



# INTENT TO SUBMIT FORM

The goal of the Intent to Submit (ITS) Form is to inform all appropriate individuals of your plans to submit a grant to an external agency. The form will also allow the Office of Research & Grants to provide you with grant and budget development assistance. We recommend submission of this form a minimum of 5 weeks prior to submission. If you have any questions regarding the content of this form, please call us at 974-3492 or email us at [research@uco.edu](mailto:research@uco.edu).

Type of Proposal:                      NEW                      CONTINUATION                      RENEWAL                      SUPPLEMENTAL                      REVISION / RESUBMISSION  
Additional Attributes:                      GRANT                      CONTRACT                      SUBCONTRACT                      FELLOWSHIP                      COOPERATIVE AGREEMENT

Submission Due Date of Grant: ..... Submit through UCO Foundation? **YES**                      **NO**

Principal Investigator/Project Director (PI/PD): ..... Department: .....

Email: ..... Phone: .....

Co-PI/PD: ..... Department: .....

Email: ..... Phone: .....

Co-PI/PD: ..... Department: .....

Email: ..... Phone: .....

Title of Proposal (*Tentative*): .....

Funding Agency: ..... CFDA# (if applicable): .....

Project Begin Date: ..... Project End Date: ..... Abstract Attached: **YES**                      **NO**

Max Amount Agency will fund, Per Year: ..... Total: .....

**BUDGET SPECIFICS:**

**YES                      NO**

Does this proposal involve cost sharing?  
If YES, what is the source of the funds: .....

Does this proposal require matching funds?  
If YES, has this been discussed with your Chair? **YES**                      **NO**  
If YES, what is the ratio: .....

If YES, what is the source of the funds: .....  
Does this proposal involve subcontracts?  
If YES, with whom: .....  
If YES, is UCO the lead institution? **YES**                      **NO**

**PROJECT SPECIFICS:**

YES NO

Will additional lab/room space be required for this project?

If YES, I require approx. .... sq/ft and have discussed this matter with: .....

Will additional Office of Information Technology support be required for this project?

If YES, I have discussed this matter with: .....

Will the project be located on campus? If NO, please specify where: .....

Will human beings be used as subjects in this research?

Will animals be used as subjects in this research?

If YES to either of the previous two questions, please consult with the Office of Research Compliance. If awarded a grant, your funds will not be released until you have received approval from the Institutional Research Board (IRB) or the Institutional Animal Care and Use Committee (IACUC), respectively.

**PERSONNEL COMMITMENTS:**

YES NO

Are you planning on collaborating with anyone else?

If YES, with whom and from what department/university? .....

This proposal will request support for positions not already established within the University.

If YES, please attach information detailing position(s), source of internal support (if any) during the term of the project and the UCO commitment at the close of the project.

This proposal will provide reassignment time for the PI/PD, or anyone else working on the project.

If YES, what is the estimated % of time and effort? Academic Year: ..... Summer: .....

Will Research/Teaching Assistants be included in this proposal? Salary Included: .....

**FINANCIAL DISCLOSURE:**

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 [UCO Disclosure of Potential Conflict of Interest Form \(COI\)](#).
- B. A financial conflict of interest related to this proposal exists and will be disclosed by the individual on the [UCO Disclosure of Potential Conflict of Interest Form \(COI\)](#) which will be submitted separately. Following Federal requirements, I understand that the COI form 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: .....

A B Co-PI/PD Name: .....

A B Co-PI/PD Name: .....

.....  
Signature of Principal Investigator / Project Director Date

.....  
Signature of Department Chair / Supervisor Date

.....  
Signature of Dean / Director Date

.....  
Signature of Vice President if PI / PD is not within Academic Affairs Date

**For Office Use Only:**

OR&G Grants Coordinator, Recorded

Grant Facilitator, Notified

Grant Accountants, Copied

*For any additional comments, please attach a separate sheet of paper.*  
**Return completed and signed form to: Office of Research & Grants, University of Central Oklahoma, NUC 341, Box 132  
100 N. University Drive, Edmond OK 73034, [research@uco.edu](mailto:research@uco.edu)**