

PROPOSAL TRANSMITTAL FORM

Project Title					
Project Type					
Project Personnel (Please list all named personnel to be working on the project, not just key personnel)	Name	College/Dept/Unit	Role	Key or Non-Key Personnel?	Credit Split % (Only Key Personnel)
Are any of the above personnel responsible for the design, conduct or reporting activities proposed for funding? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list names of individuals and description of interest:					
Do any of the above personnel (or his/her spouse or child) have a financial or contractual interest related to this research? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list names of individuals and description of interest:					

Special Consideration Questions					
Are human subjects involved in this project? Is this a clinical trial? <input type="checkbox"/> Yes <input type="checkbox"/> No IRB Protocol submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No IRB Protocol #: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are laboratory animals involved in this project? IACUC review status of this research: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Not yet submitted IACUC approval date: _____ IACUC protocol #(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Human embryonic stem cells involved in this project? Cell Line(s): _____ Registration #(s): _____ OR <input type="checkbox"/> Stem cell from the registry will be used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hazardous materials involved in this project: Safety committee review status of this research: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Not yet submitted Safety committee approval date: _____ Registration #: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will human specimens/data be needed/or obtained from living individuals for the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recombinant DNA involved in this project: IBC review status of this research: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Not yet submitted IBC approval date: _____ Primary IBC protocol #: _____ Additional protocol #(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will materials and/or proprietary information be exchanged with an external collaborator? If YES, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does this project involve IP obtained under a licensing agreement from another entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will subrecipients be involved? If YES, please indicate organization(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will foreign nationals be working on the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be individuals on campus who are not UCF employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you require additional space to perform the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the project involve a large number of animals or any procedures outside of the AVMA guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you need to access external datasets to perform the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the project include a collaboration with the VA and/or propose use of VA facilities, resources and/or patients or patient samples/data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does your project require or propose renovations to existing UCF facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this project require release time? If YES, please indicate percentage (%):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the project propose the use of radioactive materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the project proposed activities that are export controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the project propose the use of radioisotopes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can information about this submission be disclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Principal Investigator Endorsements			
I will abide by applicable sponsor and Institution regulations in the conduct of the program, including provision of timely reporting per terms of the award. For multi-year awards with automatic renewals (no interim progress reporting required), this form will serve the term of the award.			
PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.			
PI (Typed/Printed):		PI Signature:	
PI (Typed/Printed): *If Multiple PI Submission		PI Signature:	

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NIST Compliance Questions

If you have any Research Computing and Data needs, please visit <https://rci.research.ucf.edu> for additional information and resources.

Does the proposal and/or guidelines contain the DFARS 252.204-7008, 7012, 7019, or 7020 clause or restrictions in regard to Covered Defense Information (CDI) or Controlled Unclassified Information (CUI)?

Yes

No

Does the proposal and/or guidelines contain the DFARS 252.204-7021 or any requirements in regard to the Cybersecurity Maturity Model Certification (CMMC)?

Yes

No

If yes, at what Level (Level 1,2,3,4, or 5)?
