**Instructions for completing the Intent to Submit Grant Application & Routing Form**

The intent of this form is to notify the appropriate departmental and Sponsored Programs personnel of your intent to submit an application for funding consideration to an external source and to capture other information in support of institutional data and compliance reporting.

Please type or clearly print all information. The Principal Investigator is responsible for completion of all information and delivery of form via email. Initially to ensure proper functionality of the form, you should do the following prior to entering information.

1. 1. Click File then Options
2. 2. Click Trust Center
3. 3. Click Trust Center Settings

4. Under Marco Setting Click - Enable All Marcos

5. Next, Check the box that reads Trust Access to the VBA

6. Click okay twice to return to the form

**Section A**

**Principal Information**

Enter the information for the Principal Investigator to include departmental personnel.

Please indicate if this will be a Multiple PI (MPI) application.

**Co-Investigator Information**

Enter the information for the Co-Investigator and departmental personnel, if applicable.

**External Co-Investigator Information, if applicable**

Complete this section if the application involves a co-investigator from another institution.

**Section B**

**Proposal Information**

Use the program announcement as a guide to complete this section.

**Agency type: If the agency type is Private, please add Dr. Bennie Harris to your email recipients.**

Please indicate if this is a preliminary application, (e.g., DoD)

If application type is “Subaward”, complete the information for this section.

**Subaward Information**

For all subawards, please provide the name of the primary institution that will be submitting the application. Also, include their due date for receipt of our subaward documents. This will assist us in meeting their deadlines.

**Additional Co-Investigators:**

Please complete this section if there is more than one co-investigator internal to MSM.

 **Section C**

**Focus and Function Category**

In an effort to better track funding in specific areas, please select an item from each of the drop down menus.

**Section D**

**Financial Conflict of Interest (FCOI)**

If this application is being submitted to a Public Health Service Agency, a Financial Conflict of Interest Disclosure Form must be completed prior to submission. The disclosure form should be completed annually and updated when there has been a change to the previous information. The disclosure form is facilitated through COI-SMART software. Please contact Ms. Desiree Ramirez, Compliance Officer, at 404-756-8919 if you require assistance.

The system will automatically send an email notification that you have completed the disclosure form.

**Section E**

**Other Requirements**

If Yes for additional space, click on the link and complete the space request form.

If Yes for human subjects, forward form to Dr. Priscilla Johnson - pjohnson@msm.edu and

Mr. John Smith – irb@msm.edu.

If Yes to Vertebrate animals, forward form to Dr. Ward Kirlin – wkirlin@msm.edu.

If Yes to Radiation Safety, forward form to Mr. Dale Mack (dmack@msm.edu).

If Yes to Select Agent Research, forward form to Dr. Gale Newman (gnewman@msm.edu) to Mr. Harry Jones (hmjones@msm.edu).

**SUBMIT**

**Click on Submit Button and forward to the appropriate persons.**

\*Please email form to your Department Chair and \Administrator, other appropriate personnel, bharris@msm.edu when the agency is private, and to osra@msm.edu. Upon receipt of the form, OSRA will send confirmation of receipt.

**Section F**

**Routing Approvals (to be initiated by Sponsored Programs)**

Sponsored Programs will forward a copy of the final application to the Department Chair and the Office of Institutional Advancement (for private agencies only) for review. Each application will be assigned a unique proposal identifier.

**PLEASE NOTE:**

After submission of the Intent to Submit form, if you decide not to pursue an application, send an email to inform all parties involved of your decision not to submit.

The grant application in its entirety must be received in Sponsored Programs (SP) 5 business days before the agency due date.



OFFICE OF SPONSORED RESEARCH ADMINISTRATION

**INTENT TO SUBMIT GRANT APPLICATION FORM\***

To ensure timely processing of your form, please ensure that all applicable sections are complete.

**Section A**

**Principal Investigator Information**

PI’s Name: Click here to enter text. Phone: Click here to enter text. E-mail: Click here to enter text.

Department/Center or Institute: Click here to enter text.

Department Chair Name: Click here to enter text. E-mail: Click here to enter text.

