

**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**

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

**Project Information**

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

Please check all that apply.

Cost Sharing/Matching <input type="checkbox"/>	Release/Replacement Time <input type="checkbox"/>	Summer Research <input type="checkbox"/>	Additional Space <input type="checkbox"/>
Human Subjects <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>
Sign	Print	Date	<b>Department Chair/Supervisor</b>
Sign	Print	Date	<b>BSU Foundation / The Maryland Center Approver, if applicable</b>
Sign	Print	Date	<b>Dean/Vice President</b>
Sign	Print	Date	<b>ORSP Approver</b>

**ORSP use only:**

Date Submitted to ORSP: \_\_\_\_\_ Date Submitted to Agency: \_\_\_\_\_ Reviewed By: \_\_\_\_\_