Office of Research & Sponsored Programs
AT SAM HOUSTON STATE UNIVERSITY

Proposal Notification Form (PNF)

Date Submitted _____

To submit this form, email to Dee Myall (dee@shsu.edu), or call 936.294.4032 for assistance.

THE PNF <u>STARTS</u> THE REQUIRED PROPOSAL BUDGET, APPROVAL & SUBMISSION PROCESS.

ORSP understands that the responses below may change, so please do not wait until all responses are known with certainty. This info allows ORSP to understand the proposal requirements and prioritize time/effort based on due dates and proposal complexity.

P.I. NAME: **CO-PIs:**

Working Title:

In layman's terms, provide a <u>BRIEF</u> project description (additional space available on the following page)

If you have been working with ORSP staff on this project, please identify:

TYPE OF PROJECT:	TYPE OF APPLICATION:

SPONSOR NAME (Who is SHSU submitting to <u>directly</u>? If we are going to be a subrecipient, identify the lead university/organization.)

RFA/RFP number, webpage link or submit hardcopy guidelines:

SUBCONTRACTS: Will SHSU pay out/ subcontract grant funds to another entity on this project? If, yes, identify:	No	Yes	**Estimated Budget** **Max Budget** (SHSU portion only, exclude cost share, all years)		
			Number of budget years:		
			Are matching funds/cost share required?	Yes	No
Is SHSU proposing to <u>receive</u> a Subaward from another university/entity? **If YES, name of prime sponsor:**	No	Yes	**Does the sponsor require a reduced Indirect Costs Rate? (aka F&A or IDC)**	Yes	No
			Note: If Cost Sharing or a reduced IDC rate are included, additional approvals are required.		

RESEARCH COMPLIANCE	PROJECT TIMELINE
Before any project funds can be accessed, all research compliance requirements must be met. Call **936.294.4875** for assistance.	Requested Start Date: Requested End Date:
Please Check all that apply to this project: None	**PROPOSAL DUE DATE & TIME (incl. time zone)**
Human Subjects Radio Active Materials Export Controls	
Animal Subjects Bio Safety Drones	Electronic Submission Paper Submission

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PI NAME: **DATE:**

Please use the space below to provide any additional information or comments