

UMBC
Office of Sponsored Programs
Proposal Routing Form

www.umbc.edu/ospa/

(410) 455-3140

Deadline Date for Proposal: (mm/dd/yy)

After obtaining signatures, please send this form along with the **original and one copy** of the proposal to the Office of Sponsored Programs (OSP). Allow **three (3) working days** prior to deadline for processing within OSP.
ORIGINAL WILL BE RETURNED TO P.I. FOR MAILING.

1. Proposal Title (110 character limit)

2. Name Department Ext. E-Mail

PI/PD				
Co-PI/PD				
Co-PI/PD				

3.

Sponsor		Sec/Div (if any)	
Address			
City	State	Zip Code	Phone No.

4. Announcement/Special Program Guidelines/RFP/RFA (Attached) No unique guidelines apply
 Special Certification forms required by sponsor (Attached)

5.

Department Contact for Budget Questions		Ext.	
		E-Mail	

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

7. Designate "credit" when there is multi-unit participation in a project.

College, Department or Unit	% of Credit

8. Type of activity: (check one)

Research **Training/ Instruction** **Other (e.g., Service)**

Award Type: **Grant** **Contract** **Other - Specify:**

9. Type of application: (check one)

New **Competitive Renewal** **Revision/Modification**

10. Project Period: Start Date: (mm/dd/yy)
 End Date: (mm/dd/yy)

11. Funds requested from sponsor:

First Year	Direct Cost	\$		Indirect Cost	\$		Total	\$
Total Project	Direct Cost	\$		Indirect Cost	\$		Total	\$

12. Facilities & Administrative (Indirect) Cost rate: % Base: MTDC Other

a) Is this other than the current on-campus rate? Yes No
 If Yes, why? Off-Campus Written Sponsor Policy (attach policy)

b) If the off-campus rate is applied, provide the site where the project will be conducted:

c) Waiver requested: (Attach F&A waiver approval form)

13. Cost sharing (if applicable): Mandatory Yes No
 Total UMBC Contribution \$ Total non-UMBC contribution: \$
 (Attach authorizing signature(s) on document detailing contributions)

14. Attach budget estimate and justification.
15. 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, attach agreements.
16. **Subcontracts:** Is part of the project to be subcontracted to another organization? Yes No

If YES, subcontractor's name:

Administrative Point of Contact	Phone No.	
	E-Mail	

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

17. Indicate whether your project contains the following:
- Yes No **Hazardous materials:** recombinant DNA or RNA (if recombinant experiments are already registered, give approval #), infectious agents; toxins; chemicals; human blood; unfixed human tissue; primary human cell cultures or radiation-producing devices: Attach University of Maryland Assurance on Hazardous Procedures letter. Call Office of Risk Management for assistance at x2918.
- Yes No **Human subjects:** If yes, attach approval letter. Protocol approval # .
www.umbc.edu/ospa/irb.htm
- Yes No **Animal subjects:** If yes, attach approval letter. Protocol approval # .

18. Key words: Provide five key words that describe the project.

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19. Equipment? Yes No
PI/PD's signature below affirms that if equipment required for use on this project is budgeted in this proposal, to the best of his/her knowledge, no comparable equipment is available on campus.
20. CONFLICT OF INTEREST: PI/PD does does not have a real or potential conflict of interest as defined by the UMBC Policies and Procedures. If "does" is checked, a disclosure form must be completed and submitted in accordance with the Faculty Handbook.

Your signature below indicates approval and concurrence with the statements on this form. Endorsements must include all departments and colleges named in this proposal. PI/PD is responsible for obtaining signatures on lines a) b) and c) before sending to OSP.

- a) Principal Investigator/Project Director(s)

_____ Date _____

_____ Date _____

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

_____ Date _____

_____ Date _____

- c) Dean or Provost

_____ Date _____

- d) Office of Sponsored Programs

_____ Date _____