

Comprehensive Enhancement (ENH) – Multidisciplinary

LSU Internal Notice of Intent (NOI) Form

Due Date: September 3, 2020

Email to osp@lsu.edu

To prepare for and organize the Board of Regents Departmental ENH proposal submissions, OSP is requiring this form be completed by interested faculty in eligible disciplines. This is not a Board of Regents requirement.		
Please note that each Academic Unit is allowed to submit one Comprehensive ENH Multidisciplinary proposal. If an academic unit is involved in more than one Multidisciplinary NOI, OSP will confirm with the respective department chair/unit director which Multidisciplinary proposal the unit will participate in.		
Principal Investigator (PI) Name:		
PI Email:		
Preliminary Project Title:		
Academic Unit submitting proposal:		
Board of Regents Eligible Discipline:		
I confirm that this proposal will be submitted as a Multidisciplinary proposal.		Confirmed <input type="checkbox"/>
If requesting equipment, will it be housed in LSU's Shared Instrumentation Facility http://www.lsu.edu/sif/index.php	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please attach the following information: <input type="checkbox"/> Brief Project Summary <input type="checkbox"/> Provide estimated total amount of budget request and briefly describe the budget. <u>Specifically list any equipment being proposed.</u> DO NOT provide a detailed budget for the NOI.		
List below all investigators (except PI) included in the proposal and their affiliated department.		
	Investigator Name	Department
1		
2		
3		
4		
5		
6		
7		
8		
By signing below, PI confirms that he/she has coordinated with all investigators to ensure this proposal was selected as the one Comprehensive ENH Multidisciplinary proposal for each department. Chair/Unit Director confirms that he/she has conducted an internal review of this NOI and recommends this proposal move forward as the one Comprehensive ENH Multidisciplinary proposal for his/her department.		
PI/UNIT/COLLEGE APPROVALS:	Approval Signature:	Date:
Principal Investigator (REQUIRED) Name:		
PI's Chair/Unit Director (REQUIRED) Name:		