

Request for Proposal



UNIVERSITY of MARYLAND
MARLENE AND STEWART GREENEBAUM
COMPREHENSIVE CANCER CENTER

Application Information

Announcement/Opportunity:

Sponsor Due Date:

Website to Announcement/Opportunity:

Submission Type:

Sponsor Name:

Prime Sponsor:

Title of your proposal:

Investigator Information

MPI:

No

Yes

Contact PI:

Principal Investigator Contact Information

First Name:

Last Name:

Job Title:

E-mail Address:

Phone:

Co-MPI Contact Information **NOTE: If more than one co-MPI, list in comments section below**

First Name:

Last Name:

Institution

Job Title:

Email Address:

Phone:

Subcontractor Information

Sub
Included:

Yes

No

Number of outgoing subcontracts:

Subsite PI Information **NOTE: If more than one co-MPI, list in comments section below**

First Name:

Last Name:

Job Title:

Email:

Phone:

Institution:

Street Address:

City:

State:

Zip code:

Administrative Contact Email:

Administrative Contact Phone:

Budget

Budget
Type:

Modular
Detail

Project Start

Project End

Personnel (including PI)

Name:	Key?:	Role:	Effort %:
Name:	Key?:	Role:	Effort %:
Name:	Key?:	Role:	Effort %:
Name:	Key?:	Role:	Effort %:
Name:	Key?:	Role:	Effort %:
Name:	Key?:	Role:	Effort %:

Special Reviews

Animals	Status	Protocol	Approval Date	Exp. Date
Human Subjects	Status	Protocol	Approval Date	Exp. Date
Biohazards	Status	Protocol	Approval Date	Exp. Date
Recom DNA	Status	Protocol	Approval Date	Exp. Date
Select Agents	Status	Protocol	Approval Date	Exp. Date

Questionnaire

1. If this is a resubmission or a competitive renewal, provide the prior grant number:
2. Is this project a clinical trial or contain a clinical trial component? Yes No
3. Are infectious materials being used? Yes No
If yes, list
4. Are genetically modified organisms used or produced? Yes No
If yes, list
5. Will this project involve a technology (whether or not patented) that you or another UMB investigator invented?
Yes No
6. Does any UMB investigator or project staff have a potential conflict of interest with the sponsor, a subcontractor, or other organizations having financial interest in the proposed project?
Yes No
7. Will this project involve any communications and/or financial transaction with foreign countries or their citizens or foreign organizations, or shipment of equipment, data, biological/chemical materials, software or information outside the U.S.? Yes No
8. Are there any visiting/volunteer personnel in your laboratory involved with this project? Yes No
If yes, please list the information for each individual below:

Name	Email Address	Home Institution	Is this individual financially supported by their home insitution?		Is this individual considered key personnel on this project?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
9. Will any Key Persons or Co-PI named on this proposal be located in the European Union? Yes No
10. Will this proposal have a site based in the European Union? Yes No
11. Will this proposal have planned recruitment or data collection from participants while they are located in the European Union? Yes No

