



**UNIVERSITY OF MARYLAND  
EASTERN SHORE**

APPENDIX A

**OFFICE OF RESEARCH  
ROUTING AND APPROVAL FORM FOR APPLICATION/PROPOSAL**

Have you completed and forwarded the Conflict of Interest Disclosure? ☐ Yes ☐ No

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.



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**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



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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 **10 business days prior to such deadline.** **(Review #10 for IRB/IACUC/Biosafety approvals).** **Should you require assistance with grant development, please allow 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 irradiation sources and materials such as microwave, laser, isotopes, recombinant DNA. (Consult Office of Research for assistance).*



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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. 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.

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



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**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: \_\_\_\_\_

Interim/VP of Research: \_\_\_\_\_ Date: \_\_\_\_\_

Provost/VP Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

VP for Administrative Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_

CC: [jlshockley1@umes.edu](mailto:jlshockley1@umes.edu) (Josh Shockley)  
[jguerrerodelacruz@umes.edu](mailto:jguerrerodelacruz@umes.edu) (Julia Guerrero De La Cruz)