

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 [Division of Research Compliance](#) at 352-392-9174.

Principal Investigator: _____	PI Department: _____
PI Email: _____	PI Phone: _____
Proposal Number: _____	Sponsor: _____
Project Title: _____	

SECTION 1: [POTENTIAL CONFLICTS OF INTEREST](#)

Do you, your spouse or dependent children have a personal relationship (paid or unpaid) with an entity that has an interest in any resulting product or materials or the results of this project, where one or more of the following apply:

1. Own stock excluding a mutual or retirement fund managed by an independent entity? Yes No
 If yes, what percent of the company do you own or how many shares do you own, or what is the total value of the shares?

2. Receive payments or royalties? Yes No
3. Hold a position? Yes No
 If yes, what position? _____
4. Perform work for the entity? Yes No
 If yes, attach documentation (i.e. consulting agreements) that describes the work.

NSF/PHS ONLY: If [you, the PI, and/or any key personnel](#) have had a status change in Significant Financial Interest (SFI) since proposal submission, please submit a new PHS or NSF SFI form to comply with [National Science Foundation \(NSF\) policy](#) and/or [Public Health Service \(PHS\) policy](#). List of organizations that follow DHHS PHS policies can be found [here](#).

Applicable forms are available at:

- [PHS SFI form](#)
- [NSF SFI form](#)

DSP USE ONLY	
<input type="checkbox"/>	Potential Risk: DSP EC review form completed
<input type="checkbox"/>	No Risk _____

SECTION 2: EXPORT CONTROL

1. Has the Sponsor or any other party indicated that the project is restricted under [Export Control Regulations](#)?

Yes No

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 No

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 No

If yes, describe:

4. Will the project involve foreign travel?

Yes No

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 No

If yes, describe what is being transferred out of the country.

If yes, to what destinations?

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
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
 - Missiles
 - Rockets
 - Infrared
 - Armor
 - Space Related Technologies
 - Inertial Navigation Systems and/or Global Positioning Systems (GPS)
 - Astronomical Instrument Design or Build
 - Weapons of Mass Destruction
 - Detectors (i.e. chemical, biological, explosive or nuclear)
 - Sensors
 - Lasers
 - Circuits (i.e. MMIC, HEMT, radiation hardened)
 - Trajectory Software
 - Radars
 - Cloaking
 - Encryption
 - Autonomous Vehicles (land, air or water)
 - Optics
 - Surveillance
 - Explosives or Energetic Materials
 - Nuclear Technology
 - None

If yes to any of the above, give the make & model:

If yes to any of the above, provide the [ECCN/USML](#) category, if known:

If yes to any of the above, provide the specifications or performance characteristics, if known:

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 yes to any of the above, provide the applicable [EH&S registration number\(s\)](#), if available:

9. Does this project involve the use of adeno associated virus (AAV) technologies?

Yes No

10. Is there a Non-Disclosure Agreement, incoming Material Transfer Agreement, Software Agreement, or other agreement related to the performance of this project?

Yes No

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.