**CESS New Grant Proposal Intent Form**

**Please complete this form so that your Business Manager can create a new proposal record for you in the InfoEd system. Consult with your Department Chair, Business Manager or CESS Grant Administrator as needed to ensure that all information is accurate.**

1. Principal investigator (PI) name(s):
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 Title:
6. Sponsor:
7. Prime (originating) Sponsor if this is a subaward:
8. Funding Opportunity number (PA or RFA):
9. If this is competitive renewal, please provide previous InfoEd proposal number:
10. Project Start and End dates:
11. Submission deadline:
12. Approximate Proposal Budget including F&A (if applicable):
13. Does the Sponsor have any restrictions on F & A, and if so, has your Department Chair and/or the Dean’s Office approved rates below the UVM’s federally negotiated rate? [ ]  Yes [ ]  No
14. Will your proposal be including any subcontractors? [ ]  Yes [ ]  No
15. Will your proposal involve the use of human subjects? [ ]  Yes [ ]  No
16. Select the appropriate purpose for your proposal. This will help us identify the appropriate F&A rate, if there is no F&A restriction (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).

[ ]  Research

[ ]  Experiment Station Research

[ ]  Instruction

[ ]  VCHIP Program

[ ]  Public Service

[ ]  Extension Service

1. Is the majority of the proposed work on campus or off campus? [ ]  On Campus [ ]  Off Campus
	* If off campus, what is the location? Will more than 50% of the work happen in that location? :
	* If off campus, will your budget include rent? [ ]  Yes [ ]  No

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

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