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? ☐ Yes ☐ No
If YES, please list names of individuals:

Special Consideration Questions

Question	Yes	No	Question	Yes	No

Are human subjects involved in this project?
   Is this a clinical trial? ☐ Yes ☐ No
   IRB Protocol submitted?   ☐ Yes ☐ No
      IRB Protocol #: _____
	☐ Yes	☐ No	Are laboratory animals involved in this project?
			IACUC review status of this research:
			   ☐ Approved ☐ Pending ☐ Not yet submitted
			IACUC approval date: _____
			IACUC protocol #(s): _____
				☐ Yes	☐ No

Human embryonic stem cells involved in this project?
Cell Line(s): _____
   Registration #(s): _____
   OR ☐ Stem cell from the registry will be used
	☐ Yes	☐ No	Hazardous materials involved in this project:
			Safety committee review status of this research:
			   ☐ Approved ☐ Pending ☐ Not yet submitted
			Safety committee approval date: _____
			   Registration #: _____
				☐ Yes	☐ No

Will human specimens/data be needed/or obtained from living individuals for the project?	☐ Yes	☐ No	Recombinant DNA involved in this project: IBC review status of this research: ☐ Approved ☐ Pending ☐ Not yet submitted IBC approval date: _____ Primary IBC protocol #: _____ Additional protocol #(s): _____	☐ Yes	☐ No
Will materials and/or proprietary information be exchanged with an external collaborator? If YES, please describe:	☐ Yes	☐ No			
Will subrecipients be involved? If YES, please indicate organization(s):	☐ Yes	☐ No	Does this project involve IP obtained under a licensing agreement from another entity?	☐ Yes	☐ No
Will there be individuals on campus who are not UCF employees?	☐ Yes	☐ No	Will foreign nationals be working on the project?	☐ Yes	☐ No
Does the project involve a large number of animals or any procedures outside of the AVMA guidelines?	☐ Yes	☐ No	Do you require additional space to perform the project?	☐ Yes	☐ 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?	☐ Yes	☐ No	Will you need to access external datasets to perform the project?	☐ Yes	☐ No
Will this project require release time? If YES, please indicate percentage (%):	☐ Yes	☐ No	Does your project require or propose renovations to existing UCF facilities?	☐ Yes	☐ No
Does the project proposed activities that are export controlled?	☐ Yes	☐ No	Does the project propose the use of radioactive materials?	☐ Yes	☐ No
Can information about this submission be disclosed?	☐ Yes	☐ No	Does the project propose the use of radioisotopes?	☐ Yes	☐ No

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Office of Cyber Risk Management (OCRM) Compliance Questions		
Please visit https://ocrm.research.ucf.edu or contact ResearchOCRM@ucf.edu for additional information and resources. If "Yes" is answered to the questions below, please create an ancillary review to the Office of Cyber Risk Mgmt. team for additional assistance.		
1) Does this project involve Basic Safeguarding of Covered Contractor Information Systems as defined in Federal Acquisition Regulation 52.204-21 or cybersecurity requirements for Restricted Data as defined in UCF policy 4-008? *Requirements for basic safeguarding can be identified through reference to FAR 52.204-21 or DoD's Cybersecurity Maturity Model Certification (CMMC) Level 1. There may also be a short list of items (15-17) included.*	☐ Yes	☐ No
2) Does this project involve protection of Controlled Unclassified Information (aka: CUI/CDI/CTI/EXPT) or cybersecurity requirements for Highly Restricted Data as defined in UCF policy 4-008?	☐ Yes	☐ No
a. Budget has been reviewed with OCRM for information security compliance needs of on-premises and/or cloud resources?	☐ Yes	☐ No
b. PI and research team are aware of requirements to use Knight Shield, complete annual training, and a Research Project System Security Plan prior to commencement of award? *Requirements to protect Controlled Unclassified Information (CUI) or what DoD calls Covered Defense Information (CDI), and data such as Controlled Technical Information, Export Controlled, and Public Health Information, can be identified by name or through reference to standards and regulations such as 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.*	☐ Yes	☐ No
Research Cyberinfrastructure (RCI) Questions		
Please visit https://rci.research.ucf.edu/ or contact ResearchIT@ucf.edu for additional information and resources.		
1) Does your project require the use of cloud computing services? Examples include running data models, data analysis, visualization, or storing data in Amazon Web Services (AWS), Microsoft Azure, or Google Cloud Platform (GCP).	☐ Likely	☐ Unlikely
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:**	