



OFFICE OF RESEARCH
3100 CLEBURNE STREET | HOUSTON, TEXAS 77004 | 713.313.7457

Research Funding & Pre-Award Services
Notice of Intent to Submit a Proposal

Application Date _____

Name of Project Director _____

Department _____ Extension _____

Funding Source _____
(Name & Address of Federal Agency/Foundation/Corporation)

Name of Funding Program _____ Due Date _____

Title of Proposed Program _____

Program Description _____

Program web link (check if guideline is attached) _____

Other TSU Individuals/Departments Involved _____

Other (non-TSU) Institutions and Individuals Involved _____

Check if you want your proposal recognized in the monthly TSU "Proposal Submitted" announcements.

Proposed Funding Level from Funding Source \$ _____

Proposed TSU Contribution	Matching	In-Kind
Money _____	_____	_____
Staff _____	_____	_____
Space _____	_____	_____
Equipment _____	_____	_____

Signatures

Department Head _____ Date _____

Dean _____ Date _____

-----Do Not Write Below This Line-----

Approved/Disapproved _____ Date _____
Research Funding & Pre-Award Services