

HRS PROPOSAL SUBMISSION AID

Project Title					
Project Type	If selection other than 'New', please indicate associated Proposal/Award ID:				
Project Personnel	Name	College/Dept/Unit	Role	Key or Non-Key Personnel?	Credit Split % (Only Key Personnel)
(Please list all named personnel to be working on the project, not just 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:					
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			
Will subrecipients be involved? If YES, please indicate organization(s):	<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 there be individuals on campus who are not UCF employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will foreign nationals be working on 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	Do you require additional space 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	Will you need to access external datasets to perform the project?	<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 your project require or propose renovations to existing UCF facilities?	<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 radioactive materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can information about this submission be disclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the project propose the use of radioisotopes?	<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:	