|  |  |  |
| --- | --- | --- |
| **DATE** |  | |
| **PI NAME** |  | |
| **Full-Time Faculty? Yes or No** | Yes  No | |
| If proposed PI is not full-time faculty, dean or director must request exemption to this requirement. | | |
| **OTHER PI’s or CO-I’s** |  | |
| **TELEPHONE NUMBER** |  | |
| **DEPARTMENT and COLLEGE** |  | |
| **EMAIL** |  | |
| **AGENCY** |  | |
| **PERIOD OF PERFORMANCE** |  | |
| **LEAD INSTITUTION (If not AAMU)** |  | |
| **CFDA#** |  | |
| **PROGRAM SOLICITATION #** |  | |
| **PROGRAM TITLE** |  | |
| **AGENCY DEADLINE** | Date/Time: | |
| **If AAMU is subcontract, date due to prime (lead institution)** |  | |
| **AAMU PROPOSAL TITLE** |  | |
| **AMOUNT** |  | |
| **LIMITED SUBMISSION** | (YES or NO) | |
| **Estimated percent or REQUIRED amount of COST SHARE** | Amt $ or % Cash Match  or In-kind | |
| **Is reduced IDC rate required**  **by agency?** | YES or NO. NO If YES, what percentage? \_\_\_\_\_\_\_\_\_\_\_ | |
| **Is this a new proposal or continuation/renewal?** | | New  Continuation or renewal |
| **Will AAMU issue a Teaming Agreement, Subaward or Subcontract proposal to another?** | | (YES or NO) |
| **If yes, to whom?** |  | |
| **Date to submit draft proposal to OSP**  **(10 working days prior to agency due date)** | |  |
| **Date to submit final proposal to OSP**  **(4 working days prior to agency due date)** | |  |

Return the *Notice of Intent to Submit* form to OSP ([OSP@aamu.edu](mailto:OSP@aamu.edu)) at least **30 days prior** to the proposal due date or as soon as a decision to propose has been made. Carnegie Building - 2nd Floor, Normal, AL 35762 Telephone: (256) 372-5675 Fax: (256) 372-5030