



Office of Research Administration and Advancement

**INTERNAL ROUTING FORM FOR PROPOSALS**

www.umresearch.umd.edu/ORAA

Yes	No	Response to stimulus funding (ARRA) opportunity
Yes	No	Electronic submission (e.g. Grants.gov)
Yes	No	Proposal contains draft technical material; budget and cost sharing MUST be final
Yes	No	Pre-proposal submission

Please complete this form, including signatures by Principal Investigator/Project Director (PIs/PDs), Co-Investigator(s), Key Personnel, Department Chairperson(s)/Director(s), and Dean(s); send it and two (2) copies of the proposal to ORAA. Allow six (6) working days prior to the deadline for processing within ORAA. Call 301-405-6269 for assistance.

1. **Proposal Title:** \_\_\_\_\_

2a. **Start Date:** \_\_\_\_\_ (mm/dd/yyyy)      b. **End Date:** \_\_\_\_\_ (mm/dd/yyyy)

3. **Proposal/Application Type:**  
 New                  Renewal                  Continuation                  Supplement                  Revision                  Resubmission  
 If not new: Related Proposal Number: \_\_\_\_\_ Related FRS Number: \_\_\_\_\_

4. **Activity Type:**  
 Research (select type below)                  Training/Instruction                  Fellowship                  IGPA                  Service/Other Sponsored Activity  
     Basic                  Development  
     Applied                  Clinical Trial

5. **Sponsor:** \_\_\_\_\_

a. Contact Name and Address:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 URL: \_\_\_\_\_

b. PI plans to submit concurrently to: \_\_\_\_\_

c. **Prime sponsor:** Are flow-through funds used?      Yes      No  
 If **yes**, prime sponsor's name: \_\_\_\_\_

d. Catalog of Federal Domestic Assistance Number (CFDA): \_\_\_\_\_

6. **Deadline** Date for Proposal: \_\_\_\_\_ Postmarked                  Receipt/Delivered  
 Announcement/Guidelines/RFP attached                  No unique guidelines apply  
 URL for Announcement, etc \_\_\_\_\_

7. Submission Instructions:      Electronic Submission, system: \_\_\_\_\_  
 Department to pick-up the proposal: Contact Name \_\_\_\_\_ Phone number \_\_\_\_\_

8a. Departmental contact for budget questions Name: \_\_\_\_\_ Email \_\_\_\_\_ Ext. \_\_\_\_\_

b. PI/PD contact for other questions      Name: \_\_\_\_\_ Email \_\_\_\_\_ Ext. \_\_\_\_\_

c. If multiple departments are involved, name of administering department: \_\_\_\_\_

9. Principal Investigator/Project Director/Co-Investigator(s)/Key Personnel

**NOTE:** All accounts created for any award resulting from this proposal will follow the credit split information listed below.

PI/PD	Name: _____		% Credit for Project:
	College: _____	Department: _____	% Credit for Investigator:
	College: _____	Department: _____	% Credit for Investigator:
			Unit Total for Investigator: 100%

Co-I or Key Personnel	Name: _____		% Credit for Project:
	College: _____	Department: _____	% Credit for Investigator:
	College: _____	Department: _____	% Credit for Investigator:
			Unit Total for Investigator: 100%

For additional Co-Investigators or Key Personnel, attach the Supplemental Staff form, available at [www.umresearch.umd.edu/ORAA/form/um\\_oraa\\_forms.html](http://www.umresearch.umd.edu/ORAA/form/um_oraa_forms.html).

ORAA Use  
 # of copies received \_\_\_\_\_ Proposal Development # \_\_\_\_\_ Institute Proposal # \_\_\_\_\_

**10. Budget**

	<b>Initial Period</b>	<b>Total Period</b>
Requested Start Date		
Requested End Date		
Total Direct Cost		
Total Indirect Cost (F&A)		
<b>Total Cost</b>		

11a. Facilities & Administrative Cost Rate(s) \_\_\_\_\_ % Base: MTDC TDC \_\_\_\_\_

b. Is this other than the on-campus rate? Yes No Why? Off-campus Written Sponsor Policy Waiver Requested

c. If any portion of the project is off campus, where? \_\_\_\_\_

Note: An off-campus project is defined as one which, for 3 or more continuous months, does not make use of facilities or space supported by the University of Maryland. Off campus "adjacent" sites are within a 50 mile radius of College Park. Off-campus "remote" sites are beyond that. Projects are designated as on campus unless 25% or more of the project direct costs meet the off-campus definition. If a proposal has both on- and off-campus components, the budget needs to be apportioned appropriately.

