

Intent to Apply for External Funding

The purpose of this form is to inform GSRD and all appropriate individuals that you intend to apply for an externally funded grant. This will allow GSRD to schedule the time and resources needed to provide you with budget development and general application assistance. Complete this form 6-8 weeks before the application deadline. Contact GSRD at x2460 with questions and to schedule a pre-award meeting to discuss the application guidelines.

Principal Investigator _____ **College/Division** _____

Email _____ **Phone** _____ **Department/Office** _____

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Email _____ **Phone** _____ **Department/Office** _____

SPONSOR INFORMATION

Sponsor Name _____ **Sponsor Type** _____

Sponsor Program Title _____ **Submission Type** _____

Guidelines

Website Address _____

Project Type	Due Date	Submission Portal
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PROJECT QUESTIONS

Will you be collaborating with another institution?

Institution _____ Contact Person _____

Are the funds for this grant being passed through to the sponsor listed above from another agency (referred to as prime)?

Name of prime _____

Will this project require new or renovated space/facilities?

If yes, describe needed resources and give the source of funding if other than requested in this proposal.

Will this project require additional IT resources?

If yes, describe needed resources and how it will be funded.

BUDGET

ESTIMATED BUDGET		
	Total Budget	Anticipated Project Period:
Grant Funds Requested		Comments:
Winthrop Cash Match		Is there a required cash match? If yes, please state the amount:
Winthrop In-Kind Match		Is there a required in-kind match? If yes, please describe:
Other Sources		Describe:
Total Budget		Other Comments:

Does this sponsor allow indirect costs?
If different than the University's negotiated rate, please describe:

Will any faculty course reassigned time be required for this project?
If yes, have you discussed this with your Department Chair?
If yes, describe and give the source of funding if other than requested in this proposal.

Will any new full-time personnel be required for this project?
Identify the classifications, number of new positions, and the source of funding if other than requested in this proposal. Attach a separate sheet if necessary.

Will there be a subaward(s) on this grant?
Institution _____

How did you learn about this funding opportunity?

ABSTRACT

Provide a brief abstract that includes the overall project objective and summary of activities.

NOTE: Please send completed form to GSRD for review and set-up for e-signature approval in Adobe Sign.

SIGNATURES

Principal Investigator _____ Date _____

Principal Investigator _____ Date _____

Principal Investigator _____ Date _____

Department Chair _____ Date _____

Department Chair _____ Date _____

Department Chair _____ Date _____

Dean _____ Date _____

Dean _____ Date _____

Dean _____ Date _____

VP for _____ Date _____

VP for _____ Date _____

Provost _____ Date _____

GSRD _____ Date _____