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| **Project Title** |  | |
| **Project Personnel** | Name Role Institution Key or Non-key? |
| **Conflict of Interest** | Are any of the above personnel responsible for the design, conduct or reporting activities proposed for funding? Yes No  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?  Yes No  List names of individuals and description of interest: |

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| **Special Consideration Questions** | | | | | | |
| Will human specimens/data be needed/or obtained from living individuals for the project? | ☐  Yes | | ☐  No | Are human subjects involved in this project? Yes No  If YES, is this a clinical trial? Yes No  IRB Protocol submitted? Yes No | | |
| Does the project involve:  Radioactive materials? Yes No  Radioisotopes? Yes No  Export control? Yes No | | | | Hazardous materials involved in this project: Yes No  If YES:   1. Safety committee review status of this research:   Approved Pending Not yet submitted   1. Safety committee approval date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Recombinant DNA involved in this project: Yes No  If YES:   1. IBC review status of this research:   Approved Pending Not yet submitted   1. IBC approval date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Primary IBC protocol number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Additional protocol numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Are laboratory animals involved in this project? Yes No  IACUC review status of this research:  Approved Pending Not yet submitted  IACUC approval date:  IACUC protocol number(s): | | |
| Human embryonic stem cells involved in this project? Yes No  If YES:  Cell Line(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registration number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OR  ☐ Stem cell from the registry will be used | | | | Select resources required for this proposal:  Additional space  External datasets  Renovations | | |
| Can information about this submission be disclosed? | ☐  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 |
| Does this project involve IP obtained under a licensing agreement from another entity? | ☐  Yes | ☐  No | | Will this project require the acquisition of external datasets?  If YES, please describe: | ☐  Yes | ☐  No |
| Will materials and/or proprietary information be exchanged with an external collaborator?  If YES, please describe: | ☐  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 subrecipients be involved?  If YES, please indicate organization(s): | ☐  Yes | | ☐  No | Will this project require release time?  If YES, please indicate percentage (%): | ☐  Yes | ☐  No |
| Will there be individuals on campus who are not UCF employees? | ☐  Yes | | ☐  No | Will your project involves shipment of equipment or samples outside of the US? | ☐  Yes | ☐  No |

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| **Please list all individuals who will be responsible for the design, conduct or reporting of the research on the project\*:** | | | | |
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*\* An “Investigator” means the “project director or principal Investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the NIH, or proposed for such funding, which may include, for example, collaborators or consultants.” All individuals listed must have a current COI disclosure in place prior to proposal submission*.

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| **Credit and Indirect Splits (Note: The Credit and Indirect splits must total 100%)** | | | | | |
| **UCF Faculty Name** |  |  |  |  | ***Totals*** |
| **Credit %** |  |  |  |  |  |
| **Indirect %** |  |  |  |  |  |

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| **PI Assurance** | | | | | |
| As a PI of this proposal, I certify: (1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) 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 the application. | | | | | |
| **PI (Typed/Printed):** |  | **PI Signature:** |  | **Date** |  |