

Attachment B: Notice of Intent to Submit Grant Application

PI/PD Name: _____

CoPI/PD Names or Team Members: _____

PI/PD Department(s): _____

PI/PD Supervisor(s): _____

PI/PD Email: _____

PI/PD Phone: _____

Sponsor Agency Name: _____

Funding Opportunity Title: _____

Funding Opportunity Number (if available): _____

Proposal Due Date: _____

Total Budget Amount: _____

Sponsor Match Required? YES _____ NO _____

If Yes, Amount of Match Required: _____

Will HCC be the applicant institution? YES _____ NO _____

If No, what entity will apply for the grant and what will HCC's role be?

Please list any partners who will be involved outside the institution and describe their role in the project:

Will you require any space on campus to carry out the project? YES _____ NO _____

If Yes, please describe space requirements:

Will you require any IT services to carry out the project? YES _____ NO _____

If Yes, please describe IT services required:

Will you require any Institutional Research services to carry out the project? YES _____ NO _____

If Yes, please describe IR services required:

Will your project involve human subjects research? YES _____ NO _____

Are there any other departments on campus or other staff you request help from to carry out the project? If so, please describe:

I am notifying campus of my interest in submitting the above application to the sponsor agency.

Submitted by: PI/PD and Co-PI/PD Signature(s) Date

I have reviewed this notification of intent to apply for grant funding and I have no objection to the PI/PD moving forward with the application.

Signature of Supervisor(s) or Department Chair(s) Date

Signature of Dean(s) Date

