



**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>Dept:</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 for a minimum of 3 consecutive months?

Yes      No

If yes, please list location:

**23.** Is the off-campus location a UM Research Farm?

Yes      No      N/A

**24.** Does this project require field work? Field work includes all off-campus urban and remote settings not associated with another institution or UM Research Farm.

Yes      No

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

Yes      No

**26.** Will this project involve the construction or renovation of a Biosafety Level -2 (BSL-2) or BSL-3 laboratory?

Yes      No

**27.** Will this project require the significant alteration chemical fume hood, laboratory local exhaust system, electrical, plumbing, or building structure?

Yes      No

**28.** 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

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

Yes      No

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

Yes      No

**31.** Is there a real or potential conflict of interest in connection with this work or this sponsor (including consulting) involving a University of Maryland employee, as defined by the University of Maryland Policies and Procedures II-3.10(A) II-3.10(B)? If yes, a disclosure form must be completed and submitted in accordance with these procedures.

Yes      No

**32.** Are any export controls, physical or IT security requirements, restrictions on publications, or use of foreign nationals indicated in the solicitation or in discussions with the sponsor?

Yes      No

**33.** Are there technologies involved in this project which are likely to have a military application or other applications which could be considered national security implications?

Yes      No

## QUESTIONNAIRE:

**34.** Will this project involve the shipment of materials outside of the US?

Yes      No

**35.** Will this project require collaboration with any foreign person?

Yes\*      No

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

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

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

**36.** Will this project involve any information which may not be released to the public without sponsor approval? This may include, but is not limited to, sensitive research results, data sets, proprietary information, trade secrets, publications, and export-controlled information.

Yes      No

**37.** Will this project include using human subjects?

Yes      No

**38.** Will this project include using vertebrate animals?

Yes      No

**39.** Will radioactive materials (H-3, C-14, P-32, etc.) be used in this project?

Yes      No

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

Yes      No

**41.** 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 project?

Yes\*      No

\*If yes, please provide a brief description:

**42.** Will this project use biological materials? recombinant or synthetic nucleic acids; human pathogens; biological toxins; human blood; unfixed human tissue; human cell culture

Yes      No

**43.** Will this project require the use of one or more of the following select 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

**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.** Will this project require the shipment or transfer of chemical, biological, or radioactive materials off-campus?

Yes      No

**46.** Will this project require the use of a respirator by research personnel due to an airborne hazard not managed by engineering controls (e.g., use of chemical fume hood)?

Yes      No

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

Yes      No

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

Yes      No

**BUDGET:**

49.					
Year	Start Date	End Date	Direct Cost	F&A Cost	Total Cost
1					
2					
3					
4					
5					
<b>TOTAL:</b>					

**SUPPLEMENTAL INFORMATION:**

50. Sponsor Contact Name: \_\_\_\_\_

51. Sponsor Email: \_\_\_\_\_ 52. Sponsor Phone: \_\_\_\_\_

53. Sponsor Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

54. Business Manager Name: \_\_\_\_\_

55. Business Manager Email: \_\_\_\_\_ 56. Business Manager Phone: \_\_\_\_\_

57. IDC Rate: \_\_\_\_\_% 58. IDC Reason:  
 On-Campus research  
 Off-Campus research adj.  
 Other: \_\_\_\_\_

59. IDC Rate Type: MTDC Other: \_\_\_\_\_

**Submission Requirements Reminder**

This form **must be completed in its entirety**. The routing process **must** start **AT LEAST 6 BUSINESS DAYS** prior to the proposal deadline. Business managers should be informed of proposals with subawards **AT LEAST 10 BUSINESS DAYS PRIOR TO ROUTING**. Subaward documentation should be submitted **AT LEAST 6 BUSINESS DAYS PRIOR TO ROUTING**. Proposals **can NOT be submitted** until the PI and any/all CO-PIs have certified electronically via Kualii Research. Make sure to complete the certification process by following the link sent to your email. If you do not receive a link from Kualii once the routing process has started, contact your business manager. Make sure to include, at minimum: **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\*\*\***

**The most current version of this form can be found at:**  
<https://www.astro.umd.edu/resources/internal/deptsupport/routingform.pdf>