

## Intent to Apply Form

Faculty planning to submit materials to funding agencies (public or private), whether as the prime or as a subrecipient, must complete the SCU Intent to Apply Form (ITA) prior to submitting the application, letter of inquiry, or other documentation. A copy of this completed form will be provided to Esther Pham, Director Office of Research Compliance and Integrity. Your Chair and Dean will also receive a copy.

*Please note: The ITA notifies SPO about your intentions and provides information necessary to begin processing. It requires no signatures, does not give consent to apply, nor binds you to submission. The Routing Form, electronically circulated later in the process, will require signatures and will be used to attain approval from the Chair, Dean, and Provost offices.*

**YOUR PROPOSAL WILL NOT BE SET UP UNTIL THIS FORM IS RETURNED**

**NOTE: The use of human embryonic stem cell /derivative in research or teaching is prohibited at Santa Clara University**

### 1. Project Information

Today's Date:	Application Deadline:
SCU Applicant Name & Dept:	Phone:
SCU Co-Applicant Name & Dept:	Phone:
Non SCU Collaborator(s):	Institution:
Collaborator's SPO contact:	

### 2. Funding Agency:

Agency Name: \_\_\_\_\_ URL link to Solicitation/RFP: \_\_\_\_\_

If NSF, please provide the Division and Program Name: \_\_\_\_\_

Agency Type:  Foundation  Federal  State  Local Government  Other/Non-Profit  Corporation  Int'l

### 3. Proposal Information:

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| A. Will your proposal involve the use of Human subjects?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| B. Will your proposal involve the use of Laboratory Animals?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| C. Will your proposal involve the use of recombinant DNA or other Biological Agents?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| D. Will your proposal involve embryonic stem cells?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| E. Will your proposal involve Radioactive materials/radiation-generating machines?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| F. To determine if export controls may be needed, is the proposed project:   |                          |     |                          |    |
| with or on encryption commodities, software, or source code?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| designed for military use or modified for or conducted in cooperation with, on behalf of, or for any military end user?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| on satellites or to be conducted in outer space?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| conducted with information or items used in the development of a weapon of mass destruction, including the proliferation of nuclear explosive devices or chemical or biological weapons or missile technology nuclear materials? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Conducted with interactions with embargoed countries, such as Cuba, Iran Sudan and North Korea?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| G. Is proprietary/privileged information included in the application?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| H. Does this project have an actual or potential impact on the environment?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I. Is the research performance site designated, or eligible to be designated, as a historic place?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| J. Does this project involve activities outside the U.S. or partnership with International Collaborators?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**4. Budget**

- A. Do the guidelines require cost-share match?    Yes     No   
B. Will a faculty member request a course release    Yes     No

*If yes, Academic Year: \_\_\_\_\_*

**5. Briefly describe the Project and Activities to be Funded (this information will appear in your routing form)**