

Non Funded Agreement Form

Version 1.0 01/20/2017

This form is to be used for requests for agreements where no funding is being provided under the contract. Please complete this form in its entirety, including signatures as appropriate; send it and one copy of the draft agreement to the Office of Sponsored Programs (OSP) at ospnoa@virginia.edu.

Academic Program Agreement <input type="checkbox"/>	Material Transfer Agreement (MTA) (Outgoing) <input type="checkbox"/>
Collaboration Agreement <input type="checkbox"/>	Memorandum of Understanding (MOU) <input type="checkbox"/>
Data Security Plan Agreement <input type="checkbox"/>	Non-Disclosure Agreement/Confidential Disclosure Agreement/ Proprietary Information (CDA/NDA/PIA) <input type="checkbox"/>
Data Use Agreement (DUA) (Incoming) <input type="checkbox"/>	Teaming Agreement (TA) <input type="checkbox"/>
Data Use Agreement (DUA) (Outgoing) <input type="checkbox"/>	Other <input type="checkbox"/>
License Agreement <input type="checkbox"/>	
Loan Agreement <input type="checkbox"/>	
Material Transfer Agreement (MTA) (Incoming) <input type="checkbox"/>	

New Amendment/Modification

If not new, provide related Research UVa NFA Contract Number _____

Information Disclosure (for all contracts): One Way Two Way Not Applicable

Outside Entity: _____ Outside Entity Type: _____

Originating Entity: _____ Originating Entity Type: _____

Contact Name and Address:

Name _____ Address _____

Phone _____

Email _____

Is there a third party involved in the agreement: Yes No

If yes provide contact information for that party:

Name _____ Address _____

Phone _____

Email _____

Did any of the data, materials, intellectual property or information involved originate outside of the University?

Project Title (if any) for this agreement: _____

Expected Start Date: _____ Expected End Date: _____

Key/Senior Personnel

(For additional Co-Investigators or other Project Personnel, attach the Supplemental Staff form. Are any of the below individuals foreign nationals? If Yes, please include country in the Name column.)

Title	Name	Org. Number	Computing ID	Significant Financial Interest
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UVA Fiscal Contact
UVA Administrative
Contact

If multiple departments are involved, list the administering organization: _____

Project Description/Scope/SOW (include description of data or materials if applicable – may attach separate document) NOTE: The information provided here will be used verbatim to define the scope of the legal rights in the agreement.

- Check all that apply: Basic Research
 Clinical Research
 Applied Research
 Computational
 Development
 Clinical Study

1. Export Controls (For more information, visit Export Controls website - <https://export.virginia.edu>)

- A. Are there any export controls indicated in the discussions with the outside entity or does the research relate directly to a military technology? Yes No
- B. Does the scope of work involve fabrication of a prototype that meets given specifications or requirements? Yes No
- C. Will your project involve the shipment of data or equipment outside of the US? Yes No
- D. Will your project involve collaboration with a foreign entity (including travel outside of the US)? Yes No
- E. Will the researchers need to receive or generate any data that will be considered confidential or proprietary to the outside entity or a third party? Yes No

If Yes to any of the above, please explain:

2. Human Subjects (For more information, visit the VPR's website - <http://www.virginia.edu/vpr/irb/>)

Will this research project include Human Subjects? Yes No

If no, then attach documentation confirming that this project falls within an exemption or exception.

If yes, has an IRB application been submitted to the IRB office? Yes No

Please provide the title used on the IRB application and the IRB protocol approval number:

3. Animal Subjects (For more information, visit the VPR's website - <http://www.virginia.edu/vpr/iacuc/>)

Will this research include using vertebrate animals? Yes No

If Yes please provide the title used in the IACUC application and the IACUC approval number:

4. Conflict of Interest

Do any participants in this activity have a Significant Financial Interest as defined in UVA Policy RES-005: Financial Conflict of Interest for Research Investigators (more information view <http://uvapolicy.virginia.edu/policy/RES-005>)?

Yes No

If Yes please explain:

5. Restrictions on Use/Publication

Should there be any specific restrictions (publication or otherwise) on the Outside Entity's use of material, information or data related to the project? Yes No

If Yes, please explain:

Do you expect requirements or restrictions on any UVA PI regarding a publication? Yes No

If Yes, please explain:

Do you expect restrictions on UVA's disclosure of results? Yes No

If Yes, please explain:

6. Costs

Will there be costs for the preparation or shipment of material or data for which the University should be reimbursed? Yes No

If Yes, what are they:

PTAO that will be billed to support the project:

7. Intellectual Property (For more information, visit the UVA Licensing & Ventures Group website – <http://www.lvg.virginia.edu>)

Does the information, material or project constitute or relate to any invention for which you contemplate making or have made any disclosures to the University of Virginia Licensing and Ventures Group? Yes No

If Yes, please explain:

PI's & Co-PI's signatures below affirm:

- A. That the information submitted within this form is true, complete, and accurate to the best of the PI's and Co-PI's knowledge;
- B. That any false, fictitious, or fraudulent statements or claims may subject him/her to criminal, civil, or administrative penalties;
- C. That PIs and Co-PIs agree to accept responsibility for the conduct of the project and to follow any terms and conditions of any resulting agreement, including, but not limited to, providing required reports and adhering to any requirements regarding the handling of confidential information.

Approvers' signatures below affirm:

That approval of this agreement and concurrence with the statements on this form. Endorsements must include PI, Co-PI(s), administering department. The administering department is responsible for obtaining concurrence from all participating departments, where a joint appointment exists or where key personnel are listed that reside outside the administering department, prior to form submission. By signing this routing form, the Department Chairperson/Director of the administering department, or designee, attests that this concurrence has been received. Appropriate signatures must be obtained on lines a), b), and c) before sending to OSP.

A. Principal Investigator/Co-Principal Investigator(s)

Mark Beenhakker

Date 05-10-2018

Date _____

B. Department Chairperson or Director

Date _____

C. Dean/School Representative

Date _____