



Enhancing Partnerships *for* Enhanced Research

12201 Research Parkway, Suite 501 * Orlando, FL 32826 * (407) 823-3778

TTO AUXILIARY ACCOUNT REQUEST FORM (A-4)

ARGIS LICENSE ID #: _____
(Leave Blank)

UCFRF Project #: _____
(Leave Blank)

I hereby request that UCFRF establish the following auxiliary 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: _____

Licensee/Company: _____ Co. Reference No.: _____

Address: _____

Contact Name: _____

Phone#: _____ Email: _____

Project Name: RF- TT Auxiliary: _____

Amount: _____ Project Budget: Expenses: \$ _____ Labor: \$ _____

Project Period: From _____ To _____ **Fixed End Date:** ___ Yes ___ No

TTO Contact: _____

Federal Flow Thru: Yes No

_____ 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 Statue (Title X-112.313 Chapter 12), Federal regulations (42 CFR park 50) <http://compliance.ucf.edu/conflict-of-interest/> or <http://www.coi.ucf.edu/> ?

_____ Yes _____ No

MANAGEMENT FEE:

UCFRF Management Fee: 5 %

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 and federal 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