University of Florida Award Compliance Form

The goal of this form is to identify potential compliance concerns that must be addressed prior to the execution of a contract and/or release of funds. The Principal Investigator should complete this form after discussing with all co-investigators, subcontractors and collaborators.

If you have any questions in completion of this form, please contact the <u>Division of Research Compliance</u> at 352-392-9174.

		Principal Investigator:PI Department:	
		PI Email:PI Phone:	
		Proposal Number:Sponsor:	
		Project Title:	
SE	CTIO	ON 1: POTENTIAL CONFLICTS OF INTEREST	
1.	by a	you or your spouse or dependent children own stock (excluding a mutual or retirement fundant independent entity) with an entity that has an interest in the resulting product, materials om this project? Yes O No O	_
		If yes, what percent of the company do you own or how many shares do you own, or what value of the shares?	is the tota
2.	•	you or your spouse or dependent children receive payments or royalties from an entity inte e resulting product, materials, or results from this project? Yes O No O	rested in
3.		you or your spouse or dependent children hold a position (paid or unpaid) with an entity interesting product, materials, or results from this project? Yes O No O	erested in
	If	If yes, what position?	
4.	•	you or your spouse or dependent children work (paid or unpaid) with a non-UF entity (outsi work) that has an interest in any resulting product, materials, or results from this project?	de of your
	Yes	s O No O If yes, attach documentation (i.e. consulting agreements) that describes the	he work.
In Sc	terest <u>ience</u>	HS ONLY: If you, the PI, and/or any key personnel have had a status change in Significant Final st (SFI) since proposal submission, please submit a new PHS or NSF SFI form to comply with <u>Personnel (NSF) policy and/or Public Health Service (PHS) policy.</u> List of organizations that PHS policies can be found here. Applicable forms are available at: <u>PHS SFI form</u>	<u>National</u>
		F SFI form	
	□ P	P USE ONLY Potential Risk: DSP EC review form completed No Risk	

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SECTION 2: EXPORT CONTROL

1.	Has the Sponsor or any other party indicated that the project is restricted under Export Control Regulations ?			
	Yes O No O			
	If yes, what was indicated as controlled?			
	If yes, how were you informed (phone, email, other)? Give specifics of the contact information.			
	If yes, was this indicated as controlled under: ☐ Export Administration Regulation (EAR) ☐ International Traffic in Arms Regulation (ITAR) ☐ U.S. Department of Energy (DOE) Regulations ☐ Don't know			
2.	Do you currently have anything identified as Export Controlled that will be used in this project? Yes O If yes, describe:			
3.	Will you purchase or receive anything that will be used for the project that the vendor/manufacturer /source has indicated is Export Controlled (except EAR99)? Yes O No O If yes, describe:			
4.	Will the project involve foreign travel? Yes O No O If yes, to what countries?			
5.	Does the project include the transfer of data, items, equipment or materials to locations outside the United States? Yes O No O If yes, describe what is being transferred out of the country.			
	If yes, to what destinations?			

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6.	Will the project include any interaction (travel, collaboration, shipment, effort) with embargoed countries listed below? Crimea region of Ukraine Cuba Iran North Korea Sudan Syria None None
7.	Does the project involve any of the following areas, including components or technical information or software related to any of the items (select all that apply)? Military Systems or Technologies
If y	ves to any of the above, give the make & model:
If y	es to any of the above, provide the <u>ECCN/USML</u> category, if known:
If y	es to any of the above, provide the specifications or performance characteristics, if known:

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8.	Does the project involve any of the following biological materials listed below (select all that apply)?		
	 □ Recombinant DNA experimentation including human gene therapy and field releases of genetically modified organisms □ Human, animal, or plant pathogens (BSL2 or 3) □ Biological control agents, noxious weeds, or any plant, insect, or organisms requiring state or federal permits for possession, release, use or transport □ Cell lines or cultures that have been immortalized with a virus or are primary human tumor cells □ Human or primate blood, other bodily fluids, or tissues that are known to be positive for any human disease-causing virus or other agent, when used in research □ Acute toxins of Biological Origin □ None 		
If y	res to any of the above, provide the applicable <u>EH&S registration number(s)</u> , if available:		
9.	Does this project involve the use of adeno associated virus (AAV) technologies? Yes O No O		
10	Is there a Non-Disclosure Agreement, incoming Material Transfer Agreement, Software Agreement, or other agreement related to the performance of this project? Yes O No O		
	If yes, attach copies of those agreements to the email submitting this form.		

SECTION 3: REQUIRED ENDORSEMENTS

By submitting this form to DSP, you attest that all information contained is true and accurate to the best of your knowledge. If the form is completed by anyone other than the PI it is understood that the PI will be held responsible for the responses.

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