

University of Baltimore PROPOSAL ROUTING FORM

Is there a sponsor deadline for submission?

_____ None
 _____ Postmark Date _____
 _____ Receipt Date _____

Proposal # _____
 Number of hardcopies _____
 Electronic submission? _____

Granting Agency _____

Granting Agency Contact

Name _____ Title _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Fax _____
 Email _____

Principal Investigator

Name _____
 Dept./Center _____
 Phone # _____

Type of Project

Research _____
 Instruction _____
 Public Service _____
 Fellowship _____
 Other specify) _____

Type of Submission

New _____
 Revision _____
 Competing Renewal _____ PS Proj. # _____
 Non-competing Continuation _____ PS Proj. # _____

Title of Project (limit to 30 characters)

Sponsor Type

Federal _____ Non-profit _____
 State _____ Corporate _____
 Other Gov't _____ Other _____

Proposed Project Dates

Start Date _____
 End Date _____

This proposal is

_____ Unsolicited
 _____ In response to attached RFP/RFA

Project Summary:

Amount of Request

Indirect costs have been
 calculated at _____ of
 Salaries & Wages
 Total Direct Costs (TDC)
 Modified TDC (MTDC)

Direct Cost
Indirect Base
Indirect Costs
Total Request
Cost Sharing
Total Project Costs

Total	First Year
_____	_____
_____	_____
=====	=====

COST SHARE - CASH AND IN-KIND CONTRIBUTIONS LISTED IN THE PROPOSAL BUDGET WILL BE MADE AVAILABLE TO THIS PROJECT FROM THE FOLLOWING SOURCES: (this must be approved by person responsible for funds being cost shared)

Department Name	Dept. #	Project #	Amount	Approved by (Please initial):
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are the following involved in the proposed project?

Human Subjects _____ yes _____ and IRB approval or exemption letter is attached or Protocol pending approval was submitted (date) _____

Waiver of Indirect Costs _____ Indirect Cost Waiver is attached

Subcontractors _____ List attached with written commitments

Additional personnel _____ yes	New Courses _____ yes
Additional space/renovations _____	Parking _____
Conference arrangements _____	Space reservation _____
Equipment purchasing _____	Special reservations _____
Insurance _____	Special audit _____
Internal consultants _____	Proprietary information _____
Mail _____	Misc. OTS Services _____
New phones _____	Computer networking _____

My signature below certifies that:

1. I am not delinquent on any federal debt,
2. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency
3. I have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against me for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract under public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.
4. I am not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in (3) above,
5. I have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and ;
6. I have no economic or interest in the project that would create a conflict of interest damaging to the integrity of the project or the interest of the University of Baltimore or the State of Maryland.

Project Director/Principal Investigator Date Department Chair/ Business Manager Date

Dean/VP/Center Dir. Date Office of Sponsored Research Date