

**Bowie State University**  
**Office of Research and Sponsored Programs (ORSP)**  
**Notice of Intent to Submit Proposal for External Funding**

**\*\*Please attach a copy of the funding announcement and abstract for the proposal when submitting this Notice of Intent\*\***

**Submit Completed Form to: [PreAwardServices@bowiestate.edu](mailto:PreAwardServices@bowiestate.edu)**

Submission by: **Bowie State University (ORSP)**  **Bowie State University Foundation**  **The Maryland Center**

**Principal Investigator (PI) and Agency Information**

<b>PI :</b> _____	<b>Dept. Name:</b> _____
<b>PI Phone#:</b> _____	<b>E-mail:</b> _____
	<b>Fax#:</b> _____
<b>Funding Agency:</b> _____	
<b>CFDA#:</b> _____	
<b>Award:</b> Federal <input type="checkbox"/> State <input type="checkbox"/> Foundation <input type="checkbox"/> Association <input type="checkbox"/> Corporate <input type="checkbox"/> Other <input type="checkbox"/> _____	
<b>Deadline for Submission:</b> _____	

**Project Information**

<b>Title of Project:</b> _____		
<b>Project Start Date:</b> _____	<b>End Date:</b> _____	<b>Total Amount Requested (Estimation) \$:</b> _____
<b>Project Type:</b> New <input type="checkbox"/> Continuation/Renewal <input type="checkbox"/> Supplement <input type="checkbox"/>		
<b>Award Type:</b> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Subcontract <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Sub Award <input type="checkbox"/>		
<b>Nature of the Proposal:</b> Research <input type="checkbox"/> Training <input type="checkbox"/> Fellowship <input type="checkbox"/> Other <input type="checkbox"/> _____		
<b>Please Check the Percent for Indirect Cost:</b> <input type="checkbox"/> 56% On-Campus <input type="checkbox"/> 21% Off-Campus <input type="checkbox"/> Other: _____		

**Please check all that apply.**

<b>Cost Sharing/Matching</b> <input type="checkbox"/>	<b>Release/Replacement Time</b> <input type="checkbox"/>	<b>Summer Research</b> <input type="checkbox"/>	<b>Additional Space</b> <input type="checkbox"/>
<b>Human Subjects</b> <input type="checkbox"/>			

If the Cost Sharing/Matching or Release/Replacement Time box is checked, please complete and attach the appropriate forms.

_____	_____	_____		
Sign	Print	Date		<b>Principal Investigator</b>
_____	_____	_____		<b>Department Chair/Supervisor</b>
Sign	Print	Date		
_____	_____	_____		<b>Dean/Vice President</b>
Sign	Print	Date		
_____	_____	_____		<b>Director of ORSP</b>
Sign	Print	Date		

<b>ORSP use only:</b>		
Date Submitted to ORSP: _____	Date Submitted to Agency: _____	Reviewed By: _____