

Intent to Submit Form



Please provide as much of the following information as possible, and ALL the information outlined in RED.

PRINCIPAL INVESTIGATOR (Last name	UA PHONE #			E-MAIL ADDRESS				
ADMINISTERING DEPT NAME		ADMINISTERING DEPT #			DEADLINE DATE			
TITLE OF PROPOSAL				I	READY-TO-D	DEVELOP DA	TE	
PROPOSED START DATE		Р	ROPOSED END	DATE				
TYPE OF PROPOSAL: New Re	submissior	n* Revisio	n* Renewal	* *Fed	leral ID:			
SPONSOR (Funding Agency)								
PROGRAM ANNOUNCEMENT WEB A	DDRESS							
Get approval from ADR and Dean for Review final budget with the ADR and ST SHARING OR MATCHING FUNDS OJECT LOCATION (select one) were will the project be conducted? Bldg UBAWARDS (If applicable): this an Incoming Subaward? Subawards, please	d get appro ? □ □ On Camp □ No	val for routing Yes □ No ous □ Off Ca Room_	(via Pre-Award) Source Ac mpus (>50% eff	count(s): Lilities not UA	owned/unde	r central leas	se)
Organization Name		Site PI Name/Title			Contact Info			
								- - - -
A INVESTIGATOR EFFORT, ROLE, A	ND ALLOC	ATIONS (if la	20112	•				<u>-</u>
JA Investigator (Last name, First name)	TEOOR IONS		i KilOWil)	07	Credit f	Credit for Award F&A Revenue		
	e)	Role (Pleas	se select)	% Effort	Award Dept. #	% Award Credit	F&A Dept. #	% F&/ Distri
						100%		100%

Request assistance with tables. Need student and/or faculty information. Yes No