Proposal Intake Form (Please provide as much detail as possible at this time)

Principal Investigator (PI):
PI School:
PI Department:
Sponsor:
Prime Sponsor (if applicable):
• Is this proposal being submitted to a Federal Agency? Yes □ No□
If no, is it: Industrial \square Foundation \square Commonwealth of PA \square
Solicitation Number:
Link to Opportunity:
Submission Deadline:
Period of Performance (POP):
• Project Type: Research □ Instruction □ Other Sponsored Activity □ Senior/Key/Named Personnel: Please indicate who will be PI, Co-PIs and any other named personnel
Name College/Unit Role

Budget Request: (If additional space is needed for any budget sections, please attach additional pages)

• Category I Personnel Time Faculty/Staff (PI, Co-PIs, Research Associate/Assistants, Technicians etc.): List percentage of effort or weeks/months. Is this budgeted over the calendar year? Only in the summer months (SM)? Only academic year (AY)? Calendar year (CY)?

Personnel	Name	% effort/ time	SM/AY/CY	Project Year(s)
PI				

• Category II Graduate Assistants: List the Grade Level (Half-time, Qtr-time, or other), whether they are fully supported for the year or only certain semesters, and also whether summer wages should be budgeted. Tuition will follow the academic year stipend amounts.

Graduate	Grade	Level of	Summer	Project
Assistant	Level	Support	Wages (yes/no)	Year(s)

• Category III Wage Payroll: List the amount per hour, hours per week and weeks budgeted.

Employee	# of Positions	Hourly Wage	Hours per week	Weeks budgeted	Project Year(s)

• Category IV Hourly Students: List the amount per hour, hours per week and weeks budgeted.

Student	# of	Hourly	Hours	Weeks	Project
	Positions	Wage	per week	budgeted	Year(s)
L	J				

• Category V Post-Docs:

Post-Doc	# of Positions	Base Salary	% of effort	Project Year(s)
	TOSITIONS	Salary	CHOIL	Tear(s)

• Materials and Supplies

Trianguis und Supplies	1	1
Items (list items to be purchased and describe use)	Cost	Project Year(s)

• Travel

Destination	Reason	# Days	# Travelers	Project Year(s)

Provide as many cost details for this trip as possible (who is traveling, what costs will be associated)

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Provide as many cost details for this trip as possible (who is traveling, what costs will be associated)

• Purchased Services (include facility usage fees here):

Service	Cost	Project Year(s)

Software or L	icense	Cost	Project Year(s)
	(if any) – must be specialized and necessary	for project, a justification	n will be required.
rand and Spe	cifications	Fee	e Project Yea
Equipment	z - indicate items over \$5K or fabricated equi	pment that will become or	ne system with a v
of \$5K or m	t - indicate items over \$5K or fabricated equinore (capital equipment). For fabricated equipment	ment, include breakdown	of all costs.
of \$5K or m			of all costs. Project
of \$5K or m		ment, include breakdown	of all costs.
of \$5K or m		ment, include breakdown	of all costs. Project
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Is Drone eq External Conference of \$5K or many the sequence of \$5K or many the sequen	quipment included in your proposal? Yes ollaborators and/or Consultants: Yes \(\simeq \) N ndicate who will be listed on the budget. An	No y funded consultants will in the second consultants will be second consultants will be second consultants.	of all costs. Project Year(s) need to provide a
Is Drone equipment External Control of \$5K or more and the second secon	quipment included in your proposal? Yes ollaborators and/or Consultants: Yes N ndicate who will be listed on the budget. An g how the budgeted amount was calculated a	No y funded consultants will and their role on the project	need to provide a
Is Drone equipment External Control yes, please intermining the control of the c	quipment included in your proposal? Yes ollaborators and/or Consultants: Yes \(\simeq \) N ndicate who will be listed on the budget. An	No y funded consultants will and their role on the project	need to provide a
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• Subawards: Yes □ No □	
Organization Name	
Subaward PI	
PI Contact Information	
Research Administrator	
RA Contact Information	
Max Budget (if applicable)	
Cost Share Requirement	
Additional information	
	,
Organization Name	
Subaward PI	
PI Contact Information	
Research Administrator	
RA Contact Information	
Max Budget (if applicable)	
Cost Share Requirement	
Additional information	
Organization Name	
Subaward PI	
PI Contact Information	
Research Administrator	
RA Contact Information	
Max Budget (if applicable)	
Cost Share Requirement	
Additional information	
Organization Name	
Subaward PI	
PI Contact Information	
Research Administrator	
RA Contact Information	
Max Budget (if applicable)	
Cost Share Requirement	
Additional information	

• Other expenses not included above:
Cost Share: Yes □ No □
Mandatory Committed □ Voluntary Committed □ Voluntary Uncommitted □
If cost share, please provide details:
If this proposal is for NSF, will there be off-site research? NSF defines "off-campus or off-site research" as "data/information/samples being collected off-campus or off-site, such as fieldwork and research activities on vessels and aircraft."
Yes □ No □
If yes, you will need to prepare a safety plan <u>PRIOR</u> to proposal submission. Instructions can be found here: <u>https://www.research.psu.edu/node/6405</u>
Notes/Additional Information: