



Office of Research Administration
INTERNAL ROUTING FORM FOR PROPOSALS
 www.ora.umd.edu

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.
yes	no	MPOWERing the State (MTS) proposal.

Please **complete this form in its entirety**, 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, **incomplete forms will delay review**. Call 301-405-6269 for assistance.

- Proposal Title:**
- a. **Start Date:** (mm/dd/yyyy) b. **End Date:** (mm/dd/yyyy)
- Proposal/Application Type:**
 New Renewal Continuation Revision Resubmission
 If not new: Related Proposal Number Related KFS Number:
- Activity Type:**
 Research Training/Instruction Fellowship IGPA Service/Other Sponsored Activity
 Basic Development
 Applied Clinical Trial
- Sponsor:**
 a. Contact Name and Address
 Name Address
 Phone
 Email URL
 b. **Prime sponsor:** Are flow-through funds used? yes no
 If **yes**, prime sponsor's name:
 c. Catalog of Federal Domestic Assistance Number (CFDA):
- Deadline** Date for Proposal: Postmarked Receipt/Delivered
 Announcement/Guidelines/RFP attached No unique guidelines apply
 URL for Announcement, etc
- 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:
- d. Is administering department an approved Organized Research Unit (ORU)? yes no

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 ora.umd.edu/sites/default/files/documents/forms/supplemental-staff-form.pdf.

10. **Budget**

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

11. a. Facilities & Administrative Cost Rate(s): _____ %
 Facilities & Administrative Cost 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, you must provide a document detailing the contributions and authorizing signature(s) as a supplement to this routing form. See cost sharing policy: www.president.umd.edu/policies/2014-iv-400a.html.

13. **Subawards:** Is part of the project to be subawarded to another organization? yes no
 If YES, subawardee's name: _____
 Subawardee's proposal (statement of work, budget, budget justification) endorsed by its authorized official must accompany the proposal.

14. yes no 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?
 If yes, please list.

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

15. b. If yes, select reason for including administrative support costs in budget:

16. yes no Does the proposal include **a tuition or fee waiver** on academic year, winter term, or summer programs?
 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. yes no Does this project offer **courses for credit**?
 If yes, have they been approved by Academic Affairs? _____ List courses: _____

Refer to umresearch.umd.edu/Export/overview.html for more information about **Export Control**.

18. a. yes no Are any **export controls indicated** in the solicitation or in discussions with the sponsor, or does the research relate directly to a **military technology**?
18. b. yes no Does the scope of work involve **fabrication of a prototype** that meets given specifications or requirements?
18. c. yes no Will your project involve the **shipment of equipment outside of the US**?
18. d. yes no Will your project involve **collaboration with a foreign entity**?

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.

19. a. yes no Will this project require the use of another party's **proprietary** (restricted) information or materials?
19. b. yes no If yes to 19a, will such information be subject to a nondisclosure agreement or any other agreement authorizing a sponsor or other party to **withhold from publication** information provided to UM?
19. c. yes no Will this project involve any other **restrictions** on the ability of the PI, Co-PI and/or other UM researchers to publish the results of their research or information provided to them or UM?
19. d. yes no Will the researchers need to generate any data that will be considered **confidential** or **proprietary**?

If yes to any of the above, attach copies of any proposed NDA and/or any other agreement containing any restriction on publication or dissemination of proprietary information or research results.

Indicate whether your project contains the following:

