

Deadline: <input type="checkbox"/> Mailing Date <input type="checkbox"/> Receipt Date	LOYOLA UNIVERSITY MARYLAND PROPOSAL ROUTING FORM	Proposal Number (assigned by ORSP): _____
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INVESTIGATOR(S) INFORMATION

1. Principal Investigator:	2. Department:	3. Telephone:	4. Fax:
5. Co-PI(s) (include department, or affiliation if not Loyola):			

GENERAL PROPOSAL INFORMATION

6. Project Title:	
7. Project Period: Start: Finish:	8. Grant Agency and Program Name (list solicitation webpage, if available):
9. Address (if proposal will be mailed by ORSP):	

PROJECT OVERVIEW

10. Proposal Abstract:

BUDGET DATA

11. Budget Overview:				
	Total Project	Year One (multi yr. projects only)	Year Two (multi yr. projects only)	Year Three (multi yr. projects only)
Funds Requested from Grant Agency				
Matching Funds Requested				
Total Project Budget				

Is the match required? Yes No

Describe the source of the matching funds:

12. Indirect Cost Percentage:
<input type="checkbox"/> 55.1% of salaries and benefits for all personnel
<input type="checkbox"/> The agency will not pay indirect costs
<input type="checkbox"/> Other - Describe:

SPECIAL REVIEW CHECKLIST

13. The attached proposal involves the following:

<p>Course reduction: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Tenure-track Research Leave: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>New hires or extensive personnel use: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Major equipment purchase: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Additional office, lab or other facilities needed: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Intellectual property or proprietary or confidential information: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Subcontracts: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Participation from other institutions/agencies: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>List: _____</p>	<p>Use of human subjects: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Date Human Subjects Review Form submitted: _____</p> <p>Date approved: _____</p> <p>Use of animals: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Date Animal Use Review Form submitted: _____</p> <p>Date approved: _____</p> <p>Use of chemical/physical hazards (including toxic or hazardous chemicals, radioactive material, biohazards, pathogens, toxins, recombinant DNA, oncogenic viruses, tumor cells, etc.): Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Other: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Describe: _____</p>
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INVESTIGATOR(S)/PROJECT DIRECTOR(S) DISCLOSURES AND ASSURANCES

A. Principal Investigator/Project Director/Co-investigator(s): I certify that the information provided on this form is accurate and complete as of this date. I agree to accept responsibility for the scientific and technical conduct of the project and for provision of required technical reports if an award results from this application. Further, 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 transactions by any federal department or agency; 3) I will adhere to federal regulations regarding lobbying activities; 4) I agree to abide by all other applicable Loyola University Maryland policies as published in the Faculty Handbook; and 5) I agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity.

Conflict of Interest: The proposed project or relationship with this sponsor (**Check one**) **does** **does not** require the disclosure of significant financial interests that present an actual or potential conflict of interest for investigators involved in this project; if answered in the affirmative, then all investigators so involved have provided a complete disclosure in this matter as instructed by current institutional policy and/or Federal regulation.

 PI/PD Signature Date Co-inv. Signature Date Co-inv. Signature Date

INSTITUTIONAL APPROVALS

B. Department Chair(s): The attached application is approved. It is within the program and academic objectives of the department. Professional time allocations are realistic as described. I have reviewed the needs contained in the Special Review Checklist and proposal, and they can be accommodated by the department if the project is funded. I am not aware of any significant financial interests that have not been disclosed that present an actual or potential conflict of interest for investigators involved in this project.

 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, BE116, for the completion of the routing process.

C. Office of Research and Sponsored Programs: This application's text and budget have been reviewed for completeness, consistency with sponsor instructions and requirements, and Loyola University Maryland's policies. Any necessary changes/modifications have been communicated to the PI/PD.

 For ORSP Date

D. Dean: The proposed project is approved. It is consistent with the program objectives of this school, and commitments to this project are acceptable. I have reviewed the needs contained in the Special Review Checklist and proposal, and I agree to provide them as described in the application if the project is funded. I am not aware of any significant financial interests that have not been disclosed that present an actual or potential conflict of interest for investigators involved in this project.

All required matching funds will be provided from GL # _____.

 Dean Date

E. Loyola University Maryland Institutional Authorization:

 Authorizing Official Date

NOTICE: Proposals are to be submitted to the Office of Research and Sponsored Programs at least five working days prior to agency deadlines to ensure timely delivery to the funding agency. For purposes of the Tenure-track Research Leave Program proposals are to be submitted 10 working days prior to the agency deadline.