

University of Arkansas at Pine Bluff

Intent to Submit A Proposal Form

Check One: New _____ Continuation _____ Renewal _____

Grant Information Source (*Please check one*): ORSP Email () Other ()

Sponsor _____ Date to Mail _____

Project Title _____

Principal Investigator _____ Department _____

Category: Research _____ Training _____ Other _____

First Year Budget Summary:

	Reimbursement* & New Direct Cost	Matching Funds**
Salaries & Wages	_____	_____
Student Aid	_____	_____
Other Direct Costs	_____	_____
Indirect Cost	_____	_____
TOTAL (Year 1)	_____	_____
Total of Subsequent Years	_____	_____

Will additional space be required? No ___ Yes ___ Type/Location: _____

*Will release time be requested? No ___ Yes ___ If yes, provide details below:

Name	Percentage	Fall/Spring

**Are matching funds required? No ___ Yes ___ If yes, list source/(s) and \$ amount/(s):

<u>Source/(s)</u>	<u>\$ Amount</u>
_____	_____
_____	_____

Signature of PI _____ Date _____