20. a. yes no **Human subjects:** Will this research include using Human Subjects?
20. b. yes no 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 one copy of the proposal protocol form to the IRB office. For more information, contact the IRB office at irb@umd.edu.
21. a. yes no **Animal subjects:** Will this research include using vertebrate animals?
21. b. yes no If yes, has an IACUC protocol approval number been assigned?
 yes Please provide the title used in the IACUC application and the IACUC protocol approval number.
 no An IACUC application has not yet been submitted for this project. For more information, contact the IACUC Coordinator at x55037 or iacuc-office@umd.edu
22. a. yes no **Radioactive materials:** Will radioactive materials (H-3, C-14, P-32, gamma irradiator, etc.) be used in this research?
22. b. yes no **Radiation Producing Machines:** Will devices which produce ionizing radiation (x-ray units, electron microscopes, particle accelerators, etc.) be used in this research?
22. c. yes no **Non-ionizing radiation:** Will a source of non-ionizing radiation be used in this research? Check any which apply.
- | | | | | |
|--------------------------|--------------------------|---|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Laser(s) | <input type="checkbox"/> | Radio Frequency devices |
| <input type="checkbox"/> | <input type="checkbox"/> | Infra-red devices (other than lasers) | <input type="checkbox"/> | Other Electromagnetic devices |
| <input type="checkbox"/> | <input type="checkbox"/> | Ultraviolet devices (other than lasers) | <input type="checkbox"/> | Microwave devices |
- If yes to 22a, 22b, or 22c, the Radiation Safety Office must provide authorization of the PI, hazard assessment, and/or training. If the PI is not currently authorized, contact the Radiation Safety Office at x53960 for assistance.
23. yes no **Biological materials:** Will this research use biological materials? recombinant or synthetic nucleic acids; human pathogens; biological toxins; human blood; unfixed human tissue; human cell culture; unfixed tissue from non-human primates. Call DES, x53960, for assistance.
24. yes no **Select Agent Toxins:** Will this research require the use of one or more of the following select agent toxins: e.g. Abrin; Botulinum neurotoxins; Short, paralytic alpha conotoxins; Diacetoxyscirpenol (DAS); Ricin; Saxitoxin; Staphylococcal enterotoxins (Subtypes A, B, C, D, and E); T-2 toxin; Tetrodotoxin? Call DES, x53960, for assistance.
25. yes no **Highly toxic gases:** Will this research use highly toxic/reactive gases (e.g. arsine, hydrogen cyanide, cyanogens, silane, florine, etc.)? Call DES, x53960, for assistance.
26. yes no **Scientific diving:** Will this project require SCUBA diving? Call DES, x53960, for assistance.
27. yes no **Boats used in Research:** Will this research require the use of boats? Call DES, x53960, for assistance.
28. yes no **Chemicals:** Will this project require the use of chemicals? If this project includes the use of chemicals, a Chemical Hygiene Plan and training is required. Call DES, x53960, for assistance.

Approved protocols are required in order for accounts to be set up for awards which include human subjects, animal subjects, radioactive materials, biological materials, select agent toxins, and scientific diving.

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

30. a. 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) (www.umresearch.umd.edu/RCO/COI/index.html).
If yes, a disclosure form must be completed and submitted in accordance with these procedures.
30. b. yes no **FCOI Mandatory Disclosure:** Is this a proposal to a PHS sponsor, PHS prime sponsor, or a sponsor/prime sponsor which follows PHS's Financial Conflict of Interest (FCOI) regulations?
 yes no If yes to 30b, have all individuals responsible for the design, conduct, or reporting of the research completed the IRBNet Financial Conflict of Interest in accordance with the University of Maryland Policies and Procedures on Financial Conflicts of Interest in Public Health Service Funded Research II-3.10(C)?
 For more information on FCOI, refer to: www.umresearch.umd.edu/RCO/FCOI/index.html

31. If proposal contains draft technical or other provisional materials and the PI will be responsible for submitting the proposal, PI is responsible for ensuring a copy of the final proposal as submitted to sponsor is provided simultaneously to ORA. All budget and cost sharing commitments must be finalized before the proposal is routed.

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

33. PI's & Co-PI's signatures below affirm:

- a) that the information submitted within the proposal is true, complete, and accurate to the best of the PI's & Co-PI's knowledge;
- b) that any false, fictitious, or fraudulent statements or claims may subject him/her to criminal, civil, or administrative penalties;
- c) that PIs and Co-PIs agree to accept responsibility for the conduct of the project and to follow any terms and conditions of any resulting agreement, including, but not limited to, providing required progress reports and adhering to any requirements regarding the handling of confidential information.

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

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

34. Your signature below indicates approval of this proposal and concurrence with the statements on this form. **Endorsements must include PI, Co-PI(s), administering department/unit and appropriate college listed in 8C of this form.** The administering department/unit is responsible for obtaining concurrence from all participating units, where a joint appointment exists or where key personnel are listed that reside outside the administering department/unit, prior to proposal submission. By signing this routing form, the Department Chairperson/Director of the administering department/unit, or designee, attests that this concurrence has been received. Appropriate signatures must be obtained on lines a), b), and c) before sending to ORA.

a) Principal Investigator/Co-Principal Investigator(s)

Date
Date
Date

b) Department Chairperson or Director

Date

c) Dean

Date

d) Division of Research/ORA

Date