



# UNIVERSAL FUNDING REQUEST FORM

REQUESTOR			
<b>Requestor Name:</b>		<b>Rank:</b>	
<b>Department:</b>		<b>College:</b>	
<b>Signature:</b>		<b>Date:</b>	
<b>Purpose:</b>	<i>If a Tier Program, please complete the section below.</i>		
<b>Tier Programs (Please check one):</b> <input type="checkbox"/> Tier 1-Seed Grant <input type="checkbox"/> Tier 2-Development Incentive <input type="checkbox"/> Tier 2-Annual Operating <input type="checkbox"/> Tier 3-Initiative Development <input type="checkbox"/> Tier 3-Annual Infrastructure			
Supplemental Tier forms are available at <a href="http://www.umresearch.umd.edu/policies/facultylist.cfm">www.umresearch.umd.edu/policies/facultylist.cfm</a> and should be attached to this request.			

Please attach budget, project summary or abstract and any supporting documents and prior authorization.

PROPOSAL INFORMATION (If Applicable)			
<b>Sponsor:</b>		<b>Total Requested from Sponsor:</b>	\$
<b>Title of Proposal/Project:</b>			
<b>If cost share is required, attach guidelines. If not, state criteria under which you are requesting cost share.</b>			
<i>These funds are committed on the condition that should the sponsor or other matching partners not fully fund the project; the commitments shown below will be appropriately adjusted.</i>			

SIGNATURES					
		Direct Cost	Total *	Signature	Date
<b>Provost:</b>		\$	\$		
<b>VP Research:</b>		\$	\$		
<b>College (1):</b>		\$	\$		
<b>College (2):</b>		\$	\$		
<b>Dept (1):</b>		\$	\$		
<b>Dept (2):</b>		\$	\$		
<b>Total Cost Sharing:</b>		\$	\$	* Includes F&A, if applicable.	

<b>Comments:</b>
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