

INTENT TO SUBMIT GRANT PROPOSAL FORM

Complete this form to secure approval from appropriate officials to submit a grant with an **external** agency. VERAM Contracts and Grants Division will provide you with proposal or contract support based upon the information provided. We recommend submission of this form at a **minimum of 4-6 weeks** prior to a submission due date. If you have questions, please e-mail cgm@veram.org.

- Instructions:**
1. Complete **Section A + Section B**
 2. Submit this form and all supporting materials requested for review to the CGM at cgm@veram.org.
 3. Attach required files listed below to the e-mail with this form (refer to Section B: Grants for additional proposal components requested)
 - a. VA Financial Conflict of Interest Form ([initiate via IRBNet](#))
 - b. [Project Personnel Attestation Form](#)
 4. After approval from the VERAM CGM, a proposal coordination meeting will be scheduled.

SECTION A: PERSONNEL

1. Principal Investigator:

Last Name	First Name	Department	Email Address	Commons Username

2. Additional named Senior/Key Personnel (use additional sheets, if necessary)

Last Name	First Name	Department	Email Address	Commons Username

SECTION B: GRANTS

Attach supporting materials to the e-mail with this form:

PRIME PROPOSAL COMPONENTS*
Specific Aims
Project Summary
Budget/Budget Justification
Biosketch
Institutional Letter of Support draft
<i>*additional proposal components will be requested</i>

SUBAWARD PROPOSAL COMPONENTS
Specific Aims
Project Summary
Budget/Budget Justification
Biosketch
Scope of Work
Facilities and Resources
Institutional Letter of Support draft

Proposal Title: _____

Link to FOA: _____

Funding Agency: _____ Agency Submission Deadline: _____

Project Start Date: _____ Project End Date: _____ Total budget for project*: _____
**to be finalized by CGM*

VERAM is Prime recipient?	YES	NO	VERAM is Subrecipient?	YES	NO
If yes, does this proposal involve subcontractor and/or subrecipients?	YES	NO	If yes, who is the Prime Awardee?		
List subcontractors and/or subrecipients:	Provide Principal Investigator(s) Name and email(s):				
1.	Provide Prime Institution's Business Point of Contact (POC) and email:				
2.					
3.					

FOR CGM USE ONLY Type of Proposal: FEDERAL INVESTIGATOR-INITIATED FOUNDATION OTHER(Specify): _____

Supporting Materials Attached YES NO _____

NEW CONTINUATION RENEWAL SUPPLEMENTAL REVISION/RESUBMISSION

GRANT CONTRACT SUBCONTRACT FELLOWSHIP COOPERATIVE AGREEMENT

Reviewed by CGM _____ APPROVED: YES NO Comments: _____