UNIVERSITY OF MARYLAND EASTERN SHORE
ROUTING AND APPROVAL FORM FOR APPLICATION/PROPOSAL
OFFICE OF SPONSORED PROGRAMS

1. Title: ______________________________________________________

2. From: (Dept./Office) _________________________________________

3. To (Sponsor): _______________________________________________

4. Project ____________________ Phone __________________________

5. Director (s): ___________ Phone _________________________________

6. First Year: From ___________ Total Years: From ___ To _______
   Sponsored Support: Sponsored Support:
   Total Direct Cost: $___________ Total Direct Cost: $___________
   Indirect Cost: $_______________ Indirect Cost: $_______________
   Rate: __________% Rate: __________%
   Total Cost: $________________ Total Cost: $________________
   UMES Cost Sharing $__________ UMES Cost Sharing $__________
   UMES Matching $____________ UMES Matching $____________

6. MAILING INSTRUCTIONS: No. of copies _______; Due Date ______;
   Please supply mailing address on reverse.

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 days prior to such deadline.

Administrative Approval: Please sign on the appropriate line and forward to the next approval
authority.
By signing the below all parties certify that the contents of the proposal represents the work of the
Principal Investigator and, if warranted, any and all collaborators.

Project Director (s): __________________________ Date____________

Department/Office Head: __________________________ Date____________

Office of Sponsored Programs: __________________________ Date____________

Associate Vice President for
Research and Extended Education: __________________________ Date____________

School Dean (if applicable): __________________________ Date____________
7. **Types of Project (check as appropriate):**

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

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

   - () Does ( ) Does not involve human subjects, laboratory animals, biohazards*
     Proposal pages Ref._____

   *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 Sponsored Programs for assistance).

9. **Institutional Agreements:**

   A. Patent/Copyright Issues ( ) Yes ( ) No ( ) N/A
   B. Cost Sharing or Matching ( ) Yes ( ) No ( ) N/A
   C. Campus Facility/Space Needs, or Shared Equipment Usage ( ) Yes ( ) No ( ) N/A
   D. Off-Campus Arrangements ( ) Yes ( ) No ( ) N/A

10. **Organizational Relationships: This project (select as applicable):**

    - () Does ( ) Does not involve other campuses, state or private organizations
    Proposal Pages Ref._____

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

11. **New Full-Time or Part-Time Personnel Projected to be Employed:**

    _____ Faculty _____ Post-Doctoral _____ Associate Staff
    _____ Graduate Asst. _____ Technical _____ Clerical

    Comments: ________________________________________________________________

12. **Mailing Address:** _______________________________________________________

    ________________________________________________________________