

**LETTER OF INTENT
FOR
A GRANT PROPOSAL SUBMISSION
(Division of Academic Affairs)**

Complete this form if you are submitting a New Grant Application or a Grant Reapplication

Name of Proposer _____

Division /Department _____ College Extension _____

Duration of Grant Project _____ Amount of Funding Being Requested _____

Funding Source _____ Funding Source Program Name _____

LaGuardia Project Name _____ Date to be Submitted _____

Brief Abstract _____

1. COLLEGE COMMITMENT

Does this project involve:

A. Allocation of additional space? Yes ___ No ___ Not sure ___

If yes or not sure, explain _____

B. Alteration of college space:

* construction	Yes ___ No ___ Not sure ___
* electrical wiring	Yes ___ No ___ Not sure ___
* connection to college network	Yes ___ No ___ Not sure ___
* ventilation	Yes ___ No ___ Not sure ___
* air conditioning	Yes ___ No ___ Not sure ___
* equipment	Yes ___ No ___ Not sure ___

If yes or not sure, please explain _____

C. Are matching funds required? Yes ___ No ___

If yes, explain _____

2. COLLEGE/RESEARCH FOUNDATION RECOVERY

Grants are either administered by the **CUNY Research Foundation** (Federal, State, and City Grants) or by the **LaGuardia Foundation** (Grants from Private Foundations). This grant will be administered by [check one]:

_____ **Research Foundation**

_____ **LaGuardia Foundation**

NOTE: Different funding sources allow differing levels of indirect cost to be written into grant proposals. Funding guidelines usually specify the percentage that is allowed. However, despite these differences, the College requires a 15.5% recovery rate for all grants administered by the CUNY Research Foundation and a 10% recovery rate for all grants administered through the LaGuardia Foundation. Please discuss the proposed budget for any grant with the Grants Development Office at an early stage so that Indirect Rates and Recovery Rates are adequate.

If the grant proposal cannot achieve the required recovery rate, please explain: _____

3. INSTITUTIONAL REVIEW BOARD (IRB)

Please indicate whether this project involves research on Human or Animal Subjects.

Yes _____ No _____

If yes, please contact the Grants Office for additional information.

4. APPROVALS

APPROVED: _____
Department Chairperson

Date

APPROVED: _____
Divisional Vice President

Date

Submit to Grants Office. Copy will be sent to Executive Council.

APPROVED: _____
President

Date

Approved copies to: Divisional Vice President and Grants Office

Receipt of approved copy signals that the Grants Office is authorized to assist with program development and/or proposal and budget preparation. A copy of the approved Letter of Intent will be sent to you.

5. Please Include Draft Budget

For example: Released time, equipment, travel, student support.