

## Intent to Apply Form

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### PROCEDURE

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The 'Intent to Apply Form' is required each time a Lewis-Clark State College (LC State) employee is seeking external funding via grants, contracts, sub-awards, or cooperative agreements.

Prior to completing this the 'Intent to Apply Form' it is recommended that the individual completing this form familiarize themselves with LC State Policy 1.111.

**The 'Intent to Apply Form' should be completed and submitted to the Office of Grants and Contracts (OGC) at least twenty-one (21) days prior to the grant submission deadline.**

The Principal Investigator (PI) (or Project Director [PD]) is responsible for completing the 'Intent to Apply Form' and sending the 'Intent to Apply Form' to the OGC.

Upon receipt of your 'Intent to Apply From' the OGC will send a notification and a copy of your 'Intent to Apply Form' to each Vice President at the College. Each Vice President will have the opportunity to 'Approve' or 'Disapprove' of your submitted 'Intent to Apply From'.

If a Vice President 'Disapproves' of your proposed project, you will receive a 'Notification of Disapproval'. The 'Notification of Disapproval' will identify why the Vice President 'Disapproved' your proposed project.

If your proposed project is 'Approved' by each of the Colleges Vice Presidents you will be e-mailed a 'Proposal Submission Authorization (PSA) Form.' (Note: the PI should receive the PSA approximately five [5] business days after submitting the 'Intent to Apply Form'.)

To expedite the time it takes to complete the PSA, the PSA will be pre-populated with information from the 'Intent to Apply Form'.

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## INSTRUCTIONS

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**Download** this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will NOT work correctly in your web-browser.**



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.

**1 2 3**

**Please complete each question in the order it appears on this form.** Some of the items on this form are dependent upon the answers to previous questions.



Mandatory fields and Mandatory Requirements on this form are highlighted in '**RED**'.



Use the '**GREY**' buttons to attach all required and / or additional documents to this form. **Each attachment should be easily identifiable by name and should be attached as a separate PDF (i.e., Do not combine all attachments into one PDF).**



Information icons have '**GREEN**' borders and '**BLUE**' circles.



Use the 'Save' icon to save the form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of this form.**



Use a **Digital Id Signature** when signing this Form.



Click the '**YELLOW**' button to pause routing of this document, and identify any modifications that may be needed.



Click the '**GREEN**' button to send this document to the next reviewer.

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## PROPOSAL DATA

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### BASIC INFORMATION

1. Project Title:
2. Area / Unit (Answer question 2 before question 3):
3. Division:
4. Funding Type:
5. Funding Source:
6. Project Classification:  
If Project Classification is a 'Continuation, 'Renewal' or 'Supplement' please identify the LC State account associated with the project:
7. Project Function (Select the most relevant function):
8. Will greater than 50% of the work associated with the proposal occur 'Off-Campus' (i.e., not on the LC State main campus or a satellite campus)?  
NO  
YES: Please complete the attached 'Off-Campus Work Location Form'.

### SUBMISSION REQUIREMENTS

9. Proposal Due Date:
10. Have you already submitted this proposal to the sponsoring agency?  
NO  
YES: Please complete the following:  
Proposal Submission Date:  
Please describe why you submitted this proposal prior to completing LC State review:

### INSTITUTIONAL BENEFIT

11. Clearly identify how this funding opportunity fits / aligns with the College's Mission and Strategic Plan.

12. Clearly identify institutional benefits. Specifically, how individual units / programs will benefit from initiating the proposed activities.

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**SPONSOR/DONOR**

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**PRIMARY SPONSOR**

13. Primary Sponsoring Organization Contact Information.

Name:

Website:

Phone Number:

Street Address:

City:

State:

Zip Code:

**SUB-SPONSOR** (Only applicable if the funding type is a 'Sub-Award'.)

14. Sub-Sponsoring Organization Contact Information.

Name:

Website:

Phone Number:

Street Address:

City:

State:

Zip Code:

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**INVESTIGATOR(S)**

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**PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR** (At LC State)

15. PI / PD Contact Information.

Name:

Office e-Mail:

Office Phone:

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## PROJECT SYNOPSIS

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### PROPOSAL ABSTRACT

16. The purpose of the abstract is to engage the reader and summarize your project and its significance. The abstract is frequently the only page that administrators, legislators, news media, and other lay audiences may see.

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**BUDGET**

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**PROPOSED BUDGET**

17. Will your budget include personnel costs (i.e., salary, fringe, etc.)?

NO

YES: Will the personnel costs result/require in the creation of a new position?

NO

YES, please explain:

18. Will the budget include costs for contract buyout/match?

NO

YES, please explain:

19. Will your budget include Cost Share/Matching funds?

NO

YES, please explain:

20. Will your project utilize an indirect cost rate other than the LC State negotiated rate?

NO

YES, please explain:

21. Please estimate the total amount of dollars, per project cost category, that will most likely be requested/solicited/applied for with this proposed project. If you cannot reasonably estimate the amount of dollars, per cost category, for this project, then leave this section blank.

<b>Estimated Budget</b> Project Cost Categories	Project Costs	Cost Share / Match		Line
		LC State	3 <sup>rd</sup> Party	Total
Direct Costs				
Indirect Costs				
<b>Subtotals:</b>				

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**ATTACHMENTS**

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22. Please attach (if available) a copy of the sponsor’s request for proposal (RFP).

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**DIGITAL SIGNATURES**

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By signing this form, you are certifying that you have read the procedures and instructions associated with this form, and that the information provided on, and attached to this form is accurate and is what will be submitted to the sponsoring / contracting agency upon receipt of approval.

**PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR**



The preparer of this document is responsible for identifying all needed e-mail address and attaching all materials supplied by the sponsoring agency.

23. Is someone other than the PI / PD preparing this form (e.g., administrative assistant, etc.)?

NO  
YES

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Signatory	LC State e-mail	Digital ID Signature	Action	
			Modify	Submit
Administrative Assistant, etc.				
PI / PD				

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**PROVOST; VP OF FINANCE & ADMINISTRATION; VP OF STUDENT AFFAIRS USE ONLY**

**APPROVE**

**MODIFICATIONS NEEDED – RESUBMIT:** It may be helpful to the PI / PD if you were to explain the needed modifications regarding this proposal.

**I CANNOT APPROVE AT THIS TIME:** It may be helpful to the PI / PD if you were to explain why you cannot approve this proposal at this time.

Explanation:

Approver

Signature

**GRANTS AND CONTRACTS OFFICE USE ONLY**

***PI Submission***

Date Received:

Unique ID Assignment:

Fiscal Year    Type Code    Number    Proposal ID

Date PI is notified that the OGC has received form:

Folder Name:

File Name:

***Review - Distribution***

Date Sent to Reviewer(s):

***Review – Receipt***

Date Received from Reviewer:

Date Reviewer is notified that the OGC has received the reviewed form:

File Name:

***Notes***