

Submit Completed Form To:

OHSU Foundation ▪ Office of Corporate & Foundation Relations
1121 SW Salmon Street ▪ Suite 100 ▪ Mail Code: L344 ▪ Portland, OR 97205
E-mail: ohsufcfr@ohsu.edu ▪ Questions? Call (503) 412-6356

About This Form

OHSU's notice of intent process is **administered through the OHSU Foundation** and exists to:

- ensure a funding organization's limited submission and other application requirements are honored;
- protect OHSU's applicants from being eliminated from competition because of internal miscommunication;
- enable the OHSU Foundation to track proposal activity with potential funders; and
- provide current and future applicants with helpful information and key contacts that may help secure an award.

Corporation/Foundation/Organization Information

Complete this section with information about the organization to which you plan to submit a request for funding.

<input type="checkbox"/> Corporation <input type="checkbox"/> Foundation <input type="checkbox"/> Professional Organization <input type="checkbox"/> Other				Date of Request:	
Organization's Full Name:					
Website:					
Contact Person:			Position Title:		
Mailing Address:					
City:		State:		ZIP Code:	
Phone:		E-mail:			
Name of specific Request for Proposal (RFP):					
Website for Request for Proposal (RFP):					

Proposal & Applicant Information

Complete this section with information about your project and the OHSU applicant.

Project/Proposal Title:					
Project/Proposal Description (<i>One or two sentences.</i>):					
Amount Requested from Funder: \$			Amount Requested Per Year: \$		
Deadline or Planned Submission Date:			Date Funds Expected:		
Applicant's Full Name:					
Applicant's OHSU Appointment/Title:					
OHSU Area or School/Department/Division:					
Mail Code:		Phone:		E-mail:	

Complete this section about institutional approval for your project, your eligibility to apply and other funding sources.

Has your division head, department chair, dean or director (as appropriate) approved this request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you reviewed <i>all</i> proposal guidelines and ensured your eligibility to apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this proposal been previously declined by this funding organization or another funding source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any connection with the funding organization's staff or board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there other sources of funding – secured or anticipated – for this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an affiliation with the Portland VA Medical Center or the Portland Shriners Hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you personally invited by the funder to submit this proposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please comment on any responses above:		