

PROPOSAL TRANSMITTAL FORM

Project Title:	
Project Type:	

COM RO Use Only		
Huron FP ID:	Y	N
FAR 52.204-21 or DoD's Cybersecurity Maturity Model Certification (CMMC) Level 1 in RFP/Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
NIST SP 800-53, NIST SP 800-171, DFARS 252.204-7008, 7009, 7012, 7019, 7020, or 7021, or DoD's Cybersecurity Maturity Model Certification Level 2 or Level 3 in RFP/Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>

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 %
			Y	N	Y	N	
			<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"/>	<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"/>	19. IP or materials obtained under a licensing agreement to be used?	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical Trial ?	<input type="checkbox"/>	<input type="checkbox"/>	20. Foreign Nationals or Foreign Involvement?	<input type="checkbox"/>	<input type="checkbox"/>
3. IRB assistance requested (Huron application completion/entry)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Additional space?	<input type="checkbox"/>	<input type="checkbox"/>
4. Human embryonic stem cells ?	<input type="checkbox"/>	<input type="checkbox"/>	22. Renovations/alternations to current space?	<input type="checkbox"/>	<input type="checkbox"/>
5. Human specimens/data from living individuals?	<input type="checkbox"/>	<input type="checkbox"/>	23. 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"/>	24. Proprietary Information/non-published included?	<input type="checkbox"/>	<input type="checkbox"/>
7. Enrolling Participants?	<input type="checkbox"/>	<input type="checkbox"/>	25. Export controlled activities/data/material ?	<input type="checkbox"/>	<input type="checkbox"/>
8. PHI or PII data?	<input type="checkbox"/>	<input type="checkbox"/>	26. VA collaboration or use of VA facilities/resources/patients?	<input type="checkbox"/>	<input type="checkbox"/>
9. Laboratory Animals ? IACUC#:	<input type="checkbox"/>	<input type="checkbox"/>	27. Relatives of personnel directly or indirectly involved?	<input type="checkbox"/>	<input type="checkbox"/>
10. Need Biostat assistance? If YES, please submit request: https://forms.office.com/r/y3rEq5sCeY	<input type="checkbox"/>	<input type="checkbox"/>	28. Non-UCF personnel on UCF campuses?	<input type="checkbox"/>	<input type="checkbox"/>
11. Procedures outside of AVMA guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	29. CME credits provided?	<input type="checkbox"/>	<input type="checkbox"/>
12. Hazardous materials ? SPROTO#:	<input type="checkbox"/>	<input type="checkbox"/>	30. Videos for Post Submission material?	<input type="checkbox"/>	<input type="checkbox"/>
13. Recombinant DNA ? SPROTO#:	<input type="checkbox"/>	<input type="checkbox"/>	31. Use of third-party service for data storage, processing or outsourcing of university data ?	<input type="checkbox"/>	<input type="checkbox"/>
14. Radioactive materials ?	<input type="checkbox"/>	<input type="checkbox"/>	32. Cloud computing services (AWS, Azure, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Radioisotopes ?	<input type="checkbox"/>	<input type="checkbox"/>	33. Large-scale data transfers to outside entity?	<input type="checkbox"/>	<input type="checkbox"/>
16. Subrecipients? Name:	<input type="checkbox"/>	<input type="checkbox"/>	34. Hiring developers, project manager, or other technical talent?	<input type="checkbox"/>	<input type="checkbox"/>
17. Submitting to NOSI? Please provide NOT#:	<input type="checkbox"/>	<input type="checkbox"/>	35. Need storage or large amounts of data to be managed by UCF (terabytes/pentabytes)?	<input type="checkbox"/>	<input type="checkbox"/>
18. Release time? Percentage (%):	<input type="checkbox"/>	<input type="checkbox"/>	36. Use of advanced computational resources? (STOKES, Newton, UF HiPerGator, etc)	<input type="checkbox"/>	<input type="checkbox"/>
37. Will data be exchanged, used, and/or created that is considered highly restricted, restricted, or unrestricted under UCF policy 4-008 ? If YES, please indicate data classification:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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:	