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										
Principal Inves	iigator:		Department:			Telepho	one:	Fax:		
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 contribute specialized skills but whose contribution is less than a Co-PI(s), e.g. an evaluator, specialized technician, etc.										
PROPOSAL OVERVIEW										
Project Title:										
Project Period: Start:	End:	Grant A	gency and Program N	lame (list solici	tation we	bpage, if a	available):			
Project type (Pick one): Research Instructional Academic Support Outreach/Public Service Other: Describe:										
If scientific research, please indicate whether the research is: Basic Describe:										
Proposal Summary or Abstract:										
BUDGET DATA										
Overview (A de	etailed budget mus	st be attached):								
		Total Request	Year One	Year 2		Year 3		Year 4	Year 5	
Grant Funds Requested: \$		\$	\$	\$		\$		\$	\$	
Total Indirect C	osts Requested:	\$								
What is the indirect cost rate used: Federally negotiated indirect cost rate The agency will not pay indirect costs Other - Describe:										
Cost Share:	amitmonte chould	not be made unless ne	eccesary particularly	in the case of a	ach mate	ch Lovola	is required	I to document a	all cost share	
commitments.	The department co	ommitting to cost share	will be responsible for	or providing the	stated r	esources u	upon award	d. The PI will be	e responsible for	
working with Finance to document the financial transactions and/or in-kind contributions that fulfill the cost share commitment during the grant period. Is the cost share required? Yes No										
is the cost shar	e requirea?	Yes No	1							
	Des	scription	Amount	Cash	ln-k	ind	Fur	nding Source (e.g. dean, dept.)	
Year 1			\$							
Year 2			\$							
Year 3			\$							
Year 4			\$							
Year 5			\$							
Total		$\overline{}$	\$							

		INSTITUTIONAL IMPACTS (Attach explanations as needed)						
No	Yes	Will this proposal:						
		Require course release(s)? If so indicate who will receive course release(s) and the number of releases per year for each individual for each year of the grant. (If other than 3 credit classes, please indicate number of credits.)						
		Satisfy the grant submission requirement for a Tenure-track Research Leave?						
		Require new hires other than students? Describe:						
		Result in the purchase of major equipment? Describe:						
		Require additional office, lab, or other facilities or room modifications? Describe:						
		Involve technology use that will require extensive support from Technology Services? Describe:						
		Require any other special needs? Describe:						
		COMPLIANCE REQUIREMENTS (Attach explanations as needed)						
No	Yes	Will this proposal:						
		Involve the use of students?						
H	H	Involve work that may result in a patent or involve proprietary or confidential information? Use Human Subjects?						
		Date Human Subjects Review Form Submitted: Date Human Subjects Review Form Approved:						
		Involve participation and/or subcontracts with other institutions/organizations? List:						
		Involve the use of chemical/physical hazards (including toxic or hazardous chemicals, radioactive, material, biohazards, pathogens, toxins, recombinant DNA, oncongenic viruses, tumor cells, etc.)?						
		Involve international travel, collaboration, export, international student participation?						
	Ш	Use Animal Subjects? Date IACUC Protocol Submitted: Date IACUC Protocol Approved:						
Pl's/Co-Pls/Key Personnel must submit a Conflict of Interest Disclosure Form (see the ORSP website) as an attachment to this form unless the proposal is being submitted for a fellowship that will provide an award directly to the investigator. 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 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 applicable Loyola University Maryland policies as published in the Faculty Handbook and the Loyola Grant Handbook; and 5) I agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity. PI/PD Signature Date Co-inv. Signature Date Co-inv. Signature Date								
FI/FD Sigi	nature							
	ourse relea	have reviewed the application. Professional time allocations are realistic as described. Commitments made on behalf of the department, se or department funds, can be accommodated. Date For Dept. of Co-inv. Date For Dept of Co-inv. Date						
	Δf	ter 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. Office of Research and Sponsored Programs:								
Dean:		Date						
Dean Date Loyola University Maryland Institutional Authorization:								
VD for Academic Affairs (Authorities Official)								
NOTICE	Proposa	VP for Academic Affairs (Authorizing Official) Date Ils are to be submitted to the Office of Research and Sponsored Programs at least 5 working days prior to agency						
deadline	deadlines to ensure timely delivery to the funding agency. For purposes of the Tenure-track Research Leave Program proposals are							

Loyola University Maryland Significant Financial Interest Disclosure Form

Investigator's Full Name	
Department	
Sponsoring Agency	
Title of Project	
Amount Proposed/Awarded	Expected Award Date
Certification	
trustee, employee, advisory board member, organization funding this sponsored project	(spouse and dependent children) an officer, director, partner, independent contractor, consultant, or agent of the external, of any organization from which goods and services will be any organization that may be affected by the results of this
owner of any shares of stock, stock options, \$10,000 in value or the actual or beneficial controlling interest in the external organization ganization from which goods and services	(spouse and dependent children) the actual or beneficial partnership interest or other ownership interest exceeding owner of more than five percent (5%) of the voting stock or tion funding this sponsored project, in any external swill be obtained under this project, or in any organization consored project? DO NOT include stock owned through
twelve months or do you expect to receive in external organization funding this sponsored and services will be obtained under this sponsored by the results of this sponsored project? Inc	(spouse and dependent children) received within the past in the next twelve months income exceeding \$10,000 from the d project, from any external organization from which goods insored project, or from any organization that may be affected lude salary (other than that included in the proposed budget e), royalties from inventions or other intellectual property,
Pertaining to Sponsored Projects. I certify thereto is accurate and complete to the best of updated Disclosure Form if at any time from termination of the grant award any new reports.	ith the Loyola University Maryland Conflict of Interest Policy hat the information provided above and in any attachments of my knowledge as of the date written below. I will submit an in the date the Form for this proposal is submitted through the ortable Significant Financial Interests are obtained or if there int Financial Interest. The updated Disclosure Form will be e change.
Signature of Investigator	Date