Appendix II

Notice of Intent to Obtain External Funding

Submit this completed form at least one month in advance to initiate efforts to obtain funding. Requests for all types of financial support require appropriate signatures. If you are not seeking financial support at this time but would like technical assistance, you may optionally complete applicable questions, no signatures are necessary now. If available, attach a brief description of the proposed project and budget. Program Director/Principal Investigator (PD/PI) must ensure completed forms are received by the Grants Office.

1. PD/PI(s): __________________________________________________________________________

   □ Faculty   □ Administrator   □ Graduate Student   □ Doctoral Student

   School/Div./Dept. _______________________________________________________________________

   Contact: Molloy ext. ________ Cell: ______________ Email: __________________________

2. Project title: _____________________________________________    Start date: _________________

3. Type of project:
   □ research   □ program   □ academic support   □ curriculum development
   □ capital/equipment   □ capacity-building   □ professional development/training/mentoring
   □ scholarship/fellowships   □ student services   □ community-service   □ other: ________________

4. Where will project be located?
   □ on-campus   □ off-campus   □ combination

5. Are there collaborative partners?
   □ No   □ Yes, list below:
      a) internal collaborators: __________________________________________________________
      b) external collaborations: ________________________________________________________

6. Assistance needed:
   □ locating funding opportunities   □ project/concept creation
   □ proposal development (narrative/budget)   □ identifying collaborative partners   □ review & edit

7. Check if project will involve:
   □ human subjects   □ potentially harmful agents
      a) If human subjects are involved, has a proposal been submitted to the IRB?
         □ No   □ Yes
      b) If potentially harmful agents are involved, has this proposal been submitted to an IBC?
         □ No   □ Yes, specify IBC and provide contact information for Molloy IRB: _______________
                     ________________________________________________________________
      c) Will students be involved in the conducting of the project?
         □ No   □ Yes, specify:
   □ undergraduate   □ graduate   □ doctoral   Explain briefly: __________________________
8. Will this project require Molloy resources (e.g., space, equipment, clerical support)? □ No
□ Yes, explain: __________________________________________________________________________

9. Will you apply for internal funding through Research/Scholarship Committee? □ No □ Yes

10. Is proposed project related to a sabbatical leave? □ No □ Yes

11. Is release time requested? □ No □ Yes, specify:
Academic Year __________ Course(s) ______________________________________________________

12. Is there any potential conflict of interest? □ No □ Yes, explain:
____________________________________________________________________________________

Complete this if you have identified a funder and would like to submit a proposal for external funding:

13. Letter of Intent/Introduction (LOI) required? □ No □ Yes, due date: _____________________

14. Full application due date: _________________________________

15. Funding agency: ___________________________ Grant program: ___________________________
Type of proposal: □ new □ continuation □ renewal □ revision/resubmission

16. Grant period: _________________________________ □ One-year □ Multi-year
Anticipated start date: ___________________________ Anticipated end date: ______________________

17. Total project costs: Direct $___________ Indirect $___________ Total $_______________

18. Grant request: Direct $___________ Indirect $___________ Total $_______________

19. Does this project include a subcontract arrangement with another entity to perform a portion of the
work? □ No □ Yes, explain: ______________________________________________________________________

20. Is cost share/matching involved? □ No □ Yes, cost share is: □ mandatory □ voluntary
Type of cost share required: □ cash □ in-kind □ combination
Amount of cost share proposed: Grant budget $_________ Total project $______________
Source of cost share or match (e.g., Molloy department, external partner) and a description:
____________________________________________________________________________________

Additional information/comments: __________________________________________________________________________
____________________________________________________________________________________
REQUIRED APPROVALS

Project Director/Principal Investigator  (Date)  
Co-Principal Investigator (if applicable)  (Date)

________________________________________             _______________________________________
Project Director/Principal Investigator            (Date)             Co-Principal Investigator (if applicable)       (Date)

_______________________________________________________________
Administrative Director                                               (Date)

_____________________________________________________________
Supervisor                                                                                                            (Date)

______________________________________________________________
Vice President for Advancement                                                                    (Date)

**OR**

_______________________________________________________________
Dept. Chair                                                                                                         (Date)

_____________________________________________________________
School Dean                                                                                                               (Date)

___________________________________________________________
Senior Dean for Research and Scholarship                                                    (Date)

____________________________________________________________
Vice President for Academic Affairs                                                               (Date)

**AND**

_____________________________________________________________
Director of Grants & Sponsored Programs, Office of Advancement       (Date)