**ARI SLO Notice of Intent**

**2020-2021**

|  |  |
| --- | --- |
| **1. Project Title:** |  |

|  |  |
| --- | --- |
| **2. Submission Date:** |  |

1. **Project Director:** Use this section to identify the project director. The project director is ultimately responsible for all project outcomes. Please provide complete information.

|  |  |  |
| --- | --- | --- |
| A. | Name |  |
| B. | Title |  |
| C. | Affiliation |  |
| D. | Mailing Address |  |
| E. | Phone Number(s) |  |
| F. | Fax Number |  |
| G. | E-mail |  |
| H. | Specific Expertise |  |

**4. Co-PI/Collaborator(s)** Please provide complete information for all co-PI’s and collaborators. List in order of responsibility to the project. Duplicate these sections if necessary**.**

|  |  |  |
| --- | --- | --- |
| A. | Name |  |
| B. | Title |  |
| C. | Affiliation |  |
| D. | Mailing Address |  |
| E. | Phone Number(s) |  |
| F. | Fax Number |  |
| G. | E-mail |  |
| H. | Specific Expertise |  |

|  |  |  |
| --- | --- | --- |
| A. | Name |  |
| B. | Title |  |
| C. | Affiliation |  |
| D. | Mailing Address |  |
| E. | Phone Number(s) |  |
| F. | Fax Number |  |
| G. | E-mail |  |
| H. | Specific Expertise |  |

1. **Cooperator(s):**

|  |  |  |
| --- | --- | --- |
| A. | Name |  |
| B. | Title |  |
| C. | Affiliation |  |
| D. | Mailing Address |  |
| E. | Phone Number(s) |  |
| F. | Fax Number |  |
| G. | E-mail |  |
| H. | Specific Expertise |  |

|  |  |  |
| --- | --- | --- |
| A. | Name |  |
| B. | Title |  |
| C. | Affiliation |  |
| D. | Mailing Address |  |
| E. | Phone Number(s) |  |
| F. | Fax Number |  |
| G. | E-mail |  |
| H. | Specific Expertise |  |

**6. Release/Added Compensation:** Please list the above personnel with an estimation of release time and added compensation per year. (Insert more lines as needed.)

|  |  |  |
| --- | --- | --- |
| Person | Release Time | Added Compensation |
|  |  |  |
|  |  |  |
|  |  |  |

**7. Proposal Type:** Select Type of Proposal and identify the duration of this project in years.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Campus |  | |  |  |  |
| 1) | Seed Funding | |  |  |  | (max $5,000) |
| 2) | New Investigator | |  | Years |  | (max $20,000yr/2 years) |
| 3) | Campus Competitive | |  | Years |  | (maximum of 3) |

**8. Research Focus Area:** Identify the **best** research focus area that best describe this proposal’s subject matter for scientific review.

|  |  |  |
| --- | --- | --- |
| A. | Water |  |
| B. | Labor |  |
| C. | Environment |  |
| D. | Regulations |  |

**9. Research Topics:** Please select applicable research topic areas applicable to the proposed work.

|  |  |  |
| --- | --- | --- |
| A. | Advanced Technolgies |  |
| B. | Animals |  |
| C. | Business and Economics |  |
| D. | Environment |  |
| E. | Farming and Ranching |  |
| F. | Food Science |  |
| G. | Health |  |
| H. | Human Sciences |  |
| I. | Natural Resources |  |
| J. | Plants |  |

**10. ARI Funding Request:** Estimate the total ARI funding requested. If the proposal is for fewer than three years place, “NA” in the appropriate spaces.

|  |  |  |  |
| --- | --- | --- | --- |
| A. | FY 2020/21 Funding Request | $ |  |
| B. | FY 2021/22 Funding Request | $ |  |
| C. | FY 2022/23 Funding Request | $ |  |
|  | Total Funding Request | $ |  |

1. **External Match:** Identify **ALL** external matches, including pending match, by funding entity name, category and amount, value or request. List the match from each category separately. If match is secured from more than one entity in any category, list each entity separately. Duplicate A and B and use additional pages if necessary. In-kind match evaluations must be for “real” fair market value. Pending match must have been submitted to an external funding entity prior to submission of the Full ARI proposal.

***Cash and in-kind RECEIVED matches must be documented by ARI match verification form at the time of proposal submission.* All match must be received and verified on appropriate ARI match verification forms before winter break in each respective fiscal year (FYs 2020-21, 2021-22, and 2022-23). ARI funding will be cancelled if appropriate match verification is not provided accordingly. See Section II.B. and Attachment 2 of the Campus ARI Guidelines for more information.**

1. Cash match:

Funding entity:

|  |  |  |  |
| --- | --- | --- | --- |
| Pending or in hand: |  | Amount FY 20-21: |  |
|  |  | Amount FY 21-22 |  |
|  |  | Amount FY 22-23 |  |
|  |  | Total |  |
| Category: |  |  |  |
| Federal |  | State |  |
| Local/Regional |  | Industry |  |
| Non-Profit |  |  |  |

1. In-kind match:

Funding entity:

|  |  |  |  |
| --- | --- | --- | --- |
| Pending or in hand: |  | Amount FY 20-21: |  |
|  |  | Amount FY 21-22: |  |
|  |  | Amount FY 22-23: |  |
|  |  | Total |  |
| Category: |  |  |  |
| Federal |  | State |  |
| Local/Regional |  | Industry |  |
| Non-Profit |  |  |  |

**12 Abstract:**

**13. Brief Description of the Project** – not to exceed 3 pages