## LOYOLA UNIVERSITY MARYLAND PROPOSAL ROUTING FORM

(Note: This form is for internal use only. Do not send to the sponsor/collaborator.)

Proposal Deadline:

INVESTIGATOR(S) INFORMATION							
Grouped Proposal ID	Principal Investigat			Telephone:	Fax:		
Principal Investigator	Department:						
Co-PI(s), that is, others who are responsible for the scientific or technical direction of the project (include department, or affiliation if not Loyola):							
Key Personnel, that is, others who	Key Personnel, that is, others who contribute specialized skills but whose contribution is less than a Co-PI(s), e.g. an evaluator, specialized technician, etc.						
		PROPOS	AL OVERVIEW				
Project Title:							
Project Period: Start: End:	Grant Agency and	Program Name (list s	solicitation webpage, if ava	ailable):			
Project type (Pick one): Resear	rch Instructiona	II Academic Supp	port Outreach/Public	Service Other: Describe:			
If scientific research, please indica	ite whether the resea	rch is: Basic	Applied Dother: Desc	cribe:			
Proposal Summary or Abstract:							
		BUDO	GET DATA				
Overview (A detailed budget must l	he attached).						
		Veer One	Veer 2	Veer 2	Veer F		
	Total Request	Year One	Year 2	Year 3 Year 4			
Grant Funds Requested:	\$	\$	\$\$	\$	\$		
Total Indirect Costs Requested: \$							
What is the indirect cost rate used: 🗌 Federally negotiated indirect cost rate 🔲 The agency will not pay indirect costs 🔲 Other - Describe:							

## Cost Share:

commitme	ents. The de	epartment committing to cost	share will be response	sible for providing th	ne stated resource	vola is required to document al ses upon award. The PI will be share commitment during the g	responsible for
Is the cos	st share requ	uired? 🗌 Yes 🗌 No					
		Description	Amount	Cash	In-kind	Funding Source (e.	g. dean, dept.)
Year 1	1		\$				
Year 2	2		\$				
Year 3	3		\$			-	
Year 4	4		\$		1		
Year 5	5		\$		1		
Total			\$		1		
		INSTITI		CTS (Attach ex	planations as	s needed)	
No	Yes	Will this proposal:		•		•	
		Require course release(s)? each year of the grant. (If of				number of releases per year fo dits.)	or each individual for
		Satisfy the grant submission	n requirement for a T	enure-track Resear	rch Leave?		
		Require new hires other that	an students? Describ	e:			
	┝ <u></u>	Result in the purchase of m					
		Require additional office, la	· ·				
		Involve technology use that Require any other special n	•	e support from Tecr	nnology Services	? Describe:	
No	Yes	COMPLIAN Will this proposal:	NCE REQUIREM	IENTS (Attach	explanations	s as needed)	
		Involve the use of students?	?				
	┝╞	Involve work that may result				tion?	
			l/physical hazards (in	cluding toxic or haz		s, radioactive, material, biohaz	ards, pathogens,
	$\vdash$	toxins, recombinant DNA, o Involve international travel,			ent participation?		
		Use Animal Subjects? Date IACUC Protocol Sub			ACUC Protocol A		
a.			ts such that IRB appro- - Loyola University M	roval is likely needeo		ts Research - Office of Resear	ch and Sponsored
	No	Please proceed to the second secon					
	Not St	Gure 🔲 Please contact OR	RSP to resolve this ma	atter before proceed	ding with your gra	ant application	
b.	Please pas	ste in the language your granti	ing agency has regar	rding the need for IF	RB certification		
C.	Please pas certificatior	0 0 0	ig agency has regard	ling notification of fu	unding and the de	eadline for providing IRB and o	other forms of
	Reviewers reviewer or disabilities) the IRB and less than 3 should I su	a have the full defined <u>timefram</u> or reviewers (depending on its a) federal law may require revie and all relevant reviewers to be 30 days before granting agenc ubmit my application with an in	me to complete review status). If your resea ewers with specific co working on other app cy deadlines to accom nadequate buffer of time	ws, although most b arch involves specia ompetencies to eval plications. <i>Thus, the</i> nmodate the need to ime, the IRB may no	beat it. When a co al classes of parti- luate it. Please n <i>e Loyola IRB stror</i> o respond to revio	re processed sequentially as the processed sequentially as the processed sequentially as the properties of the submitted in the sequence of th	d, it is assigned to a rsons with mental application to arrive at <i>tions be submitted no</i> I am aware that
	PI/PD Sign	lature Da	ate Co-inv. Sig	gnature	Date	Co-inv. Signature	Date
e.		edge that I am aware of the tim a complete application.	າe frames for Loyola	IRB processing in th	he academic term	n and the summer and that the	ese <u>timeframes</u> refer to
	PI/PD Sigr	nature C	Date Co-inv. Si	ignature	Date	Co-inv. Signature	Date

Updated 04/26/2023

INVES	<b>TIGATOR</b>	(S)/PROJECT DIRECT	OR(S) DISCL	OSURES AND ASSURA	NCES	
Pl's/Co-Pls/Key Personnel must su being submitted for a fellowship that				vebsite) as an attachment to th	is form unless the proposal is	
Principal Investigator/Project Dir to accept responsibility for the cond	rector/Co-in duct of the pr lelinquent on ons by any fe Maryland po	vestigator(s): I certify that the roject and for provision of requi any federal debt; 2) I am no ederal department or agency; 3 plicies as published in the Fac	e information provi ired technical repo t presently debar 3) I will adhere to fe ulty Handbook an	orts if an award results from this red, suspended, proposed for ederal regulations regarding lob	s application. Further, my signature debarment, declared ineligible, or bbying activities; 4) I agree to abide	
PI/PD Signature	Date	Co-inv. Signature	Date	Co-inv. Signature	Date	
		INSTITUTI		W		
<b>Department Chair:</b> I have reviewe such as course release or departm		ation. Professional time allocat			ade on behalf of the department,	
For Dept. of PI/PD	Date	For Dept. of Co-inv.	Date	For Dept of Co-inv.	Date	
After obtaining the chair's signature, deliver the original application and routing sheet to the Office of Research and Sponsored Programs, KH-102, for the completion of the routing process or email a pdf copy to orsp@loyola.edu.						
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