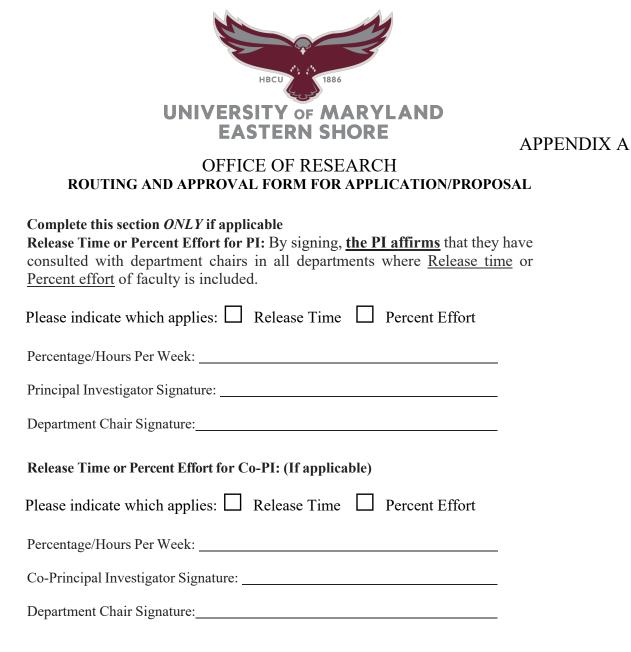
HBCU 1886 UNIVERSITY OF MARYLAND EASTERN SHORE APPENDIX				
OFFICE OF RESEARCH				
ROUTING AND APPROVAL FORM FOR APPLICATION/PROPOSAL Have you completed and forwarded the Conflict of Interest Disclosure?				
Title of Proposal:				
From: (Dept./Office):				
To (Sponsor/Funding Agency):				
Principal Investigator(s):				
Email Address:				
Phone:				
Total Years: FromTo				
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 mate				
Administrative Affairs signature (required for mate				
(Chair or Dean Signature, if applicable)				



7. <u>SUBMISSION INSTRUCTIONS</u>:

Due Date:

6.

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



APPENDIX A

OFFICE OF RESEARCH ROUTING AND APPROVAL FORM FOR APPLICATION/PROPOSAL

8. <u>Please indicate if you will be</u>:

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 <u>10 business days prior to such</u> <u>deadline</u>. (Review #10 for IRB/IACUC/Biosafety approvals). Should you require assistance with grant development, please allow more time for review.

9. <u>Types of Project (check as appropriate):</u>

Research	New	Grant
Demonstration/Training	Renewal	Contract
Institutional Development	Supplemental	Formula
Other	Sub-Agreement	Cooperative Agreement

10. <u>Protection Assurances, This Project:</u> (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 orradiation sources and materials such as microwave, laser, isotopes, recombinant DNA. (Consult Office of Research for assistance).



UNIVERSITY OF MARYLAND EASTERN SHORE OFFICE OF RESEARCH

APPENDIX A

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. Will these grant funds be used to run a UMES Summer Camp?

____ Yes ____ No

If "Yes", on what page of the proposal is this mentioned?

If "Yes", approval from the Office of the Provost/Academic Affairs is required below.

Signature:

Provost/VP Academic Affairs

13. <u>Organizational Relationships</u>: 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 <u>must</u> be attached to proposal.

14. 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:

15. Will student workers be employed from this application (if awarded)? ____ Yes ___ No Page 4 of 5 ____ Revised 1/5/2023



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:

CC: <u>jlshockley1@umes.edu</u> (Josh Shockley) jeguerrerodelacruz@umes.edu</u> (Julia Guerrero De La Cruz)