



UNIVERSITY of MARYLAND
EASTERN SHORE

APPENDIX A

OFFICE OF RESEARCH
ROUTING AND APPROVAL FORM FOR APPLICATION/PROPOSAL

1. Title of Proposal: _____

2. From: (Dept./Office): _____

3. To (Sponsor/Funding Agency): _____

4. Principal Investigator(s): _____

Email Address: _____

Phone: _____

5. Total Years: From _____ To _____

Sponsored Support:

Total Direct Cost: \$ _____

Indirect Cost: \$ _____

Rate: _____ % (If not using the UMES Indirect cost rate of 60% please explain why and list what page on the proposal this is referenced _____).

Total Cost: \$ _____

UMES Cost Sharing/Matching \$ _____

Matching Account # (If applicable, must be a state account number) _____

Required Signatures:

_____ Administrative Affairs signature (required for match)

_____ (Chair or Dean Signature, if applicable)

_____ PI Signature. Note: If application is awarded, the PI will work with the designated grant accountant and Administrative Affairs to ensure the matching funds are properly used and recorded.



UNIVERSITY of MARYLAND
EASTERN SHORE

APPENDIX A

OFFICE OF RESEARCH
ROUTING AND APPROVAL FORM FOR APPLICATION/PROPOSAL

6. Complete this section *ONLY* if applicable

Release Time or Percent Effort for PI: By signing, **the PI affirms** that they have consulted with department chairs in all departments where Release time or Percent effort of faculty is included.

Please indicate which applies: Release Time Percent Effort

Percentage/Hours Per Week: _____

Principal Investigator Signature: _____

Department Chair Signature: _____

Release Time or Percent Effort for Co-PI: (If applicable)

Please indicate which applies: Release Time Percent Effort

Percentage/Hours Per Week: _____

Co-Principal Investigator Signature: _____

Department Chair Signature: _____

7. **SUBMISSION INSTRUCTIONS:**

Due Date: _____

Submission Portal: How will this need to be submitted: (example- Grants.gov, NSF Fastlane, EZFed Grants, email submission, ERA Commons etc.)

Have you created an account for the designated submission website? Yes No



UNIVERSITY of MARYLAND
EASTERN SHORE

APPENDIX A

OFFICE OF RESEARCH

ROUTING AND APPROVAL FORM FOR APPLICATION/PROPOSAL

8. Please indicate if you will be:

___ Prime Awardee/Principal Investigator or

___ Subawardee of another institution and the other institution will submit the grant

___ Subawardee of another institution and UMES will submit the grant

The University cannot guarantee that it will be able to meet the sponsor’s deadline for any proposal submitted to the Grants and Contracts Office later than 5 business days prior to such deadline. **(Review #10 for IRB/IACUC/Biosafety approvals). Should you require assistance with grant development, please allot more time for review.**

9. Types of Project (check as appropriate):

___ Research

___ New

___ Grant

___ Demonstration/Training

___ Renewal

___ Contract

___ Institutional Development

___ Supplemental

___ Formula

___ Other _____

___ Sub-Agreement

___ Cooperative Agreement

10. Protection Assurances, This Project: (select as applicable)

If your proposal requires any of these approvals, you must submit your proposal to the Office of Research at least 10 days prior to grant submission to allow UMES committee review.

___ Does ___ Does not involve human subjects, laboratory animals, biohazards*

Proposal pages Ref. _____

If it does, please attach IRB/IACUC/Biosafety approval.

**e.g., Hazardous chemicals, pathogenic organisms, disease plants or animals, energy or radiation sources and materials such as microwave, laser, isotopes, recombinant DNA. (Consult Office of Research for assistance).*



OFFICE OF RESEARCH

ROUTING AND APPROVAL FORM FOR APPLICATION/PROPOSAL

11. Institutional Agreements:

- A. Patent/Copyright Issues ___ Yes ___ No ___ N/A
- B. Cost Sharing or Matching ___ Yes ___ No ___ N/A
- C. Campus Facility/Space Needs ___ Yes ___ No ___ N/A
- D. Off-Campus Arrangements ___ Yes ___ No ___ N/A

12. Organizational Relationships: This Project (select as applicable):

___ Does ___ Does not involve other campuses, state or private organizations

_____ If awarded, this grant will require UMES to issue subawards

_____ If so, how many?

Total Amount allotted for all subawards to be issued. (For UMES to issue subawards from this award)

\$ _____

Proposal Pages Ref. _____

IF YES, letter(s) of interest or support **must** be attached to proposal.

13. Are funds for this project requested for computer labs or infrastructure that requires UMES IT Department support, installation or procurement? If so, please list what page they are referenced on.

Signature of Chief Information Officer: _____

14. Will student workers be employed from this application (if awarded)? ___ Yes ___ No



UNIVERSITY of MARYLAND
EASTERN SHORE

APPENDIX A

OFFICE OF RESEARCH

ROUTING AND APPROVAL FORM FOR APPLICATION/PROPOSAL

Administrative Approval: Please sign on the appropriate line and forward to the next approval authority.

By signing below, all parties certify that the contents of the proposal represent the work of the Principal Investigator and, if warranted, any and all collaborators.

Principal Investigator: _____ Date: _____

Department Chair: _____ Date: _____

School Dean: _____ Date: _____

Director of Research: _____ Date: _____

Dean of Graduate Studies and Research: _____ Date: _____

Provost/VP Academic Affairs: _____ Date: _____

VP for Administrative Affairs: _____ Date: _____

President: _____ Date: _____