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| **College of Nursing – Office of Health Research****Intent to Submit a Proposal** |

**Today’s Date:**       **Estimated Budget Request**:

**PI Contact Information**

Name:       Area:

Office phone:       Email:

**Proposal Type**

[ ]  Research [ ]  Instructional [ ]  Program [ ]  Equipment [ ]  Scholarships/Student Services

**Public Funding Agencies**

FOA/RFP/PAR (NIH):       Submission Deadline:

Funding Agency:       Mechanism (R01, R03, etc.):

Working Title:

**Private Funding Opportunities**

Funding Agency:       Submission Deadline:

Grant Program/RFP:

Working Title:

**Peer Reviewers** (name 3 - 4 persons you would like to review your proposal):

**Support Services Requested (Check all that apply)**

[ ]  Space / Lab needs:

[ ]  Literature search [ ]  Writing support [ ]  Editing/Proofreading [ ]  Identifying Funding Prospects

[ ]  Data entry [ ]  Graphic design [ ]  Identifying collaborators

[ ]  External Review (provide name and contact information):

**For *research proposals* e-mail completed form to G. Brumitt (gbrumitt@wayne.edu). For *instructional/ training grants or other proposal types*, e-mail completed form to Don Neal (donneal@wayne.edu). Intent to submit RESEARCH proposals must be submitted *6 – 9 months* prior to submission deadline.**

***For Office Use Only:***

*Date Received:*  *Date Submitted:*

***Routing:*** HIC Approval Required? [ ]  No [ ]  Yes Indirect Costs Included? [ ]  No [ ]  Yes, %:

*Grant Development/Administration:* [ ]  Dean’s Office [ ]  CHR Notify Development (CFR)? [ ]  No [ ]  Yes