



Office of Research Administration
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 narrative or other provisional material. Budget and cost sharing MUST be final with routed proposal.
yes	no	Pre-proposal submission.

Please complete this form, including signatures by Principal Investigator (PIs), Co-Principal Investigator(s), Department Chairperson/Director of administering unit, and Dean; send it and one copy of the proposal to ORA. Allow six (6) working days prior to the deadline for processing within ORA. 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 Training/Instruction Fellowship IGPA Service/Other Sponsored Activity
 Basic Development
 Applied Clinical Trial

5. Sponsor:

a. Contact Name and Address

Name Address
 Phone
 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:

Announcement/Guidelines/RFP attached Postmarked Receipt/Delivered
 URL for Announcement, etc No unique guidelines apply

7. Submission Instructions: Electronic Submission, system:

Department to pick-up the proposal: Name Ext.

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

b. PI contact for other questions Name Email Ext.

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

9. Principal Investigator/Co-Principal Investigator(s)

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

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

Co-PI	Name:		% Credit for Project:
	College:	Department:	% Credit for Investigator:
	College:	Department:	% Credit for Investigator:
			Unit Total for Investigator: 100%

For additional Co-Investigators or other Project Personnel, attach the Supplemental Staff form, available at www.umresearch.umd.edu/ORAA/form/um_oraa_forms.html.

ORA Use
 Proposal Development #

Institute Proposal #

10. Budget

	Initial Period	Total Period
Requested Start Date		
Requested End Date		
Total Direct Cost		
Total Indirect Cost (F&A)		
Total Cost		

- 11a. Facilities & Administrative Cost Rate(s) % Base: MTDC TDC Other(use only when 0% F&A)
 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.

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, or Office of Summer & Winter Terms 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 not applicable; no 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 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/

- 22a. Has the topic of export control come up in any forms 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 or countries of citizenship, affiliation (e.g. employer). Use additional pages as necessary.

