

Date Due at Sponsor's Office \_\_\_\_\_

Resource #

## ZANVYL KRIEGER SCHOOL OF ARTS & SCIENCES ROUTING SHEET For Grant and Contract Proposals

**PLEASE ALLOW 5 (five) WORKING DAYS FOR PROCESSING BY KSAS**

<b>PRINCIPAL INVESTIGATOR</b>	<b>SOCIAL SECURITY#</b>	<b>DEPT AREA</b>	<b>E-MAIL ADDRESS</b>	
<b>CO-INVESTIGATOR</b>				
<b>CO-INVESTIGATOR</b>				
<b>CO-INVESTIGATOR</b>				
<b>APPLICATION TO (Sponsor Name &amp; Address)</b>				
CFDA# _____				
<b>TITLE OF PROJECT</b>				
<b>SPONSOR TYPE</b> <input type="checkbox"/> Federal <input type="checkbox"/> State of Maryland <input type="checkbox"/> Other				
<b>TYPE OF APPLICATION (Check only one item on each line)</b>				
<input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Co-Op Agreement <input type="checkbox"/> Subcontract from _____ <small>(Original Source of Funds)</small>				
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Non-Competing Continuation <input type="checkbox"/> Revision				
<input type="checkbox"/> Research <input type="checkbox"/> Training <input type="checkbox"/> Other				
<b>Current Resource #</b>		<b>Current CUFS #</b>		
<b>Current Budget Year Covered by this Application</b>		<b>F&amp;A Rate</b>	<b>Direct \$</b>	<b>Indirect \$</b>
From	To			<b>Total \$</b>
<b>Total Project Period Covered by this Application</b>		<b>F&amp;A Rate</b>	<b>Direct \$</b>	<b>Indirect \$</b>
From	To			<b>Total \$</b>
<b>COST SHARING?</b>		<b>If yes, please check where applicable.</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
1. Type?		<input type="checkbox"/> Outright <input type="checkbox"/> In-Kind <input type="checkbox"/> Match		
2. Has the cost sharing been approved by the dean or department head?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Source?		<input type="checkbox"/> Department <input type="checkbox"/> Dean <input type="checkbox"/> Other _____		
<b>HOW DID YOU HEAR ABOUT THIS PROGRAM?</b>				
<input type="checkbox"/> Agency <input type="checkbox"/> Email/Listserver <input type="checkbox"/> KSAS Sponsored Projects <input type="checkbox"/> Other				

**REVERSE SIDE MUST BE COMPLETED**

**WILL PROJECT INVOLVE OR REQUIRE ANY OF THE FOLLOWING?**

Yes  No

If yes, please complete where applicable.

- Use of Animals  
Date of Animal Care and Use Committee Approval \_\_\_\_\_ ?
- Use of Infections Agents or other Bio-Hazardous Materials  
Bio-Hazards Safety Office Approval Number \_\_\_\_\_ ?
- Use of Radioactive Materials approved by Radiation Safety Office ?
- Use of Human Subjects through
  - Interviews, Questionnaires, Surveys
  - Psychological Testing
  - Collecting Personal Data
  - Laboratory Procedures
  - Use of Medical Records
  - Discarded Tissue
 Date of Institutional Review Board Approval \_\_\_\_\_ ?
- Cancer Related Research
- Use of Recombinant DNA  
Recombinant DNA Committee Approval Date \_\_\_\_\_ ?
- Alterations, Renovations, Additional Electrical or Steam Service
- Equipment over \$5,000 which is not conveniently available
- AIDS Related Research
- Potential Conflict of Interest
- Anticipated Program Income
- Sub-Awards: Must include a Statement of Work, Budget, Letter of Intent, and Rate Agreement  
DOD/NASA contracts require additional forms

**SPECIAL COMMENTS**

*\*By signing, I certify that all the information on this form is true and correct to the best of my knowledge.*

PRINCIPAL INVESTIGATOR*	SIGNATURE	DATE
DEPARTMENT CHAIRMAN		
SR. PROJECTS OFFICER		
Eaton E. Lattman Vice Dean for Research		

INDIVIDUAL TO BE CALLED AFTER APPLICATION IS APPROVED \_\_\_\_\_ Ext. \_\_\_\_\_

Department Review \_\_\_\_\_