

EHHD Internal Letter of Intent (LOI)

Office of Research Development (ORD)

Required for any grant or contract proposal 4 weeks prior to submission deadline or as soon as possible for grants with a quick turn-around.

Submit LOI to Dr. Elizabeth Bird, Project Development/Grants Specialist (ebird@montana.edu)

1. **PI Name:** _____ **Department:** _____

Co-PI Name(s) and Department: _____

Other Co-Investigators/Collaborators and Departments: _____

Working title of proposed project: _____

Attach a working abstract at Appendix A

Funding agency and program: _____

Proposal submission deadline: _____

Project begin and end dates: _____

Estimated budget: \$ _____

Allowable Indirect Cost (IDC)/Facilities & Administration (F&A) Rate: _____

**See OSP's Info Sheet - <http://www.montana.edu/wwwvr/osp/index.html> and/or funder instructions*

- | | | |
|--|------------|-----------|
| 2. Have you attended Office of Sponsored Programs PI Training? | YES | NO |
| 3. Does the project involve Native American communities? | YES | NO |
| <i>If yes, please review the College Tribal Engagement Policy</i> | | |
| 4. Do you have a Co-PI in a different College at MSU? | YES | NO |
| <i>If yes, please complete Appendix B, and review the EHHD Guidance for Collaborations</i> | | |
| 5. Does your proposal require match? | YES | NO |
| <i>If yes, please complete Appendix C</i> | | |
| 6. Will a percentage of salary for any current MSU faculty or staff member be paid from the grant? | YES | NO |
| <i>If yes, please complete Appendix D</i> | | |
| 7. Do you expect to hire NTT faculty, staff and/or students on your budget? | YES | NO |
| <i>If yes, please complete Appendix E</i> | | |
| 8. Will you request a letter of support for your proposal from: | | |
| a. Department Head? | YES | NO |
| b. EHHD Dean? | YES | NO |
| <i>Please provide drafts of any letters needed.</i> | | |
| 9. Would you like assistance with your application process? | YES | NO |
| <i>If yes, please complete Appendix F</i> | | |

Departmental Approval to Proceed (signature): _____ **Date:** _____

EHHD Dean's Approval to Proceed (signature): _____ **Date:** _____

(Upon signature route to PI and a copy to the Associate Dean, EHHD office of Funded Research)

Appendix A
Working Abstract

Please succinctly describe the purpose and scope of the proposed project

This abstract will be posted to the EHHD website as a link from your pending or awarded grant listing. If, after the proposal is submitted, you want to change what's posted for you, please send an updated abstract to Elizabeth Bird.

(Upon funding, E. Bird will route to Deb Redburn.)

Appendix B
Shared Facilities & Administration (IDC) Credit Agreement

Proposal Name: _____

Approximate Budget: \$ _____ Allowable IDC Rate: % _____

PI Name: _____

Department/Org #: _____

% of Budget Credited to this Dept: _____

PI Signature: _____

Date: _____

Co-PI Name: _____

Department/Org # _____

% of Budget Credited to this Dept: _____

Co-PI Signature: _____

Date: _____

Co-PI Name: _____

Department/Org # _____

% of Budget Credited to this Dept: _____

Co-PI Signature: _____

Date: _____

(add additional Co-PI's if needed)

TOTAL PERCENTAGES (must add up to 100%): _____

(PI should include this form in the ePCF when the proposal is submitted).

Appendix B Continued
Add additional Co-PI's if needed
Shared Facilities & Administration (IDC) Credit Agreement

Co-PI Name: _____

Department/Org #: _____

% of Budget Credited to this Dept: _____

PI Signature: _____

Date: _____

Co-PI Name: _____

Department/Org # _____

% of Budget Credited to this Dept: _____

Co-PI Signature: _____

Date: _____

Co-PI Name: _____

Department/Org # _____

% of Budget Credited to this Dept: _____

Co-PI Signature: _____

Date: _____

TOTAL PERCENTAGES (must add up to 100%): _____

(PI should include this form in the ePCF when the proposal is submitted).

Appendix C

Matching Funds Required

PI Name: _____

Proposal Name: _____

Amount of Match Required: \$ _____

Percentage of Total Cost of Project: % _____

Source(s) funding the required match amount: _____

Explain how the commitment of funds from each source will be secured:

Explain how, once the grant is received, you will document the delivery of match for auditing purposes:

**(PI can use this form to help fill out the match page of the ePCF when the proposal is submitted).
(Upon funding, E. Bird will route to relevant Department Head.)**

Appendix D Time and Effort

List the name and the following information for each CEHHD faculty or staff member who will receive salary and benefits from the grant if awarded:

Name: _____

Are you budgeting Summer Salary? YES NO
(if applicable) _____ months (1 summer month = 1/9 of base AY salary)

Are you budgeting Academic Year Salary paid by the grant? Yes No

If so, please provide % AY time:

*Benefit costs to grant will be directly proportional to the salary percentage at the appropriate rate and should be included in the budget.

Are you proposing course load reduction? Yes No

If yes, please describe which courses, how many course credits each, which semesters and which years.

Propose a replacement instructor(s) _____

*Note: When your grant is awarded you will be required to fill out a "Course Load Reduction Worksheet" and have Department Head signature in order to be paid on the grant for that buyout, and thereby make funds available to the Department for your replacement/
Please see the CEHHD course load reduction policy below.

Do you want to participate in the Incentive Program for Researchers (IPR)? YES NO

*See OSP Information and policies at <http://www.montana.edu/wwwvvr/osp/index.html>

*See EHHD guide to IPR at <http://www.montana.edu/ehhd/documents/ord/IPR%20Procedure%202015.04.08.pdf>

EHHD Course Load Reduction Policy:

<http://www.montana.edu/ehhd/documents/ord/EHHD%20Policy%20Course%20Load%20Reductions.pdf>

(Upon funding, E. Bird will route to relevant Department Head, Renee Lineback, and departmental accounting manager.)

**Appendix E
Additional Staff and/or Student Employees**

What positions will be created if the grant is awarded?

Positions (Types) and FTE:

See EHHD Policy: Hiring Graduate Research Assistants with External Funds:

<http://www.montana.edu/ehhd/documents/ord/EHHD%20Policy%20Hiring%20GRAs%20with%20External%20Funds.pdf>

Do you plan to name and justify specific NTT faculty or staff in the proposal?

If yes, please describe:

YES

NO

Do you have space identified to house your staff additions?

If yes, please describe:

YES

NO

(Upon funding, E. Bird will route to Renee Lineback, relevant Department Head and Dean.)

Appendix F Assistance in Application Process

In order to best coordinate services offered by EHHD/ORD and/or the Office of Sponsored Programs, please check all areas of assistance you would like to receive. Elizabeth or Bill will be in touch with you after receiving this information:

budget and justification (including subawards)

grant narrative (project description/research plan – can be conceptual conversation or editorial assistance)

forms (such as human subjects enrollment, facilities and university resources)

data management plan

biographical sketches formatted to funder specifications

human subjects

letters of commitment/support

completing MSU’s Electronic Proposal Clearance Form

submission process (electronic or paper)

RFP/RFA special requirements

Please explain, if possible:

Other assistance

Please Explain