

PROPOSAL TRANSMITTAL FORM

Project Title: _____

Project Type: _____

COM RO Use Only
Huron FP ID: _____

PROJECT PERSONNEL. Please list all named (internal and external) personnel on the project. "DCR" refers to the [design, conduct or reporting of the research](#). If the individual is responsible for DCR, please check by their name. Note only internal, key personnel should be assigned credit.

Name	College/Dept/Unit	Project Role	Key Person?	DCR?	Credit Split %
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

PROJECT DETAILS. Please mark yes if your project involves any of the following. Links are provided for additional information.

	YES	NO		YES	NO
1. Human Subjects? IRB#:	<input type="checkbox"/>	<input type="checkbox"/>	17. IP or materials obtained under a licensing agreement?	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical Trial?	<input type="checkbox"/>	<input type="checkbox"/>	18. Foreign Nationals?	<input type="checkbox"/>	<input type="checkbox"/>
3. IRB assistance requested (Huron application completion/entry)?	<input type="checkbox"/>	<input type="checkbox"/>	19. Additional space?	<input type="checkbox"/>	<input type="checkbox"/>
4. Human embryonic stem cells?	<input type="checkbox"/>	<input type="checkbox"/>	20. Renovations/alternations to current space?	<input type="checkbox"/>	<input type="checkbox"/>
5. Human specimens/data from living individuals?	<input type="checkbox"/>	<input type="checkbox"/>	21. Access to external data sets?	<input type="checkbox"/>	<input type="checkbox"/>
6. Specimen Collection needed from Clinical Trial team (blood, saliva, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	22. Release time? Percentage (%):	<input type="checkbox"/>	<input type="checkbox"/>
7. PHI or PII data?	<input type="checkbox"/>	<input type="checkbox"/>	23. Proprietary Information/non-published included?	<input type="checkbox"/>	<input type="checkbox"/>
8. Laboratory Animals? IACUC#:	<input type="checkbox"/>	<input type="checkbox"/>	24. Export controlled activities/data/material?	<input type="checkbox"/>	<input type="checkbox"/>
9. Large number of animals? Enter # Proposed:	<input type="checkbox"/>	<input type="checkbox"/>	25. VA collaboration or use of VA facilities/resources/patients?	<input type="checkbox"/>	<input type="checkbox"/>
10. Procedures outside of AVMA guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	26. Relatives of personnel directly or indirectly involved?	<input type="checkbox"/>	<input type="checkbox"/>
11. Hazardous materials? Registration #:	<input type="checkbox"/>	<input type="checkbox"/>	27. Cloud computing services (AWS, Azure, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Recombinant DNA? IBC Protocol #:	<input type="checkbox"/>	<input type="checkbox"/>	28. Use of third-party service for data storage, processing or outsourcing of university data?	<input type="checkbox"/>	<input type="checkbox"/>
13. Radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	29. Non-UCF personnel on UCF campuses?	<input type="checkbox"/>	<input type="checkbox"/>
14. Radioisotopes?	<input type="checkbox"/>	<input type="checkbox"/>	30. CME credits provided?	<input type="checkbox"/>	<input type="checkbox"/>
15. Subrecipients? Name:	<input type="checkbox"/>	<input type="checkbox"/>	31. Videos for Post Submission material?	<input type="checkbox"/>	<input type="checkbox"/>
16. Submitting to NOSI? Please provide NOT#:	<input type="checkbox"/>	<input type="checkbox"/>			

ADDITIONAL COMMENTS. Please provide any additional comments you'd like to provide for this submission.

PRINCIPAL INVESTIGATOR ENDORSEMENTS

By signing below, I acknowledge I will abide by applicable sponsor, state, and university regulations and policies in the conduct of the program, including provision of timely reporting per terms 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 Name (Typed):		PI Signature:	
PI Name (Typed)(if MPI Project):		PI Signature:	