



UNIVERSITY OF MARYLAND

Revised 5/11/09

DRIF ID #
Recorded by

**DIVISION OF RESEARCH
Tier 2 Incentive Program
Request for Development Incentive Support**

Date _____

Requestor _____

Phone ext. _____

Interdisciplinary Research Initiative _____

New Request

Supplement

Re-Submission

**Amount
Requested**

**Total
Approved**

**Committed by Each:
Provost, VPR, Dean(s)**

Start-up Funds*

***Please attach start-up budget and budget justification**

These funds are committed on the condition that a large-scale proposal will be generated.

Title of Proposal/Project _____

Sponsor(s) _____

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

Your signature below indicates approval of this request for funds, commitment of your portion of the 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 _____