



ARGIS #: \_\_\_\_\_  
(Research ID #)

UCFRF Project #: \_\_\_\_\_  
(Leave Blank)

*I hereby request that UCFRF submit the following proposal/establish the following research grant or contract account:*

**Principal Investigator:** \_\_\_\_\_

Department or Institute: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Department Contact: \_\_\_\_\_

College: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email : \_\_\_\_\_

**Co-Principal Investigator:** \_\_\_\_\_

Department or Institute: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Department Contact: \_\_\_\_\_

College: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Funding Agency Contact:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**Project Name:** RF: \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Project Has a Budget?** Yes \_\_\_ No \_\_\_

**Project Period:** From \_\_\_\_\_ To \_\_\_\_\_ **Fixed End Date:** Yes \_\_\_ No \_\_\_

**Type of Project:** Grant \_\_\_ Contract \_\_\_ Donation \_\_\_ Conference/Workshop \_\_\_ Auxiliary \_\_\_

Incubator Rent \_\_\_ Donation transferred from UCFR \_\_\_ Other (Describe): \_\_\_\_\_

On Campus \_\_\_ Off-Campus \_\_\_

**SPECIAL CONSIDERATIONS: If the project involves any of the following special considerations, please indicate and provide a copy of the approval, if applicable:**

Yes \_\_\_ No \_\_\_ Will this project require Release Time? If yes, what is the percentage of time? \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Will Human Subjects be used or will data about living people or their biological specimens be used or collected?

Yes \_\_\_ No \_\_\_ Does this project include any research (experimental or observational) on vertebrate animals?

Yes\_\_\_ No\_\_\_ Is there a probability that this project will result in a patent or copyright?

Yes\_\_\_ No\_\_\_ Will proprietary information be exchanged prior to award?

Yes \_\_\_ No \_\_\_ Will materials be transferred from UCFRF to an outside entity or from an outside entity to UCFRF?

Yes \_\_\_ No \_\_\_ Will hazardous materials be used? If yes, please complete and submit in ARGIS the hazardous agent or process identification request.

Yes\_\_\_ No \_\_\_ Is the project under export control restrictions? If yes, briefly describe: \_\_\_\_\_  
 \_\_\_\_\_

**CONFLICT OF INTEREST:**

Does any investigator (PI, Co-PI, or other Key Personnel) working on this project have a conflict of interest, whether financial or otherwise, direct or indirect, as defined in University policy, Florida Statutes (Title X-112.313 Chapter 12), Federal regulations (42 CFR Part 50) <http://compliance.ucf.edu/conflict-of-interest/> or <http://www.coi.ucf.edu/> ?

Yes \_\_\_\_\_ No \_\_\_\_\_

**MANAGEMENT FEE:**

UCFRF Management Fee: \_\_\_\_\_%

**REQUIRED SIGNATURES:**

PI: _____	Date: _____
Co-PI (if applicable): _____	Date: _____
Chairperson: _____	Date: _____
Dean, Director, or VP: _____	Date: _____

**PI Certification:** By signing this form, the PI and Co-PI and Key Personnel (as applicable) certifies that he/she is in compliance with University, federal, and state requirements for reporting of a potential conflict of interest or conflict of commitment.

**NOTE:** Please attach the proposal, budget, protocol, scope letter or any other pertinent backup for the award. If funds are unrestricted, a letter from the funding agency must also be attached.

_____ UCFRF Director	_____ Date
_____ UCFRF Vice President	_____ Date