

**ARBL**  
**Intent to Submit a Proposal / PASS Information**

Please use this form to provide information on planned grant submissions. Complete and return to Sallie ([svarner@colostate.edu](mailto:svarner@colostate.edu)) or Steve as far in advance as possible (Sponsored Programs suggests at least one month before submission deadline).

PI name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary contact?: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Sponsor / Program website: \_\_\_\_\_

Program announcement/solicitation number: \_\_\_\_\_

Proposal submission deadline: \_\_\_\_\_ Postmark \_\_\_ Receipt \_\_\_ Target \_\_\_

Title: \_\_\_\_\_

Keywords: \_\_\_\_\_

Research Type: Basic \_\_\_ Active \_\_\_ Other \_\_\_ ARRA? \_\_\_\_\_

Project period: From \_\_\_\_\_ to \_\_\_\_\_

Direct costs: \_\_\_\_\_ F&A costs: \_\_\_\_\_ F&A rate: \_\_\_\_\_

Cost sharing: Y \_\_\_ N \_\_\_ Amount: \_\_\_\_\_

Program income: Y \_\_\_ N \_\_\_

Split of F&A (SP12) Y \_\_\_ N \_\_\_

Waiver of F&A (SP8) Y \_\_\_ N \_\_\_

Central equipment cost-share Y \_\_\_ N \_\_\_

Conflict of interest (SP10) Y \_\_\_ N \_\_\_

Non-CSU personnel? Y \_\_\_ N \_\_\_

Subcontract/Consortium? Y \_\_\_ N \_\_\_

Consultants? Y \_\_\_ N \_\_\_

Off-Campus Y \_\_\_ N \_\_\_

RCO Animals Y \_\_\_ N \_\_\_ Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

RCO Humans Y \_\_\_ N \_\_\_ Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

RCO Infect Agents Y \_\_\_ N \_\_\_ Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

RCO Human tissue/fluids Y \_\_\_ N \_\_\_ Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

RCO non-exempt rDNA Y \_\_\_ N \_\_\_ Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

RCO exempt rDNA Y \_\_\_ N \_\_\_ Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

RCO radioactives Y \_\_\_ N \_\_\_ Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

RCO controlled substances Y \_\_\_ N \_\_\_ Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

Stem cells Y \_\_\_ N \_\_\_ Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a copy of proposal guidelines, or website: \_\_\_\_\_