LETTER OF INTENT FOR A GRANT PROPOSAL SUBMISSION

Complete this form if you are submitting a <u>New Grant Application or a Grant Reapplication.</u>				
Please include a draft budget with your LOI submission.				

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:

Are matching funds required? Yes___No____

If yes, explain_____

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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
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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 <u>requires</u> 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 <u>cannot</u> 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:			
	Divisional Dean / Chairperson	Name (Print)	Date
APPROVED:	Divisional Vice President / Provost	Name (Print)	Date
APPROVED:	Divisional Vice President / Provost	Name (Print)	Date

VP/Provost signature represents approval of budgeted Release Time, contingent upon workload restrictions and CUNY's multiple positions policy.

If this is a collaborative/multi-divisional proposal, each divisional VP's signature is required.

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.