Cal Poly SLO ARI Notice of Intent

1. **Project Title:**

2. **Project Director** *Eligible Applicants: Principal Investigators for Campus ARI projects must be tenured or tenure-track faculty at Cal Poly, SLO.*

Name	
Specific Expertise	

3. **Co-PI/Collaborator(s) & Cooperator(s)** Please provide complete information for all co-PIs. 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.

Co-PI/Collaborator 1	
Name	
Specific Expertise	
Affiliation	
Co-PI/Collaborator 2	
Name	
Specific Expertise	
Affiliation	
Co-PI/Collaborator 3	
Name	
Specific Expertise	
Affiliation	
Co-PI/Collaborator 4	
Name	
Specific Expertise	
Affiliation	

4. **Cooperator(s)** These are people supplying support or resources but not doing the research.

Cooperator 1	
Name	
Specific Expertise	
Affiliation	

Cooperator 2	
Name	
Specific Expertise	
Affiliation	
Cooperator 3	
Name	
Specific Expertise	
Affiliation	

5. 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.

Name	Release Time	Added Compensation
	WTUs	hours
	WTUs	hours
	WTUs	hours

6. Proposal Type & ARI Funding Request: Check the type of proposal and estimate the total ARI funding requested by year and total. *Year 1 is July 1 – June 30.*

☐	Seed Funding *(only 1 year is allowed)* [1] *Max of $5,000 per year.*	Year 1 Funding Request	$
		Total ARI Funding Request	$ 0.00

[1]*Eligible Applicants: only CAFES tenure-track faculty within their first year of appointment.*

☐	New Investigator *(max 2 years)* [2] *Max of $20,000 per year.*	Year 1 Funding Request	$
		Year 2 Funding Request	$
		Total ARI Funding Request	$ 0.00

[2]*Eligible Applicants: only CAFES tenure-track faculty. Must be a first- through fourth-year tenure-track faculty member who has not been a past or current recipient of a campus competitive award.*

☐	Campus Competitive *(max 3 years)* *Max $150,000 per year.*	Year 1 Funding Request	$
		Year 2 Funding Request	$
		Year 3 Funding Request	$
		Total ARI Funding Request	$ 0.00

7. **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.

8. **External Match:** Identify and document all external matches (including pending matches) by source, category, amount, value, or request. List each match separately.
In-kind matches require a fair-market-value evaluation. Pending matches must be submitted before the ARI proposal. Cash and in-kind matches must be verified using the ARI Match Verification Form at the time of proposal submission. All matches must be received and verified before winter break of the applicable fiscal year, or ARI funding may be canceled. See Section II.B and Attachment 2 of the Campus ARI Guidelines for details.

A. Cash match:

Funding Entity Name: _____

Funding Entity Type: _____

Fiscal Year	Amount	Pending or in hand
Year 1	$	
Year 2	$	
Year 3	$	
Total:	$ 0.00	

B. In-kind match:

Funding Entity Name: _____

Funding Entity Type: _____

Fiscal Year	Amount	Pending or in hand
Year 1	$	
Year 2	$	
Year 3	$	
Total:	$ 0.00	

9. Abstract:

10. Brief Description of the Project: