



DIVISION OF RESEARCH AND INNOVATION
 DEPARTMENT OF PRE-AWARD SERVICES
 3100 CLEBURNE STREET | HOUSTON, TEXAS 77004 | 713.313.7457

Notice of Intent to Submit a Grant Proposal/Contract/Subaward

Date: _____

Proposed PI Name/Title: _____

E-Mail & Phone Number: _____

Department/College/School: _____

List Names of Other TSU Individuals/Departments Involved: _____

Please Check One: Grant Proposal Subaward Contract

Name Funding Agency: _____

Name of Funding Program: _____

Submission Deadline Date & Time: _____

Link to RFP/FOA/Funding Announcement: _____

Is LOI required: Yes No Is an Intuitional Letter of Support required: Yes No

Title of Proposed Project: _____

Program Description: _____

List Names Other (non-TSU) Institutions and Individuals Involved: _____

Estimated Funding Level from Funding Source: \$ _____

Does the solicitation require cost share/match? Yes No If Yes, attach detail explanation.

Signatures:

Department Chair	Dean/Director/VP
Signature: _____	Signature: _____
Date: _____	Date: _____

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

Approved Not Approved

 Senior Associate Vice President for Research and Innovation

 Date