



This routing form has been updated on 3/13/2019. It supersedes all previous versions.

Kuali Research
INTERNAL ROUTING FORM FOR PROPOSALS
http://kr.umd.edu

This form must be completed in its entirety. The routing process must be started AT LEAST 5 BUSINESS DAYS prior to the proposal deadline. Proposals can NOT be submitted until the PI and Co-PI's have certified electronically via Kuali Research.

PROPOSAL DETAILS:

1. Proposal/Application Type: New Other:
If not new: Related proposal number Related KFS number
2. Activity type: Research, basic Training Fellowship
Other:
3. Start Date: End Date:
4. Title:
5. Sponsor:
6. Prime Sponsor: Are flow through funds used? Yes No
If YES, prime sponsor's name:

DELIVERY INFORMATION:

7. Submission by: ORA Other:
8. Submission type: Electronic Other:
9. Submission Description:

SPONSOR and PROGRAM INFORMATION:

10. Sponsor Deadline Date: (mm/dd/yyyy)
11. Sponsor Deadline Type: Receipt Target
(hard deadline) (no hard deadlines)
12. Notice of Opportunity: Federal Solicitation
Non-Federal Solicitation
Other:
13. Solicitation Number:
14. Subawards: Is part of project to be subawarded to another organization? Yes\* No
If YES, subawardee's name:
\*Subawardee's proposal (statement of work, budget, budget justification) endorsed by its authorized officials must accompany the proposal.
15. Anticipated Award Type: Grant Contract Cooperative Agreement
MOU IPA NDA Other:
16. CFDA Number:

**ORGANIZATIONS and LOCATIONS:**

<b>17. Performance Site Location:</b>	On-Campus	Goddard
	Other*: _____	
*If selected other, include address of performance site:		
_____		
_____		

**PERSONNEL and CREDIT ALLOCATION:**

**18.**

<b>PI</b>	<b>Name:</b>		<b>% Credit for Project:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>Unit total Credit of Investigator: 100%</b>

  

<b>Co-PI</b>	<b>Name:</b>		<b>% Credit for Project:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>Unit total Credit of Investigator: 100%</b>

  

<b>Co-PI</b>	<b>Name:</b>		<b>% Credit for Project:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>Unit total Credit of Investigator: 100%</b>

  

<b>Co-PI</b>	<b>Name:</b>		<b>% Credit for Project:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>Unit total Credit of Investigator: 100%</b>

  

<b>Co-PI</b>	<b>Name:</b>		<b>% Credit for Project:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>% Credit of Investigator:</b>
	<b>College:</b>	<b>Dept.:</b>	<b>Unit total Credit of Investigator: 100%</b>

\*For additional Co-Investigators and key personnel, attach the supplemental staff form, available at:  
<http://www.ora.umd.edu/sites/default/files/documents/forms/supplemental-staff-form.pdf>

**QUESTIONNAIRE:**

**19.** Is this a pre-proposal submission?

Yes                      No

**20.** Is this an MPowering the State (MTS) proposal?

Yes                      No

**21.** Is part of this project to be subcontracted to another organization?

Yes                      No

**22.** Is any of the UM portion of this project to take place off-campus?

Yes                      No

**23.** Are there additional resources (space, operating or equipment funds, utility service) required to conduct this project that are over and above those already budgeted for or approved by your department?

Yes                      No

**24.** Does this proposal include administrative support costs such as administrative/clerical salary and/or office supplies/communication costs? If yes, proposal budget must include explicit justification of these costs in accordance with UMCP Policy VIII-10.40(A).

Yes                      No

**25.** Does the proposal include a tuition or fee waiver for academic year, winter term, or summer programs? If yes, documentation of approval from the Office of Provost, Dean for Undergraduate Studies, or Office of Summer & Winter Terms must be provided with the proposal.

Yes                      No

**26.** Does this project offer courses for credit?

Yes                      No

**27.** Are any export controls indicated in the solicitation or in discussions with the sponsor, or does the research relate directly to a military technology?