12. **Cost-sharing:** Yes No Total UM Contribution \$ \_\_\_\_\_ Total non-UM Contribution \$ \_\_\_\_\_

NOTE: If cost-sharing is included, must provide, as a supplement to this routing form, a document detailing the contributions and authorizing signature(s). See cost sharing policy: [www.president.umd.edu/policies/iv400a.html](http://www.president.umd.edu/policies/iv400a.html).

13. **Subcontracts:** Is part of the project to be subcontracted to another organization? Yes No

If YES, subcontractor's name: \_\_\_\_\_

Subcontractor's proposal (statement of work, budget, budget justification) endorsed by its authorized official must accompany the proposal.

14. Are there **additional resources** (such as space, operating or equipment funds, utility service) required to conduct this project over and above those already budgeted for or approved by your department? Yes No

If yes, please list. \_\_\_\_\_

15. Does this proposal budget include **administrative support costs** such as administrative/clerical salary and/or office supplies/communications costs? Yes No If yes, proposal budget **must** include explicit justification of these costs in accordance with UMCP Policy VIII-10.40(A).

16. Does the proposal include a **tuition or fee waiver** on academic year, winter term, or summer programs? Yes No  
If yes, documentation of approval from the Office of the Provost, Dean for Undergraduate Studies, Office of Summer & Winter Terms, or The Graduate School must be provided with the proposal.

17. Does this project offer **courses for credit**? Yes No  
If yes, have they been approved by Academic Affairs? Yes No List courses: \_\_\_\_\_

18. Have all **inventions** or **patents** been previously reported? Yes No N/A (no inventions/patents to report)

19. Are human embryonic **stem cells** used? If so, list the registration numbers of the cell lines. Yes No

20. Is the PI currently serving, or previously served, as the PI/Co-PI/Program Director on a Federally funded project?  
Yes No

21. Is this proposal a full application related to the submission of a **preliminary proposal**? Yes No  
Preliminary proposal number: \_\_\_\_\_

**Export Control:** [http://www.umresearch.umd.edu/ORAA/export\\_control\\_guidance/](http://www.umresearch.umd.edu/ORAA/export_control_guidance/)

22a. Has the topic of export control come up in any form with this proposal? Yes No

22b. Will your project require collaboration with any foreign entity? Yes No

22c. Will your project involve the shipment of equipment outside of the US? Yes No

22d. Is the PI participating in this project as an employee of a foreign organization? Yes No

If yes to **any** of the above, please provide additional documentation with the following information: full name of foreign collaborator(s), country of citizenship, affiliation (e.g. employer). Use additional pages as necessary.

Indicate whether your project contains the following:

23. Yes No Will this research pose a real or potential **impact on the environment**?

If yes and an exemption has been authorized, please explain.

If no exemption has been authorized, please explain environmental impacts and assessment studies to be performed.

24a. Yes No **Human subjects:** Will this research include using Human Subjects?

24b. If yes, has an IRB application been submitted to the IRB office?

Yes Please provide the title used on the IRB application and the IRB protocol approval number.

No An IRB application has not been submitted for this project, but will be if this project is awarded.

Submit two (2) copies of the proposal protocol form with IRB-1 to Chairperson, IRB Committee, 2100 Lee Building. For more information, contact the IRB Manager at x54212.

25. Yes No **Animal subjects:** If vertebrate animals are used in this project, provide IACUC protocol approval number or access

<http://www.umresearch.umd.edu/IACUC/forms.htm> for protocol forms. For more information, contact the IACUC Coordinator at x55037 or at [IACUC@umd.edu](mailto:IACUC@umd.edu).

26. Yes No **Radioactive materials:** Will radioactive materials or ionizing radiation producing devices be used in this research?

Includes x-ray units, electron microscopes, and particle accelerators; non-ionizing radiation producing devices such as lasers, IR, UV, or other optical emitting devices; and/or microwaves, RF, or electromagnetic sources of radiation.

Maryland Department of the Environment (MDE) requires radiation safety training and an approved authorization prior to the use of such materials and devices. Call DES Radiation Safety Officer, x53984, for assistance.

27. Yes No **Genetically engineered organisms:** Will genetically engineered organisms be used or produced in this research? If yes, please explain.

