

**LETTER OF INTENT
FOR
A GRANT PROPOSAL SUBMISSION**

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

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: _____
Divisional Dean / Chairperson Printed name Date

APPROVED: _____
Divisional VP / Provost Printed name Date

APPROVED: _____
Divisional VP / Provost Printed name 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.