Yes                      No

**28.** Does the scope of work involve fabrication of a prototype that meets given specifications or requirements?

Yes                      No

**29.** Will your project involve the shipment of equipment outside of the US?

Yes                      No

**30.** Will your project require collaboration with any foreign person?

Yes\*                      No

\*If Yes, Name: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Institution: \_\_\_\_\_

**31.** Will this project require the use of another party's proprietary (restricted) information or materials?

Yes                      No

**32.** Will this project involve any other restrictions on the ability of the PI, Co-PI and/or other UM researchers to publish the results of their research or information provided to them UM?

Yes                      No

**QUESTIONNAIRE:**

**33.** Will the researchers need to generate any data that will be considered confidential or proprietary?

Yes                      No

**34.** Will this research include using Human Subjects?

Yes                      No

**35.** Will this research include using vertebrate animals?

Yes                      No

**36.** Will radioactive materials (H-3, C-14, P-32, gamma irradiator, etc) be used in this research?

Yes                      No

**37.** Will devices which produce ionizing radiation (x-ray units, electron microscopes, particle accelerators, etc.) be used in this research?

Yes                      No

**38.** Will a source of non-ionizing radiation (lasers, infra-red devices, ultraviolet devices, radio frequency devices, other electromagnetic devices, and/or microwave devices) be used in this research?

Yes                      No

**39.** Will this research use biological materials; recombinant or synthetic nucleic acids; human pathogens; biological toxins; human blood; unfixed human tissue; human cell culture; unfixed tissue from non-human primates?

Yes                      No

**40.** Will this research require the use of one or more of the following select agent toxins: e.g. Abrin; Botulinum neurotoxins; Short, paralytic alpha conotoxins; Diacetoxyscirpenol (DAS); Ricin; Saxitoxin; Staphylococcal enterotoxins (Subtypes A, B, C, D, and E); T-2 toxin; Tetrodotoxin?

Yes                      No

**41.** Will this research use highly toxic/reactive gases (e.g. arsine, hydrogen cyanide, cyanogens, silane, fluorine, etc.)?

Yes                      No

**42.** Will this project require SCUBA diving?

Yes                      No

**43.** Will this research require the use of boats?

Yes                      No

**44.** Will this project require the use of chemicals? If this project includes the use of chemicals, a Chemical Hygiene Plan and training is required.

Yes                      No

**45.** Is there a real or potential conflict of interest in connection with this work involving a University of Maryland employee, as defined by the University of Maryland Policies and Procedures II-3.10(A) or II-3.10(B) (<http://www.umresearch.umd.edu/ORAA/conflict/>)? If yes, a disclosure form must be completed and submitted in accordance with these procedures.

Yes                      No

**BUDGET:**

<b>46.</b>					
Year	Start Date	End Date	Direct Cost	F&A Cost	Total Cost
1					
2					
3					
4					
5					
<b>TOTAL:</b>					

**SUPPLEMENTAL INFORMATION:**

**47. Sponsor Contact Name:** \_\_\_\_\_

**48. Sponsor Email:** \_\_\_\_\_ **49. Sponsor Phone:** \_\_\_\_\_

**50. Sponsor Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**51. Business Manager Name:** \_\_\_\_\_

**52. Business Manager Email:** \_\_\_\_\_ **53. Business Manager Phone:** \_\_\_\_\_

**54. IDC Rate:** \_\_\_\_\_% **55. IDC Reason:** On-Campus research  
 Off-Campus research adj.  
 Other: \_\_\_\_\_

**56. IDC Rate Type:** MTDC Other: \_\_\_\_\_

**SUBMISSION REQUIREMENTS REMINDER**

This form **must be completed in its entirety**. The routing process **must** be started **AT LEAST 5 BUSINESS DAYS** prior to the proposal deadline. Proposals **can NOT be submitted** until the PI and Co-PI's have **certified** electronically via Kuali Research. Make sure to complete the certification process by following the link sent to your email; this will serve as your electronic signature. If you do not receive a link from Kuali once the routing process has started, contact your business manager. Make sure to include, at minimum, the required documents: **budget, budget narrative, statement of work, scientific abstract, subcontract documentation**, the **opportunity announcement** and this form

**\*\*\*If you do not receive a link to certify your proposal within 48 hours, contact your business manager, John Cullinan, or Dorinda Kimbrell.**