



NOTICE OF INTENT FORM INSTRUCTIONS

*Office of Sponsored Programs
ACC building Rm 224
2 John Brewers Bay
St. Thomas, VI 00802
(340)693-1202 or (340)693-1176
osp@uvi.edu*

Form Field Instructions

Field Name	Information
PI Name	Enter the name of the Principal Investigator.
PI Phone	Enter the phone number for the Principal Investigator.
PI Department	Enter the name of the department the Principal Investigator reports to.
PI Email	Enter the email for the Principal Investigator.
List UVI Co-PI(s) Involved	<p>Enter the names of all individuals who are anticipated to be listed as Co-Principal Investigators or Co-Investigators (for National Institute of Health proposals) in the proposal.</p> <p><i>Co-Principal Investigator:</i> an individual who shares responsibilities for the sponsored project with the PI.</p> <p><i>Co-Investigator:</i> an the individual shares responsibilities for performing work under the sponsored project, but does not have fiscal authority unless delegated by the PI.</p>
Sponsor/Funding Agency	Enter the name of the entity who is providing the funding for this program.
Sponsor Deadline	Enter the date the proposal is due to the sponsor. If UVI is not the lead institution, enter the date the lead institution has given for UVI to submit their documents.
Lead Institution	Enter the name of the lead institution if UVI is not acting as the lead institution.
Funding Opportunity	Enter the link of the funding opportunity guidelines or send as an attachment when the NOI form is submitted to OSP. If no funding opportunity guidelines exist then please enter N/A or None.
Proposed Project Title	Enter the title of the project.
Short Project Summary	Enter a short summary of the project.
Start Date	Enter the anticipated start date of the project.
End Date	Enter the anticipated end date of the project.
Anticipated Budget	Enter the anticipated budget of the project.
Is Cost Share or Match Required?	Check Yes, if the agency requires cost share or match as part of the project.

	<p><i>Cost Share or Match:</i> a portion of the project or program costs not borne by the federal agency and therefore covered by some other source.</p> <p>Please indicate in the comments section the sources of the anticipated cost share in the proposal (i.e. salary, other UVI Cash, UVI In-Kind, third party cost share, etc.)</p>
Is this a Collaborative Proposal?	<p>Check Yes, if this proposal is for the National Science Foundation and is being submitted as a collaborative proposal.</p> <p><i>A collaborative proposal</i> is when two or more organizations wish to collaborate on a unified research project. “Collaborative Proposal from multiple organizations” will be selected on the NSF Cover Page and each entity would receive its own funding directly.</p>
Will UVI issue Subawards on this proposal?	<p>Check Yes, if UVI will be including an external entity as a subrecipient in this proposal.</p> <p><i>subrecipient:</i> a non-federal entity that receives a subward from UVI to carry out part of this proposal.</p> <p>Note: Do not select Yes if UVI is the subrecipient to another lead institution.</p>
Comments	<p>Enter any additional information you feel the Chair and/or Director, and Dean may need to be aware of. As noted under the cost share question please indicate what the sources of cost share will be.</p>
Signatures	<p>Signature is required from the Chair/Director for each PI and Co-PI. If there are multiple PIs/Co-PIs from one department the Chair/Director need only sign once.</p> <p>Dean signature is required only if the PI or Co-PI on the proposal is a Chair or Director.</p>