

**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 \_\_\_\_\_

Academic Affairs: \_\_\_\_\_ Date \_\_\_\_\_

Administrative Affairs: \_\_\_\_\_ Date \_\_\_\_\_

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

7. Types of Project (check as appropriate):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Research                  | <input type="checkbox"/> New           | <input type="checkbox"/> Grant                 |
| <input type="checkbox"/> Demonstration/Training    | <input type="checkbox"/> Renewal       | <input type="checkbox"/> Contract              |
| <input type="checkbox"/> Institutional Development | <input type="checkbox"/> Supplemental  | <input type="checkbox"/> Formula               |
| <input type="checkbox"/> Other _____               | <input type="checkbox"/> Sub-Agreement | <input type="checkbox"/> 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                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Cost Sharing or Matching                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Campus Facility/Space Needs<br>or Shared Equipment Usage | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Off-Campus Arrangements                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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: \_\_\_\_\_  
\_\_\_\_\_

