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DATE RECEIVED:

STAFF ASSIGNED:

*Florida A&M University
Office of Sponsored Programs*

INTENT TO SUBMIT PROPOSAL

Date: _____

Principal Investigator: _____

School/College: _____

Title of Proposal: _____

E-mail Address: _____

Telephone No.: _____

Date Due: _____

Funding Source: _____

Is the Proposal a Collaborative? Yes No

Is the proposal an institutional proposal where a limited number can be submitted per institution?

Yes No

Does the proposal require match or cost sharing? Yes No

If any of the above information is not known, please indicate not known. This information can be transmitted by e-mail, fax or hand-delivered to the Office of Sponsored Programs.

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