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**Letter of Intent (LOI) to Establish a University of Utah Center, Institute, or Bureau (CIB)**

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| --- | --- | --- | --- |
| Proposed Center, Institute, or Bureau Name: | |  | |
| Classification/type of CIB: (check all that apply) | | | |
|  | Research – conducting research as primary mission and receiving overhead return | | |
|  | Multi-Mission and Interdisciplinary Research/Instructional/Training/Service – Some combination of research and training/instruction and/or service as mission | | |
|  | National Resource Center – Federal title connected to funding source(s) | | |
|  | Centers of Excellence – State or Federal designation tied to funding sources | | |
|  | Large State Designated standalone such as Huntsman Cancer Institute and UNI | | |
|  | Other (Research Only Center-not receiving overhead, Public Service Center, University Resource Center, Intra-department/School/College Resource Centers, Service Re-charge Center | | |
| Will the CIB receive federal or state research funds (Y/N) | | |  |
| Is this CIB seeking provisional approval (approval for three years when funding or other criteria are pending)? (Y / N) | | |  |
|  | | | |
| Please provide a brief mission statement or statement of purpose for the proposed CIB: | | | |
|  | | | |
| Please provide a description of the proposed CIB’s organizational structure, including leadership,  departmental, inter-departmental, or cross-college affiliations, and any external partners: | | | |
|  | | | |
| Please provide a list of funding sources and a plan for sustainability: | | | |
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**Letter of Intent (LOI) Signature Form**

The LOI to the cognizant Sr. Vice President (SVP) must be signed by all individuals who will be primarily associated with the CIB, as well as by others within the University who will be substantially impacted by its work (e.g. faculty/staff members, department chairs, academic deans, Associate Vice President for Research (AVPR) and/or other administrators.

Proposed CIB Director: Date:

Proposed CIB Co-Director: Date:

Department Chair: Date:

Dean: Date:

SVP: Date: