

Today's Date: _____

Proposal Deadline Date: _____

Type of Proposal: Standard proposal Subaward/Collaborative Consultant Transfer of Equipment (request additional information from ORSP)
 Transfer of Grant (request additional information from ORSP) Retroactive proposal that was not internally approvedElectronic Submission? Yes No **- APPLICATION DATA -**

Title of External Funding Opportunity: _____ Proposal Working Title: _____

Sponsoring Agency/Program: _____ Catalog of Federal Domestic Assistance (CFDA#), if applicable: _____

Principal Investigator/Program Director: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Co-PI/PD: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Co-PI/PD: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Co-PI/PD: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Co-PI/PD: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Please use back of this page for additional names.**- PROPOSAL SUMMARY INFORMATION -****Proposal Status:** New Preliminary or Pre-proposal Revised Competitive Renewal Continuation Supplement to existing grant**Project Type:** Education and Teaching Research Public Service Scholarship Fellowship**Funder Type:** Federal Federal flow-through State Business/Industry National Foundation Local Foundation Organization**Anticipated Award Terms (check all that apply):** Grant Cooperative Agreement Contract Other: _____ Subcontract Cost-Reimbursement Fixed-Price**Anticipated Special Considerations (check all that apply):** Animal Research Human Subject Research (You must request IRB approval) Course release time requested and number: _____ GGC Cost-Sharing and Required Amount: _____ Partner Cost-Sharing: _____ Equipment purchases greater than \$50,000 Recurring costs for equipment maintenance and supplies Support required from Information Technology Services (OET signature required) Alterations to the physical plant or commitment of college space Possible patents/copyrights Consultant(s) proposed Subcontract(s) proposed

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- COLLABORATION INFORMATION -

Will there be any collaborating organizations? Yes No

Who will serve as the primary fiscal agent? _____

If so, please provide the following:

Collaborating organization 1: _____

Collaborating organization 2: _____

Contact Name: _____

Contact Name: _____

Contact Email: _____

Contact Email: _____

Contact Phone: _____

Contact Phone: _____

- BUDGET INFORMATION -

Maximum Award Amount: _____

Anticipated Award Request: _____

Project Start Date: _____

Project End Date: _____

- PI/PROGRAM DIRECTOR AND CO-PI/PD INFORMATION AND CERTIFICATION -

Principal Investigator/Program Director: (Signature) _____ (Date) _____

Co-PI/PD: (Signature) _____ (Date) _____

Co-PI/PD: (Signature) _____ (Date) _____

Co-PI/PD: (Signature) _____ (Date) _____

Co-PI/PD: (Signature) _____ (Date) _____

Please use back of this page for additional names.

- SUPERVISOR CERTIFICATION -

PI/PD Supervisor: (Signature) _____ (Date) _____

Co-PI/PD supervisor (if different): (Signature) _____ (Date) _____

- ORSP APPROVAL & SUBMISSION TIMELINE (to be completed by ORSP)-

ORSP Director Approval: (Signature) _____ (Date) _____

ORSP Denial Comments: _____

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PROJECT ABSTRACT

(Please provide a summary of your project. Be sure to include a description of any institutional resources that will be needed in the project, e.g., you will need space to store supplies and a 5' X 5' equipment for the project.)

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COST-SHARE APPROVAL FORM

Instructions: (1) Only mandatory cost-share is allowed. (2) The total amount of all cost share must not go over the % of cost-share required to submit. (3) This form is to be filled during budget development and completed prior to submission.

Cost sharing or matching is the portion of the project costs that GGC is required to contribute in order to be awarded the grant. A match may either be monetary or in-kind support, such as personnel time or use of existing equipment. To comply with federal, state, and GGC policies, ORSP needs to ensure that matches are verifiable, necessary, reasonable, allowable, and are not paid by the Federal government under another Federal award.

PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR: _____

PROJECT TITLE: _____

FUNDER: _____

TOTAL AMOUNT OF ALL COST-SHARE: _____

- COST SHARE #1 -

Name of Collaborator: _____

School/Unit providing the cost-share: _____

Brief description of their support: _____

Breakdown of cost-share (for faculty/staff time, please provide % time, not cash equivalent of that time): _____

Total cost-share amount: _____

Collaborator's signature: _____

If required, Collaborator's supervisor's signature: _____

Date signed: _____ **If known, source of cost-share (fund account):** _____

- COST SHARE #2 -

Name of Collaborator: _____

School/Unit providing the cost-share: _____

Brief description of their support: _____

Breakdown of cost-share (for faculty/staff time, please provide % time, not cash equivalent of that time): _____

Total cost-share amount: _____

Collaborator's signature: _____

If required, Collaborator's supervisor's signature: _____

Date signed: _____ **If known, source of cost-share (fund account):** _____

Please replicate this page if you have additional cost-share providers.