|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| uviseal_sml_blk80 | ***NOTICE OF INTENT***  ***TO SUBMIT A PROPOSAL*** | | | | ***Office of Sponsored Programs***  ***ACC building Rm 224***  ***2 John Brewers Bay***  ***St. Thomas, VI 00802***  ***(340)693-1202 or (340)693-1176***  ***osp@uvi.edu*** |
| *The Office of Sponsored Programs requires a completed Notice of Intent to submit a proposal form from all faculty and staff at least 10 working days prior to the submission deadline date.* | | | | | |
| **PRINCIPAL INVESTIGATOR CONTACT INFORMATION** | | | | | |
| PI Name: Click or tap here to enter text. | | PI Phone: Click or tap here to enter text. | | | |
| PI Department: Click or tap here to enter text. | | PI Email: Click or tap here to enter text. | | | |
| List UVI Co-PI(s) Involved: | | | | | |
| Co-PI(1): Click or tap here to enter text. | | Co-PI(2): Click or tap here to enter text. | | | |
| Co-PI (3): Click or tap here to enter text. | | Co-PI(4): Click or tap here to enter text. | | | |
| **PROPOSAL INFORMATION** | | | | | |
| Sponsor/Funding Agency: Click or tap here to enter text. | | | | Sponsor Deadline: Click or tap to enter a date. | |
| If UVI is not the Lead Institution, please list the Lead Institution: Click or tap here to enter text. | | | | | |
| Attach a pdf copy of funding opportunity guidelines or provide URL: | | | | | |
| Click or tap here to enter text. | | | | | |
| Proposed Project Title: | | | | | |
| Click or tap here to enter text. | | | | | |
| Short Project Summary: | | | | | |
|  | | | | | |
| Start date: Click or tap to enter a date. End date: Click or tap to enter a date. | | | | | |
| Anticipated budget: Click or tap here to enter text. | | | Is cost-share or match required? Yes  No | | |
| Is this a Collaborative Proposal? Yes  No | | | Will UVI issue Subawards on this proposal? Yes  No | | |
| **Comments:** | | | | | |
|  | | | | | |

|  |  |  |
| --- | --- | --- |
| Signatures |  |  |
| Chair/Director Date |  | Dean Date |
| Chair/Director of Co-PI/PD (1) Date |  | Dean Date |
| Chair/Director of Co-PI/PD (2) Date |  | Dean Date |
| Chair/Director of Co-PI/PD (3) Date |  | Dean Date |

**\*Note: Dean Signature is only required if the PI or Co-PI is a Chair or Director.**