

Gallaudet University PI/PD Intent to Submit Form for Grants and Contracts					
Principal Investigator/Project Director (PI/PD):					
Email:			Phone/VP:		
School:			School/Div.:		
Name of Co-PI:			Co-PI Email:		
PI/PD CITI Training Completion Date: <i>(CITI Training is valid for 4 years)</i>			Co- PI CITI Training Completion Date: <i>(CITI Training is valid for 4 years)</i>		
Sponsor/Agency:			Funding Opportunity No.:		
URL to request for proposals (RFP):					
Brief Title:					
Date Due to Sponsor/Agency/Organization: <b>Note: OSPRS requires final proposal 5 working days prior to the sponsor's deadline</b>					
Purpose: <i>Check one only.</i>	Research <input type="radio"/>	Training <input type="radio"/>	Other <input checked="" type="radio"/>	What is GU's Role?	Prime Applicant

<b>BUDGET</b>	Does the sponsor require cost sharing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If cost sharing is required, what type do you intend for Gallaudet to provide? <i>Check all that apply.</i>			Release time? <input type="checkbox"/>	Scholarship? <input type="checkbox"/>	Services? <input type="checkbox"/>
Other? (please specify):					
Do you plan to request additional summer month(s) or additional compensation beyond your current appointment?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you anticipate including <u>course buyout</u> during the academic year for Gallaudet PI and/or faculty in your proposal?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Period of Performance: (Start – End)	Estimated Total Request	Estimated Cost Sharing	Total Project Estimate		

<b>STUDENT INVOLVEMENT</b> <i>Check all that apply.</i>	Undergraduate <input type="checkbox"/>	Masters <input type="checkbox"/>	Doctoral <input type="checkbox"/>
Requested from Sponsor:	Scholarship <input type="checkbox"/>	Stipend <input type="checkbox"/>	Part Time Wages <input type="checkbox"/>
Requested from GU (Cost Sharing):	Scholarship <input type="checkbox"/>	Stipend <input type="checkbox"/>	

**FOREIGN SUPPORT AND PERSONNEL** *List any foreign research grants; international employment arrangements; and researchers, students and employees of foreign entities. If you have any foreign personnel/students working on the project, contact OSPRS at [osprs@gallaudet.edu](mailto:osprs@gallaudet.edu). If you need additional space, please continue on the project description section below.*

Sponsor/Company/Organization	Amount	Foreign Country	Type of Support (i.e. grant, subaward, consultant etc.)

**RESOURCES** *Check all that apply.*

In your proposal, do you anticipate including collection of sign language data, production of sign language corpora, or development/improvement of sign language technology?

Yes

☐

No

☐

**Certification of Intent & Responsibility**

*By signing below, I am notifying my chair, school director, and dean(s) of the need for their support for an upcoming proposal. Additionally, I acknowledge that I have read A&O Manual Policy 2.09 Federal State or Other Sponsored Programs Support found at: <https://www.gallaudet.edu/administration-and-finance/administration-and-operations-manual/209-federal-state-or-other-sponsored-program-support> and I am aware of its requirements. I further certify that via email I will provide them with draft budgets as I work with the OSPRS toward completion of the final proposal. **I certify that the information submitted in this ISF is true and correct to the best of my knowledge.***

Applicant Academic Role: (check all that apply)

Name:

Signature:

PI/PD    SD    Dean    Other		
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ed 01/12/2021

*By signing below as Provost, School Director (SD), Dean, or other, I assent that the above named PI/PD has apprised me of their intent to submit a federal proposal and the resources needed to support that project. I expect to be in receipt of future draft budgets and will maintain my response to that documentation for future reference should the project be awarded.*

Academic Role:

Name:

Signature:

Dean    SD  Other (Provost, President):		
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