

**School of Nursing and Dental Hygiene
Office of Research and Extramural Programs**

NOTICE OF INTENT TO PARTICIPATE IN EXTRAMURAL PROGRAMS & SERVICE REQUEST

(Directions: Complete and email this form as an attachment to: orep@hawaii.edu)

Name: _____ Date: _____

Email: _____

Funding agency/sponsor/source: _____

Submission deadline: _____

RFA or PA to which you are responding: _____

Draft title of proposal: _____

Type: (research/training/education/service) _____

Indirect cost rate (%) (indicate none if applicable): _____

Type of Grant Proposal: (X box next to selection)	New submission:	<input type="checkbox"/>
	Resubmission:	<input type="checkbox"/>
	Continuation:	<input type="checkbox"/>
Subcontract: (X box if applicable)		<input type="checkbox"/>

OREP services requested to complete the proposal (X box next to selection):

- Clarification of submission requirements and guidelines from potential funding agency
- Proposal writing assistance (draft or refine proposal components)
- Proposal peer review session (specify names of reviewers below if any preference)
- Statistical consult (design, methods, data analysis)
- Budget assistance
- Assistance with graphics (figures, models, tables)
- Assistance with forms and formatting
- Outside consultation
- Reference search* **date needed by:** _____
- Use of library copy card (check with office staff for instructions)
- Other support requested (specify below)

* Articles that cannot be retrieved from Interlibrary loan. Please attach reference articles you would like photocopied from the library and indicate the date reference is needed.