SDSM&T INTENT TO PROPOSE FORM

Email this completed form to sponsored.programs@sdsmt.edu. Someone from OSP will be in contact with you before the close of the next business day to begin assisting you with the development of your proposal.

PRINCIPAL INVESTIGATOR:

PI PHONE:

PI EMAIL:

DEPT./INSTITUTE/CENTER:

DEPT. HEAD:

DEPT. HEAD EMAIL:

FUNDING AGENCY/SPONSOR:

PROPOSED TITLE:

RFP WEBSITE:

AGENCY DUE DATE:

PROPOSED PROJECT PERIOD: START DATE: END DATE:

MATCH REQUIRED? Y/N

ABSTRACT:
(limit to 50 words)

OTHER COMMENTS TO OSP:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Are there any real or perceived conflicts of interest for this project? Yes X No

Will this project need additional or remodeled space for new faculty/staff or equipment? Yes X No

Will this project utilize human subjects? Yes X No

Will this project utilize animals? Yes X No

Will this project utilize radioactive materials or controlled substances? Yes X No