

1. BASIC INFO

Required for all INSTAAR proposals

Give this form **and a draft budget** to the Chief Financial Officer at least **3 weeks before the proposal deadline for Grants.gov submissions and at least 2 weeks for other submissions.**

For details on the proposal process, see <http://instaar.colorado.edu/other/proposals.html>

1. Today's Date:		3. CU Co-PI's (Name & Department):	
2. Principal Investigator: 2b. PI Phone: 2c. PI Email:			
4. Proposal Full Title:			
5. Keywords: (Enter the most relevant words to describe the proposed project. Use commas to separate words.)			
6. Project Start Date:	7. Project Duration:	8. Receipt Deadline:	9. Postmark Deadline:
10. Grants.gov submission? <input type="checkbox"/> Yes <i>(If Yes, continue 10)</i> 10b. Search Grants.gov for two required codes: CFDA Number: _____ Opportunity Number: _____ 10c. If Grants.gov submission to NSF, two more required codes: NSF Division Code: _____ Program Code: _____ Go to https://www.fastlane.nsf.gov/pgmannounce.jsp to find the Division and Program codes for this funding opportunity. 10d. PI Credential, eg agency login: _____ (not required)		12. Sponsoring Agency, Division, & Program: 12b. Program Manager/Contact Person: 12c. Other Program info or Instructions: <div style="text-align: right;"><i>Submit to</i></div>	
11. NSF Fastlane submission? <input type="checkbox"/> Yes <i>(If Yes, continue 11)</i> 11b. Announcement #: _____ 11c. Website URL for announcement/guidelines: _____ 11d. Fastlane Password: <i>(If not registered, contact contact joyce.kroll@colorado.edu 735-3118)</i>		13. Name: 13b. Street Address/P.O. box: 13c. City, State, Zip:	
14. Type of Proposal: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement to Project # _____ Award # _____ <input type="checkbox"/> Revision to Project # _____ Proposal # _____ <input type="checkbox"/> Research <input type="checkbox"/> Training <input type="checkbox"/> Public Service <input type="checkbox"/> Other <input type="checkbox"/> Grant <input type="checkbox"/> Contract – CR – Cost Reimbursable <input type="checkbox"/> Contract – FP – Fixed Price		15. Overhead Rate <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/> Other, describe here: _____ 16. Split DA ICR with Other Departments? <input type="checkbox"/> Yes <i>(If Yes, continue 16)</i> 16b. List percentage for each Department. Total percentage must be 12.5% (INSTAAR 87.5%) _____ % Dept Name: _____ _____ % Dept Name: _____ _____ % Dept Name: _____	

17. Comments / Unusual Aspects / Instructions: