

TOWSON UNIVERSITY
OFFICE OF UNIVERSITY RESEARCH SERVICES
7800 YORK ROAD, SECOND FLOOR, 4-2236
PROPOSAL REVIEW AND APPROVAL

TU Proposal No _____ CFDA No. _____
Principal Investigator(s) _____
Other TU Faculty _____
Department(s) _____
Proposal Title _____

New Project _____ Continuing Project _____ Period of Performance _____
Agency Deadline Date: _____ Postmark Deadline? _____ Proposal Rcvd OURS _____
NSF Fast Lane Submission? _____ Grants.gov Submission? _____

FINANCING OF PROJECT:

Funding Agency _____ \$ _____ TU Support \$ _____
Other TU Support: (Type,source) _____
Facilities and Administrative Costs \$ _____ Rate _____% Date of Waiver Approval _____
OURS Comments:

SPECIAL CONSIDERATIONS:

1. Faculty time: Will Principal Investigator maintain normal faculty load? _____
2. Time funded by grant/contract: Academic Year _____% Summer _____%
3. Is this a collaborative project involving representatives of more than one department, college, and/or division? _____
(If yes, ALL chairpersons, deans, and/or divisional vice presidents with representatives involved must sign on the following page)
Are you giving course credit as part of this grant/contract? _____
 - a) Graduate _____ Undergraduate _____
 - b) Tuition budgeted per credit: _____ Tuition budgeted per credit: _____ Assistantship Stipend, per month: _____
4. Are human participants involved? _____ Date of IRB approval _____
5. Are laboratory animals and housing involved? _____ Date of IACUC approval _____
6. Are toxic or hazardous materials involved? _____
7. Is recombinant DNA research involved? _____
8. Will subcontractors be used? _____
 - a. Name of subcontractor: _____
 - b. Administrative Contact: _____

(please include name, title, telephone number, and email address)

c. Please attach subcontractor's budget, statement of work, and letter of collaboration.

9. Will the proposed project involve outreach to the larger community? _____

(If yes, please explain briefly on an attached sheet, or in the project summary.)

10. Does the research contain potential patentable ideas or copyrights? _____

(Please see attached copy of University System of Maryland Copyright Policy)

11. Do you, your spouse, parent, minor child, brother or sister have any conflict of interest or apparent conflict of interest (as defined by Article 40A, Title 3 of the Annotated Code of Maryland) with the funding agency? _____ (If yes, please complete and submit a Disclosure Form to the Office of University Research Services. Proposal will not be submitted to funding agency until the Conflict of Interest Review Board has meet to determine if an exemption will be recommended to the President)

FACILITIES: Will it be necessary to devote existing space (office of laboratory) to the project? _____

Could the project/work require additional space (as in establishment of a new laboratory or administrative office) or modifications to existing space (wall demolition, heating/air conditioning, electrical, special equipment, etc.)? _____

If yes to either question, please explain. Attach additional sheet if necessary:

If yes, signature of individual authorized to obligate space, confirming that space is available/will be made available for the project should an award be made, is REQUIRED prior to submission:

Date

Typed name and title: _____

TECHNOLOGY SERVICES/COMPUTING RESOURCES:

Does the project/work described in the proposal require computing resources, technology services, and/or technical computer support? Please see attached sheet for examples of the types of projects, which might require such support. _____

If yes, please explain briefly. Attach additional sheet if necessary:

AUTHORIZED SIGNATURES REQUIRED FOR REVIEW AND APPROVAL:

Signature on behalf of all individuals listed as "Principal Investigator(s)" and "Other TU Faculty" on first page is required

Principal Investigator(s) _____ *Date* _____

_____ *Date* _____

Department Chairperson(s) _____ *Date* _____

_____ *Date* _____

College Dean(s) _____ *Date* _____

_____ *Date* _____

Divisional Vice President(s) (if other than Academic Affairs)

_____ *Date* _____

_____ *Date* _____

(forward to Office of University Services to secure remaining required signatures)

AUTHORIZED SIGNATURES REQUIRED FOR REVIEW AND APPROVAL (continued):

Director, University Research Services _____ *Date* _____

Director, CGSR Finance _____ *Date* _____

Provost/Vice President for Academic Affairs _____ *Date* _____

Sr. Vice President/Chief Fiscal Officer _____ *Date* _____

(required only if questions regarding facilities and/or technology/computing services is/are answered "yes")

Dean, College of Graduate Studies & Research _____ *Date* _____