28. Yes No **Biological materials:** Will this research use biological materials? Ex. recombinant DNA or RNA, infectious agents, toxins, blood or unfixed tissue or primary cell culture derived from humans or non-human primates. Call x53975 for assistance. If recombinant experiments are already registered, provide approval number.

29. Yes No **Select Agent Toxins:** Will this research require the use of one or more of the following select agent toxins: Abrin, Botulinum neurotoxins, Clostridium perfringens epsilon toxin, Conotoxin, Diacetoxyscirpenol (DAS), Ricin, Saxitoxin, Shigatoxin, Shiga-like ribosome inactivating proteins, Staphylococcal enterotoxins, T-2 toxin, or Tetrodotoxin? Call DES Biosafety Officer, x53975, for assistance.

30. Yes No **Highly toxic gases:** Will this research use highly toxic/reactive gases (ex. arsine, hydrogen cyanide, cyanogen, silane, fluorine, etc.)? Call DES, x53980, for assistance.

31. Yes No **Scientific diving:** If project requires SCUBA diving, call DES, x53939, for assistance.

32. Yes No **Boats Used in Research:** Does project require use of boats? If boats are required for this research, checking yes to this box indicates that you are familiar with the Dive Safety and Boating Manual. Please call DES, x53979, for assistance.

33. Yes No **Chemicals:** Will this project require the use of chemicals? If this project includes the use of chemicals, OSHA requires a Chemical Hygiene Plan and training. The Chemical Hygiene Plan must be submitted to DES. Call x53960 for assistance.

All required forms are available on ORAA's website: [http://www.umresearch.umd.edu/ORAA/form/um\\_oraa\\_forms.html](http://www.umresearch.umd.edu/ORAA/form/um_oraa_forms.html)

34. Yes No Will this project require the use of another party's **proprietary**(restricted) information or materials?

35. **Abstract** (150 words or less) required.

36. Yes No **Conflict of Interest:** Is there a real or potential conflict of interest in connection with this work involving a University of Maryland employee, as defined by the University of Maryland Policies and Procedures II-3.10(A) or II-3.10(B) (<http://www.umresearch.umd.edu/ORAA/conflict/>).  
If yes, a disclosure form must be completed and submitted in accordance with these procedures.

37. If proposal contains draft technical or other provisional materials, PI/PD is responsible for ensuring a copy of the final proposal as submitted to sponsor is provided to ORAA. All budget and cost sharing commitments must be finalized before the proposal is routed. The final version of the proposal must be provided to ORAA simultaneously with submission to sponsor if the proposal is submitted in hard copy. If the proposal is submitted electronically, ORAA will print the final submitted proposal.

38. PI/PD's signature below affirms that no changes in scope, budget, or institutional commitments will be made in the final proposal without first contacting ORAA.

39. PI/PD's & Co-PI/PD's signatures below affirm:

- a) that the information submitted within the proposal is true, complete, and accurate to the best of the PI/PD's & Co-PI/PD's knowledge;
- b) that any false, fictitious, or fraudulent statements or claims may subject him/her to criminal, civil, or administrative penalties;
- c) that PI/PD's & Co-PI/PD's agree to accept responsibility for the conduct of the project and to provide required progress reports if the project is awarded as a result of the proposal.

40. Department Chairperson's/Director's/Dean' signatures below affirm:

- a) that the project can be accommodated within the general facilities of the department/college and that sufficient working and office space is available for proposal additional staff;
- b) that he/she is prepared to have the project carried out in the department/college as identified in the proposal; and
- c) that he/she has noted each investigator's proposed time commitments and agree that it is appropriate to existing workloads.

**Note: Proposal cover page must have space for signature of the University's authorized signature authority (Office of Research Administration & Advancement) when sponsor's form does not provide for this.**

ORAA reserves the right to withdraw for consideration any proposal that was received less than two full business days prior to its submission due date and which was received by ORAA without sponsor solicitation guidelines.

41. Your signature below indicates approval of this proposal and concurrence with the statements on this form. **Endorsements must include all departments and colleges included in any way on this proposal.** PI/PD is responsible for obtaining signatures on lines a), b), and c) before sending to ORAA.

a) Principal Investigator/Project Director(s)/Key Personnel with effort included in proposal

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

b) Department Chairperson(s) or Director(s)

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

c) Dean(s)

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

d) Division of Research/ORAA

\_\_\_\_\_ Date \_\_\_\_\_

REMARKS (ORAA USE ONLY): Reviewed by \_\_\_\_\_ Date \_\_\_\_\_