**INTENT TO SUBMIT (Extramural Sponsored Project)** The goal of the Intent to Submit form is to inform the College and gain required approvals from all appropriate individuals of intent to submit a grant or contract proposal to an external agency. The form will also allow the Office of Sponsored Programs to provide grant and budget development assistance to developers/authors of proposals for external funding. Completion and submission of this form are required prior to proposal development seeking external project funding. To file the form, or if you have any questions regarding the content of it, please contact the Office of Sponsored Programs at 205.226.4985 or ajbrigat@bsc.edu. (For individual, non-institutionally binding proposals of $10,000 or under, completion of Part A, the PI/PD’s signature and disclosures, and the signatures of the Provost and CFO on Part E only are required).

**PART A: GENERAL INFORMATION**

**Type of Proposal:** [ ] NEW [ ] CONTINUATION [ ] RENEWAL [ ] SUPPLEMENTAL REVISION / RESUBMISSION

**Additional Attributes:** [ ] GRANT [ ] CONTRACT [ ] SUBCONTRACT [ ] FELLOWSHIP [ ] COOPERATIVE AGREEMENT

**Check this box only if you intend to submit an individual, non-institutionally binding proposal in an amount of $10,000 or under:** [ ]

**Grant Submission Due Date:** Click here to enter text. **Abstract attached:** [ ]  YES [ ]  NO

**Principal Investigator/Project Director (PI/PD):** Click here to enter text. **Department:** Click here to enter text. **Email:** Click here to enter text.

**Co-PI/PD:** Click here to enter text. **Department:** Click here to enter text. **Email:** Click here to enter text.

**Co-PI/PD:** Click here to enter text.. **Department:** Click here to enter text. **Email:** Click here to enter text.

**Please indicate affiliation(s) of any non-BSC employee co-PI/PDs.** Click here to enter text.

**Title of Proposal (Tentative):** Click here to enter text.

**Funding Agency:** Click here to enter text **CFDA# (if applicable):** Click here to enter text **Expected Begin Date:** Click here to enter text **Expected End Date:** Click here to enter text

**PART B: BUDGET DETAILS**

**Amount of funding requested:** Click here to enter text. **Does this proposal involve cost sharing or matching funds?** [ ] YES [ ] NO

**Does this proposal involve subcontracts?** [ ]  YES [ ]  NO **If YES, with whom:** Click here to enter text. **If YES, is BSC the lead institution?** [ ]  YES [ ]  NO

**PART C: PROJECT DETAILS**

**Will additional or repurposed space be required for this project?** [ ]  YES [ ]  NO **If so, please explain** Click here to enter text.

**Will Information Technology support be required for this project?** [ ]  YES [ ]  NO **If so, please explain** Click here to enter text.

**Will Office of Communications support be required for this project?** [ ]  YES [ ]  NO **If so, please explain** Click here to enter text.

**Will the project be undertaken entirely on campus?** [ ]  YES [ ]  NO **If NO, please explain where else activities will occur:** Click here to enter text.

**Will human beings be used as subjects in this research?** [ ]  YES [ ]  NO **Will animals be used as subjects in this research?** [ ]  YES [ ]  NO

**PART D: PERSONNEL COMMITMENTS**

**Will this proposal request support for positions not already established within the College.** [ ]  YES [ ]  NO If YES, please attach information detailing position(s), sources of proposed support during the term of the project and the BSC commitment at the close of the project.

**Will student workers be included in this proposal?** [ ]  YES [ ]  NO **Will this proposal include student research experiences?** [ ]  YES [ ]  NO

**PART E: DISCLOSURES AND SIGNATURES**

For each PI/PD and Co-PI/PD, check one option only.

I confirm and certify that:

A. No significant financial interests related to this proposal exist as determined by the BSC Conflict of Interest Policy and Statement.

B. A financial conflict of interest related to this proposal exists and will be disclosed. Following Federal requirements, I understand that the disclosure is to be submitted before the proposal can be submitted. I also understand that no funds can be expended if an award is made as a result of this proposal until all identified conflicts have

 been institutionally managed or eliminated.

[ ] A [ ] B PI/PD Name: Click here to enter text.

[ ] A [ ] B Co-PI/PD Name: Click here to enter text.

[ ] A [ ] B Co-PI/PD Name: Click here to enter text.

I have received the approval of the Institutional Review Board (IRB) (if applicable). [ ] YES [ ] NO [ ] NOT APPLICABLE

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Signature of Principal Investigator / Project Director

Date Click here to enter text.

The undersigned have reviewed and approved this Intent to Submit the extramural sponsored project proposal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Provost and Senior Vice President for Academic Affairs Signature of the Chief Financial Officer and Senior Vice President for Finance

Date Click here to enter text. Date Click here to enter text.

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Signature of the Vice President for Administration and Community Initiatives Signature of the Vice President for Advancement

Date Click here to enter text. DateClick here to enter text.

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Signature of the Vice President for Information Technology Signature of the Director of Communications

DateClick here to enter text. DateClick here to enter text.