

COS Huron Proposal Form

General Proposal Information	
<u>Type of Application:</u> Is this award being transferred from another institution? YES NO	
<u>Short Title:</u> *Enter a descriptive name for the project (50-character maximum). You can use the sponsor's short title or any other name. (To avoid confusion, use unique titles.) * The short title identifies the project throughout Grants, such as in project listings and workspaces.	
<u>Long Title:</u> *Enter the full title of this project. If this will be an SF424 application, the long title will be mapped to the appropriate blanks in the SF424 forms. 255-character maximum length. *	
Project Lead/Fellow name. If this is a fellowship, please provide name of the mentor:	
Direct Sponsor: (who disburses funds directly to UCF)	
Prime Sponsor: (specify a prime sponsor, only if this is a subaward)	
Solicitation Link or Funding Opportunity #:	
Instrument Type:	
Primary Purpose of this Project:	
<u>Expected Start Date:</u>	<u>Expected End Date:</u>
Sponsor's Submission Deadline:	
COS Internal Deadline (10 business days before sponsor deadline):	OR Internal Deadline (5 business days before sponsor deadline):

Personnel						
Project Personnel: Please list all individuals who will be working on the project. For more information on Conflict of Interest (COI), see http://www.coi.ucf.edu .						
Individual's Name	Dept (PHY, CHEM, NSCM)	Individual's Role (PI, Co- PI, GRA)	Research Credit (%)	Is this person responsible for design, conduct or reporting activities? YES/NO	Do you or his/her spouse have a financial or contractual interest related to this research? YES/NO	I certify that the information here is 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.
Ex: Last Name, First, PI Last Name, First, Co-PI	BIO STAT	PI Co-PI	75% 25%	Yes No	Yes Yes	
Modular Budget (for NIH only)? Yes No N/A						

Do you plan to collaborate with other institutions? Yes No				
If YES, please list the following:				
Institution	PI	PI Email	Research Administrator (RA)	RA Email

<u>Compliance Review</u>		
Human subjects involved in this project:	Yes	No
If Yes		
Is this a clinical Trial?	Yes	No
IRB Protocol has been Submitted:	True	False
Laboratory animals involved in this project:	Yes	No
Recombinant DNA involved in this project:	Yes	No
Hazardous materials (includes laser emissions and biohazards) involved in this project:	Yes	No
**For a regular Chemistry Lab, no additional approval requirements are needed for general chemicals, i.e., solvent, reagent, compound, buffer, standards, acid, bases, polymer and others.		
Radioactive materials involved in this project:	Yes	No
Human embryonic stem cells involved in this project:	Yes	No
Export control involved in this project:	Yes	No
Additional Proposal Information		
Required Resources:	Additional Space	External Datasets Renovations
NOTE: If yes to any of the above questions, you will receive instructions from COS Pre-award on the next steps in the system.		

Proposal Transmittal Form			
NIST Compliance Questions			
If you have any Research Computing and Data needs, please visit https://rci.research.ucf.edu for additional information and resources.			
Does the proposal and/or guidelines contain the DFARS 252.204-7008, 7012, 7019 or 7020 clause or restrictions in regard to Covered Defense Information (CDI) or Controlled Unclassified Information (CUI)	Yes No	Does the proposal and/or guidelines contain the DFARS 252.204-7021 or any requirements in the regard to the Cybersecurity Maturity Model Certification (CMMC)? If yes, at what Level (1, 2, 3, 4, or 5)?	Yes No

Endorsements	
<p>PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR: 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.</p> <p>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.</p> <p>One of the following options is available to you:</p> <p>1) As PI/PD for this submission, I approve the above endorsements.</p> <p>(NOTE: You will be required to go into the HRS system and complete the endorsement)</p> <p>2) As a member of this proposal team, I will obtain the PI/PD's signature for the endorsements. (NOTE: sign below and COS Pre-award will upload a copy of this signature – no further action is needed by you in the system)</p>	
<i>PI Signature</i>	<i>Date</i>