**Cal Poly SLO ARI Notice of Intent**

**2026-27**

|  |  |
| --- | --- |
| **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. This should include people, external to Cal Poly who will be performing some of the research. List in order of responsibility to the project. Do not include students. 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 |  |
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| E. | Phone Number(s) |  |
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| G. | E-mail |  |
| H. | Specific Expertise |  |

1. **Cooperator(s):** These are people supplying support or resources, but not performing the research.

|  |  |  |
| --- | --- | --- |
| A. | Name |  |
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| C. | Affiliation |  |
| D. | Mailing Address |  |
| E. | Phone Number(s) |  |
| F. | Fax Number |  |
| G. | E-mail |  |
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|  |  |  |
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| 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. Indicate WTU’s for release and hours for added compensation. (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 |  |  |  | (only 1 year is allowed) |
| 2) | New Investigator |  | Years |  | (maximum of 2) |
| 3) | Campus Competitive |  | Years |  | (maximum of 3) |

**8. 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 2026/27 Funding Request | $ |  |
| B. | FY 2027/28 Funding Request | $ |  |
| C. | FY 2028/29 Funding Request | $ |  |
|  | Total Funding Request | $ |  |

1. **Partial Funding Option:** Indicate in a short statement if your project must be completed as presented in this proposal, or if the research activities could be segmented and partially funded. Identify what impact partial funding would have on the project.
2. **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. 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 26-27: |  |
|  |  | Amount FY 27-28 |  |
|  |  | Amount FY 28-29 |  |
|  |  | Total |  |
| Category: |  |  |  |
| Federal |  | State |  |
| Local/Regional |  | Industry |  |
| Non-Profit |  |  |  |

1. In-kind match:

Funding entity:

|  |  |  |  |
| --- | --- | --- | --- |
| Pending or in hand: |  | Amount FY 26-27: |  |
|  |  | Amount FY 27-28 |  |
|  |  | Amount FY 28-29 |  |
|  |  | Total |  |
| Category: |  |  |  |
| Federal |  | State |  |
| Local/Regional |  | Industry |  |
| Non-Profit |  |  |  |

1. **Abstract:**

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