Department Admin: Click here to enter text. Phone: Click here to enter text. E-mail: Click here to enter text.

Departmental Assistant: Click here to enter text. Phone: Click here to enter text. E-mail: Click here to enter text.

Will this be a Multiple PI Application?  **Yes** [ ]  **| No** [ ]

**Co-Investigator Information, if applicable**

Co-Investigators’ Name: Click here to enter text. Phone: Click here to enter text. E-mail: Click here to enter text.

Co-Investigators’ Dept. Chair: Click here to enter text. E-mail: Click here to enter text.

Co-Investigators’ Dept. Asst.: E-mail: Click here to enter text.

**External Co-Investigator Information, if applicable**

Co-Investigators’ Name: Click here to enter text. Phone: Click here to enter text. E-mail: Click here to enter text.

Name of Participating Institution: Click here to enter text.

**Section B**

**Proposal Information**

Agency Name: Click here to enter text.

Agency Type: Choose an item.

(If agency type is Private, send to Dr. Bennie Harris at bharris@msm.edu in the Office of Institutional Advancement).

Announcement Name: Click here to enter text.

Announcement Number: Click here to enter text. Agency Due Date: Click here to enter a date.

Preliminary Application: **Yes** [ ]  **|** **No** [ ]  Type of Application: Choose an item.

**Subaward Information**

Name of Prime Submitter:Click here to enter text.Documents due date: Click here to enter a date.

**Additional Co-Investigators**

Co-Investigators’ Name: Click here to enter text. Phone: Click here to enter text. E-mail: Click here to enter text.

Co-Investigators’ Name: Click here to enter text. Phone: Click here to enter text. E-mail: Click here to enter text.

Co-Investigators’ Name: Click here to enter text. Phone: Click here to enter text. E-mail: Click here to enter text.

**Section C**

**The overall focus and function category of this proposal are:**

***Choose At Least 2 Focus(es) below*:**

Choose an item. Choose an item. Choose an item.

**Function Category**

Choose an item.

 **Section D**

**Financial Conflict of Interest (FCOI)**

**Completed FCOI Training?** [ ] **Yes** [ ] **No**

**If no, click this link** [**FCOI Training**](https://msm.csod.com/Default.aspx) **to complete the training.**

**Completed FCOI Disclosure Form?** [ ] **Yes** [ ] **No**

**If no, click this link** [**COI-SMART**](https://msm.coi-smart.com/login.php) **to complete the disclosure form.**

**Section E**

**Other Requirements**

**If funded, will there be a need for additional lab or office space?** [ ] **Yes** [ ] **No**

**If yes, click this link and complete the** [**Space Request**](http://msmintra.msm.edu/Libraries/msmconnect/Space_Request_Form.sflb.ashx) **form.**

|  |  |
| --- | --- |
| **Human Subjects:** [ ] **Yes** [ ] **No****If yes, email to** **pjohnson@msm.edu****and to** **irb@msm.edu****Radiation Safety:** [ ] **Yes** [ ] **No** **If yes, email to** **dmack@msm.edu****.** | **Vertebrate Animals:** [ ] **Yes** [ ] **No****If yes, email to** **wkirlin@msm.edu****Select Agent Research:** [ ] **Yes** [ ] **No** **Needs CDC approval****If yes, email to** **gnewman@msm.edu** **or to****hmjones@msm.edu****.** |

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**SPONSORED PROGRAMS WILL INITIATE THE ROUTING PROCESS**

**Section F**

**ROUTING APPROVALS**

**Please refer to the MSM Proposal ID when contacting Sponsored Programs relative to this proposal.**

**MSM Proposal ID:**

**Your signature denotes receipt of final application. If there are any issues that need correcting prior to submission, please contact the Sponsored Programs’ Administrator listed at the bottom or the PI. If no issues are noted, Sponsored Programs will move forward with the submission.**

**Department Chair:**

**Signature: Date:**

**Office of Institutional Advancement (For Private Sponsors Only):**

**Signature: Date:**

**Name of Sponsored Programs’ Administrator (SPA):**

**Telephone extension:**

**Email Address:**