UNIVERSITY OF MARYLAND

Revised 5/11/09

DRIF ID #
Recorded by

DIVISION OF RESEARCH
Tier 2 Incentive Program
Request for Annual Operating Support

Date _____

Requestor _____ Phone ext. _____

University Research Center _____

☐ New Request ☐ Supplement ☐ Re-Submission

	Budgeted IDC	10% Requested	Approved Amount by Each: Provost, VPR, Dean(s)
First Year			
Second Year			
Third Year			
Fourth Year			
Fifth Year			
Total	$0.00	$0.00	$0.00

These funds are committed on the following condition: if the sponsor does not fully fund the project, the University's commitment will also be appropriately adjusted as it is based on approximately 10% projected (budgeted) IDC yearly.

Title of Proposal/Project _____

Sponsor _____

Amount Requested from Sponsor*: $ _____ Start Date of Project _____

***Please attach proposal budget and project summary to this request form.**

Your signature below indicates approval of this request for funds and concurrence with the terms of the University Research Center Incentive Program.

Requested by: _____ _____
Requestor Signature Date

Endorsed by: _____ _____
Department/Unit Head Signature Date

Approved by: _____ _____
School/College Dean Signature Date

_____ _____
School/College Dean Signature Date

Approved by: _____ _____
Provost Signature Date

Approved by: _____ _____
Vice President for Research Signature Date

Comments _____