

**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 Investigator:	Department:	Telephone:	Fax:
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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 Agency and Program Name (list solicitation webpage, if available):
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Project type (Pick one):  Research  Instructional  Academic Support  Outreach/Public Service  Other: Describe:  
 If scientific research, please indicate whether the research is:  Basic  Applied  Other: Describe:

Proposal Summary or Abstract:

**BUDGET DATA**

Overview (A detailed budget must be attached):

	Total Request	Year One	Year 2	Year 3	Year 4	Year 5
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:**

Cost share commitments should not be made unless necessary, particularly in the case of cash match. Loyola is required to document all cost share commitments. The department committing to cost share will be responsible for providing the stated resources upon award. The PI will be 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

	Description	Amount	Cash	In-kind	Funding Source (e.g. dean, dept.)
Year 1		\$			
Year 2		\$			
Year 3		\$			
Year 4		\$			
Year 5		\$			
Total		\$			

### INSTITUTIONAL IMPACTS (Attach explanations as needed)

No	Yes	Will this proposal:
<input type="checkbox"/>	<input type="checkbox"/>	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.)
<input type="checkbox"/>	<input type="checkbox"/>	Satisfy the grant submission requirement for a Tenure-track Research Leave?
<input type="checkbox"/>	<input type="checkbox"/>	Require new hires other than students? Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Result in the purchase of major equipment? Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Require additional office, lab, or other facilities or room modifications? Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Involve technology use that will require extensive support from Technology Services? Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Require any other special needs? Describe:

### COMPLIANCE REQUIREMENTS (Attach explanations as needed)

No	Yes	Will this proposal:
<input type="checkbox"/>	<input type="checkbox"/>	Involve the use of students?
<input type="checkbox"/>	<input type="checkbox"/>	Involve work that may result in a patent or involve proprietary or confidential information?
<input type="checkbox"/>	<input type="checkbox"/>	Use Human Subjects? Date Human Subjects Review Form Submitted: _____ Date Human Subjects Review Form Approved: _____
<input type="checkbox"/>	<input type="checkbox"/>	Involve participation and/or subcontracts with other institutions/organizations? List:
<input type="checkbox"/>	<input type="checkbox"/>	Involve the use of chemical/physical hazards (including toxic or hazardous chemicals, radioactive, material, biohazards, pathogens, toxins, recombinant DNA, oncogenic viruses, tumor cells, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Involve international travel, collaboration, export, international student participation?
<input type="checkbox"/>	<input type="checkbox"/>	Use Animal Subjects? Date IACUC Protocol Submitted: _____ Date IACUC Protocol Approved: _____

### INVESTIGATOR(S)/PROJECT DIRECTOR(S) DISCLOSURES AND ASSURANCES

PI's/Co-PIs/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

### INSTITUTIONAL REVIEW

**Department Chair:** I have reviewed the application. Professional time allocations are realistic as described. Commitments made on behalf of the department, such as course release or department funds, can be accommodated.

\_\_\_\_\_  
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.**

**Office of Research and Sponsored Programs:**

\_\_\_\_\_  
For ORSP Sign & Date

**Dean:**

\_\_\_\_\_  
Dean Sign & Date

**If required:**

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VP for Academic Affairs (Authorizing Official) and Date

**NOTICE: Proposals are to be submitted to the Office of Research and Sponsored Programs at least 5 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.**