



**Compliance and Certifications Data**

- Yes  No Have all investigators completed training and submitted to ORSP the required disclosure form(s) pertaining to Significant Financial Conflict of Interests?
- Yes  No Is this project likely to result in Intellectual Property?
- Yes  No Are any of the investigators currently debarred, suspended or ineligible to receive federal or non-federal funds? (to search, please visit <https://www.sam.gov> )
- Yes  No Have any funds (federal or non-federal) been used to influence an officer or employee of any agency, a member of Congress, an officer of Congress or any other person with regard to this contract/proposal?

**Does the proposed work include and of the following?**

- |  |  |  |                         |
|--|--|--|-------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Human Subjects Research*   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hazardous Chemicals*    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Vertebrate Animals*  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Radiation *             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Invertebrate Animals*  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bloodborne Pathogens*   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Recombinant DNA*   | <input type="checkbox"/> Yes <input type="checkbox"/> No | FDA/EPA GLP Compliance* |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cancer Related Research  | <input type="checkbox"/> Yes <input type="checkbox"/> No | RCR Training Required   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Collaboration with Foreign Nationals; If yes, list nation(s) **: _____ |  |                         |

**Does the proposed work include possible export controls? (OFAC license may be required or prohibited based on answers)**

- Yes  No  TBD Will there be foreign national project personnel (including ASU personnel)?
- Yes  No Will there be shipping or travel to foreign nation(s)\*\* If yes, list nation(s): \_\_\_\_\_
- Yes  No Will any equipment (including laptops and/or smartphones), technology, or software be taken outside the U.S.?
- Yes  No Will you be working on a U.S. military base abroad?

\*No project activity is allowed without protocol review approval and/or registration and training.  
\*\*Foreign nation(s) must be listed if "yes" is marked by collaboration with and/or travel to foreign nation(s).

As the Project Director/ Principal Investigator or Co-Investigator of this proposed project, I acknowledge the responsibility associated with my role and agree to comply with the sponsoring agency's terms and conditions for awards. I approve the proposed project's technical content and budget. I also certify that the information submitted within the application is true, complete and accurate to the best of my knowledge. I understand 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/programmatic conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

**Principal Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval Signatures**

**Department Chair/Unit Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office of Research Sponsored Programs:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice President for Academic Affairs:** \_\_\_\_\_ **Date:** \_\_\_\_\_