

# Application for Proposal Development Support and Information Form

**Instructions:** Please complete and submit this form to IUB Proposal Development Services (PDS) via email to [pdshelp@indiana.edu](mailto:pdshelp@indiana.edu). The form provides essential basic information to PDS about the proposal; consultation-only requests may skip to question #7. PDS will review the provided information and inform the submitter of its decision regarding support.

**Note:** PDS will provide a timeline for completion of proposal components. Deadlines will be strictly enforced in order to meet university and agency requirements. In the event that the project director/principal investigator is unable to meet the deadlines established in collaboration with PDS, support may be terminated.

## Please fill in the shaded areas below:

1. **Funding agency name *and* URL for the funding opportunity announcement:**

1. **Does the opportunity require approval through the IU Limited Submission process (mark with x; include relevant additional information)?**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Yes** | **If Yes, date of approval** | **If Yes, identification number** |
|  |  |  |  |

1. **Submission deadline:**

|  |  |  |
| --- | --- | --- |
| **Agency date** | **Rolling/Anytime; add target date** | **Uncertain (mark with x)** |
|  |  |  |

1. **Anticipated dates of the proposed project:**

|  |  |
| --- | --- |
| **Start date** | **End date** |
|  |  |

1. **Estimated request amount (specify direct costs OR total costs):**

1. **Title of the proposed project (may be provisional):**

1. **Project Director/Principal Investigator:**

|  |  |  |
| --- | --- | --- |
| **Name** | **School** | **Department** |
|  |  |  |
| **Phone** | **Email** | **Office Address** |
|  |  |  |

1. **Other project investigators and collaborators (with contact information):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Institution** | **Phone** | **Email** |
|  |  |  |  |
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1. **Type(s) of assistance requested (mark x under all that apply):**

|  |  |  |
| --- | --- | --- |
| 1. **Identify potential funding sources** | 1. **Identify potential collaborators** | 1. **Provide project management** |
|  |  |  |
| 1. **Review technical narrative** | 1. **Review/compile proposal administrative components** | 1. **Coordinate final submission with ORA** |
|  |  |  |

|  |
| --- |
| 1. **Other (specify)** |
|  |

1. **Dates the PD/PI will be away between now and the agency submission deadline:**

|  |  |
| --- | --- |
| **Dates** | **Accessible by email (yes/no)** |
|  |  |
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1. **Other comments or notes:**

1. **Submitted by:**

|  |  |
| --- | --- |
| **Name** | **Date** |
|  |  |
| **Phone** | **Email** |
|  |  |

1. **How did you learn about PDS? (select one)**

|  |  |  |
| --- | --- | --- |
| 1. **IU’s Website** | 1. **An IU electronic newsletter** | 1. **A workshop, training, or other event** |
|  |  |  |
| 1. **I am a returning client** | 1. **Colleague referral** | 1. **Other (specify)** |
|  |  |  |

IUB Office of the Vice Provost for Research, January 2019

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