Deadline (Hard)

1. Is this a [Limited Competition](https://www.uvm.edu/spa/active-limited-competitions)?  Yes  No
2. Approximate Proposal Budget including F&A (if applicable): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does the Sponsor have any restrictions on F & A?  Yes  No

If yes, what is the restricted rate? \_\_\_\_\_\_\_\_\_\_\_\_\_%

If no, the UVM’s federally negotiated will apply (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) )

1. Select the location of the sponsored project based on where the majority of work\* will be performed?

On Campus  Burlington  Off Campus

\***Location of the sponsored project -** Majority of Work = 51% or greater. On campus means work is performed using UVM owned or operated facilities, including land. Off campus means work is performed in facilities or land not owned or operated by UVM and rent to use such facilities is a direct charge to the sponsored project. Extension activities should always be considered on-campus.

1. Select the activity of the sponsored project based on the primary activity\*\* of the proposal:

Research – Basic – 311

Research – Training – 311

Service – Conference/Workshop – 411

Service – Public - 411

Instruction – 211

Other

\*\*See [Purpose/Activity Definitions](https://www.uvm.edu/spa/purpose-and-activity-codes) for more information

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

1. Will your proposal be including any subcontractors?  Yes  No
2. Will your proposal involve the use of human subjects?  Yes  No

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

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*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_