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STAFF ASSIGNED:

*Florida A&M University
Office of Sponsored Programs*

INTENT TO SUBMIT PROPOSAL

Date:

Principal Investigator:

Point of contact:

Title of Proposal:

E-mail Address:

Telephone No.:

Date Due:

Funding Agency and Solicitation #:

Is it a Collaborative Proposal? Yes No

If a Collaborative Proposal, list the collaborators, their institutions and their contact information:

Is it a proposal where a limited number can be submitted per institution?

Yes No

Does the proposal require match or cost sharing? Yes No

If any of the above information is not known, please indicate not known. This information can be transmitted by e-mail or hand-delivered to the Office of Sponsored Programs.

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