

**PROPOSAL INTENT TO APPLY**

*(For instructions, see last page)*

**A. General Information**

|  |                     |   |              |
|--|---------------------|---|--------------|
| PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR                      |                     | COLLEGE/DEPARTMENT/PROGRAM                              |              |
| CO-DIRECTOR/CO-PRINCIPAL INVESTIGATOR <i>(if applicable)</i> |                     |   |              |
| PROPOSED TITLE   |                     |   |              |
| PROJECT DESCRIPTION  |                     |   |              |
| FUNDING AGENCY OR ORGANIZATION                               |                     | FUNDING AGENCY OR ORGANIZATION PROGRAM (IF APPLICABLE)  |              |
| FUNDING OPPORTUNITY ANNOUNCEMENT TITLE AND URL (OR LINK)     |                     |   |              |
| PROPOSAL SUBMISSION DEADLINE                                 |                     | DATE YOU PLAN TO SUBMIT THE PROPOSAL AUTHORIZATION FORM |              |
| PERIOD OF FUNDING REQUESTED                                  | TYPE OF APPLICATION | NEW   | PRE-PROPOSAL |
| FROM   | TO                  | RESUBMISSION  |              |
| CONTINUATION/RENEWAL = BANNER INDEX:                         |                     |   |              |

**B. Funding Opportunity Details**

|  |  |     |    |
|--|--|-----|----|
| If MSUN is the lead applicant institution:     |  |     |    |
| <input type="checkbox"/>                       | Is the submission portal <b>grants.gov</b> ? <i>If YES, Institutional Representative must submit proposal.</i> | YES | NO |
| If MSUN is not the lead applicant institution: |  |     |    |
| <input type="checkbox"/>                       | Does MSUN need to submit anything to the funding sponsor?  | YES | NO |
| <input type="checkbox"/>                       | Describe relationship between lead institution and MSUN (e.g. subaward, % of total award)                      |     |    |
| <input type="checkbox"/>                       | Are indirect (F&A) costs allowed? <i>Note: we are required to assess indirect costs if allowed.</i>            | YES | NO |
| <input type="checkbox"/>                       | Match/cost-share required? <i>If YES, include brief details here:</i>  | YES | NO |
| <input type="checkbox"/>                       | Time and effort requirement? <i>If YES, include brief details here:</i>  | YES | NO |

**C. Project Information**

|                          |  |     |    |
|--------------------------|--|-----|----|
| <input type="checkbox"/> | Will the project require renovations or modifications to current facilities?   | YES | NO |
| <input type="checkbox"/> | Will the project involve human subjects, animals, controlled substances, radioactive substances, genetically altered materials, or hazardous substances? | YES | NO |

|  |     |    |
|--|-----|----|
| Does this project involve participation of American Indian or other minority communities?  | YES | NO |
| Do you, any family member, or any of the involved project team members or their family members have a potential conflict of interest with the sponsor, subcontractor, or technology? | YES | NO |

**D. Budget**

| PERIOD OF FUNDING REQUESTED   |                           | FUNDING REQUESTED FROM SPONSOR | TOTAL PROJECT COST |                                   |        |                             |                        |                     |                |           |                           |          |  |      |  |                        |  |
|---|---------------------------|--------------------------------|--------------------|-----------------------------------|--------|-----------------------------|------------------------|---------------------|----------------|-----------|---------------------------|----------|--|------|--|------------------------|--|
| FROM  | TO                        | \$ (estimate)                  | \$ (estimate)      |                                   |        |                             |                        |                     |                |           |                           |          |  |      |  |                        |  |
| <b>Which of the following will your budget include?</b><br>(Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Key personnel salaries &amp; benefits</td> <td style="width: 50%;">Travel</td> </tr> <tr> <td>Student salaries &amp; benefits</td> <td>Participant incentives</td> </tr> <tr> <td>Contracted services</td> <td>Indirect costs</td> </tr> <tr> <td>Equipment</td> <td>Matching costs/Cost share</td> </tr> <tr> <td>Supplies</td> <td></td> </tr> <tr> <td>Rent</td> <td></td> </tr> <tr> <td colspan="2">Other (describe here):</td> </tr> </table> |                           |                                |                    | Key personnel salaries & benefits | Travel | Student salaries & benefits | Participant incentives | Contracted services | Indirect costs | Equipment | Matching costs/Cost share | Supplies |  | Rent |  | Other (describe here): |  |
| Key personnel salaries & benefits   | Travel                    |                                |                    |                                   |        |                             |                        |                     |                |           |                           |          |  |      |  |                        |  |
| Student salaries & benefits   | Participant incentives    |                                |                    |                                   |        |                             |                        |                     |                |           |                           |          |  |      |  |                        |  |
| Contracted services   | Indirect costs            |                                |                    |                                   |        |                             |                        |                     |                |           |                           |          |  |      |  |                        |  |
| Equipment   | Matching costs/Cost share |                                |                    |                                   |        |                             |                        |                     |                |           |                           |          |  |      |  |                        |  |
| Supplies  |                           |                                |                    |                                   |        |                             |                        |                     |                |           |                           |          |  |      |  |                        |  |
| Rent  |                           |                                |                    |                                   |        |                             |                        |                     |                |           |                           |          |  |      |  |                        |  |
| Other (describe here):  |                           |                                |                    |                                   |        |                             |                        |                     |                |           |                           |          |  |      |  |                        |  |

**E. Proposal Support Services**

|   |     |    |
|---|-----|----|
| Would you like proposal support services?   | YES | NO |
| <i>If YES, Grants Coordinator will contact you. (Support examples include: funding opportunity evaluation, proposal checklist, templates, forms, proposal technical review, content technical editing, and document routing.)</i> |     |    |

**F. Authorizations**

- We have reviewed the proposed project details and estimated budget.
- We concur that the project appears to align with the University mission, strategic initiatives, policies, and guidelines.
- We approve this request to begin the application process.

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**College Chair** (if applicable)

**Date**

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**College Dean** (faculty)/**Supervisor** (staff)

**Date**

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**Controller** (budget review)

**Date**

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**Dean of Learning Excellence and Sponsored Programs**

**Date**

## APPLICANT INSTRUCTIONS

This form must be completed for all proposals that you intend to create and submit to external organizations for support of research, scholarly activities, or other projects that may result in external funding coming to MSUN or in a contract, grant, or other agreement with MSUN on behalf of its faculty or staff.

### Workflow

1. PD/PI sends this completed form to the Grants Coordinator.
2. Grants Coordinator routes the documents for review and approval in this order:
  - a. Chair (*if applicable*)
  - b. Dean (*faculty*)/Supervisor (*staff*)
  - c. Controller
  - d. Dean of Learning Excellence and Sponsored Programs
3. When approved, Grants Coordinator sends a copy of this signed form to the PD/PI.
4. The PD/PI begins developing the proposal.
5. If PD/PI request additional services, Grants Coordinator contacts PD/PI as soon as possible.

## PROPOSAL AUTHORIZATION FORM

You must also complete and submit a Proposal Authorization Form (PAF) for review and approval before your proposal can be submitted to a funding organization.

**Timing: Ideally, submit the Proposal Authorization Form 1 week before proposal deadline.**