Penn State Behrend Proposal Initiation Form

Principal Investigator (PI): _____

PI School: _____

PI Department: _____

Sponsor: _____

Prime Sponsor (if applicable): _____

-
- **Solicitation Number:** _____

  Link to Opportunity: _____

- How did you find the opportunity?

- **Submission Deadline:** _____
- **Period of Performance (POP) (mm/dd/yyyy to mm/dd/yyyy):** _____
  - Unless the Sponsor indicates differently, the POP should start on the first of the month and end on the last day of the month.
- **Project Title:**
  _____
  _____
  _____

-

Budget:

Category I Personnel Time (PI, Co-PIs, Research Associate/Assistants, PSU Technicians, etc.): List percentage of effort OR months. Is this budgeted over Summer Months (SM), Academic Year (AY), or Calendar Year (CY)? Specify Project Year (1, 2, 3, 4, 5, or all)

Personnel	Name	Workload % Effort	Workload Months	SM, AY, or CY	Project Year
PI					
Co-PI					
Co-PI					
Co-PI					
Research Assistant					
Technician					
Other					
Other					

Category II Graduate Assistants (if any): You will be required to specify Grade Level (Half-time, Qtr.-time, or other), whether they are fully supported for the year or only specific semesters, whether summer wages should be budgeted, and project years. Tuition will follow the academic year stipend amounts. If no tuition stipend is being provided for the student, list their wages in Category III.

Are you using graduate assistants? Yes ☐   No ☐

What UP College or Department are your collaborating with to hire the graduate assistant?

_____

Category III Wage Payroll (Students and research technologists, if any): List the amount per hour, hours per week, and total number of weeks budgeted. Specify Project Year (1, 2, 3, 4, 5, or all).

Employee	# of Positions	Hourly Wage	Hours per week	Weeks budgeted	Project Year

Category V Post-Docs (if any): Indicate base salary and % of effort you would like used for calculations. Specify Project Year (1, 2, 3, 4, 5, or all).

Post-Doc	# of Positions	Grade Level	Base Salary	% of effort	Project Year

Subcontracts: Yes ☐   No ☐

If yes, provide the name and contact information for the subcontractor PI and the individual or office authorized to process agreements on behalf of their organization.

Organization Name	
Subcontract PI	
PI Contact Information	
Authorized Official Representative (AOR)	
Contact Information	

External Collaborators and/or Consultants: Yes ☐ No ☐

If yes, please indicate who will be listed on the budget and who will be unfunded collaborators providing a letter of support. Any funded consultants will need to provide a letter indicating how the budgeted amount was calculated and their role in the project.

	Name	Funded? (Yes or No)
Collaborator		
Consultant		

Cost Share: Yes ☐   No ☐

What resources will be used to fulfill the cost share?

_____
_____
_____
_____

Materials and Supplies

Items (list items to be purchased and describe use)	Supplier	Unit Cost	Qty.	Total Cost	Project Year

Purchased Services (include facility usage or machine time fees here):

Service	Cost	Project Year

Software or Licenses (if any) – must be specialized and necessary for the project.

Software or License	Cost	Project Year

Computers (if any) – must be specialized and necessary for the project; a justification will be required. Behrend IT should be contacted for a quote.

Brand and Specifications	Fee	Project Year

Justification for why specialized equipment is required for this project:

_____
_____
_____
_____

Equipment - indicate items over $5K or fabricated items that will become one system over $5K (capital equipment). Please split out any non-capital equipment items.

Equipment	Cost	Project Year

Is Drone equipment included in your proposal? s ☐   No ☐

Travel	Trip 1	Trip 2	Trip 3
Trip Purpose – conference, site work, collaboration, etc.			
Destination – City/State or City/Country			
# of travelers			
# of days			
# of days			
Airfare (Y/N)			
Per Diem (Lodging) (Y/N)			
Per Diem (Meals) (Y/N)			
Car Rental (Y/N)			
Conference Registration (Per Person)			
Mileage (Y/N)			
Misc.			
Project Year			

Other expenses not included in the above categories:

_____
_____
_____