



INSTRUCTIONS:

1. Please provide as much of the following information as possible, and all the information outlined in **RED**.
2. **EXTRAMURAL PROPOSALS:** Please email this form to CON-ORS@arizona.edu and preaward@arizona.edu
3. **INTRAMURAL PROPOSALS:** Please email this form to CON-ORS@arizona.edu

PRINCIPAL INVESTIGATOR (Last name, first name)	UA PHONE #	E-MAIL ADDRESS
ADMINISTERING DEPT NAME	ADMINISTERING DEPT #	DEADLINE DATE
TITLE OF PROPOSAL		READY-TO-DEVELOP DATE
PROPOSED START DATE _____ PROPOSED END DATE _____		
TYPE OF PROPOSAL: <input type="checkbox"/> New <input type="checkbox"/> Resubmission* <input type="checkbox"/> Revision* <input type="checkbox"/> Renewal* *Federal ID: _____		
SPONSOR (Funding Agency)		
PROGRAM ANNOUNCEMENT WEB ADDRESS		

PLEASE DO ALL OF THE FOLLOWING BEFORE SUBMITTING THIS PROPOSAL TO PRE-AWARD:

- Discuss this project with the Associate Dean for Research (ADR)
- Consult all program directors/faculty/staff involved in proposed project
- Discuss proposed project with your Division Chair
- Arrange for proposal review with the Office of Research & Scholarship
- Include all proposed CON resources (e.g. IT Support Services, OSAA, faculty salary, space, equipment) in the budget
- Consider including graduate assistants and undergraduate students in your budget
- Review draft budget and resources included in the proposal with the ADR
- Get approval from ADR and Dean for resources/other items not included in the budget
- Review final budget with the ADR and get approval for routing (via Pre-Award)

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

COST SHARING OR MATCHING FUNDS? Yes No **Source Account(s):** _____

PROJECT LOCATION (select one) On Campus Off Campus (>50% effort at facilities not UA owned/under central lease)

Where will the project be conducted? Bldg _____ Room _____ Other _____

SUBAWARDS (if applicable):

Is this an **Incoming** Subaward? Yes No

If there are **Outgoing** Subawards, please provide the following:

Organization Name	Site PI Name/Title	Contact Info

UA INVESTIGATOR EFFORT, ROLE, AND ALLOCATIONS (if known)

UA Investigator (Last name, First name)	Role (Please select)	% Effort	Credit for Award		F&A Revenue	
			Award Dept. #	% Award Credit	F&A Dept. #	% F&A Distrib

Please note: No F&A Waivers will be approved.