

UT Southwestern Medical Center

Department of Surgery

Notice of Intent to Request External Funding

Principal Investigator/Project Director Information

Name _____ Phone _____ Email _____

Division _____

Signature: _____

Date: _____

Prospective Sponsor Information

Prospective Sponsor Name

Preapplication

Full Proposal

Proposal due date _____

Brief Description: (Limit 200 characters)

Amount Requested: \$ _____

Project Start Date: _____

Project End Date: _____

Approved:

Signature Division Chair*

Date

*The Division chair confirms their willingness to provide time for the Principal Investigator to perform the required duties of the grant. Additionally, the Division Chair guarantees that funds are available to cost share toward the project if applicable.

Signature Vice-Chair Research Admin

Date