

APPENDICES

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A-1

INTERNAL ROUTING FORM

1. Date Submitted to D-RED:		2. Time Submitted:	
Form Completed By			
3. Last Name	4. First Name	5. Position	6. Email Address
Principal Investigator and Institution			
7. Last Name	8. First Name	9. School or College	10. Department, Center or Institute
11. Email Address	12. Cell Phone No.	13. Office Phone No.	14. Preferred method of contact Text Email Cell Office
15. Is this a resubmission?		16. Funding / Sponsoring Agency or Organization	
17. Announcement Number	18. CFDA Number	19. Amount Requested	
20. Proposal Title			
Other Key Personnel			
21. Investigator Name	22. College / University	23. Email Address	24. Cell Phone No.
Funding and Project Information			
25. Type of Funding	Federal State Local Other	26. Location of work	On-Campus Off-Campus
27. Type of Project	Grant Contract Sub Cooperative Agreement Supplement	28. Indirect Cost Rate (<i>unless otherwise specified in the RFP this should be the standard university rate of 51%</i>):	
29. Proposal Due Date	30. Project Start Date	31. Project End Date	32. Expected Notification Date
33. Is there mandatory cost-share? Yes No If yes, what amount / percent:			
34. Does this project require a signed MOU/MOA, Education Partnership Agreement, or any pre-project agreements? Yes No			
35. Are you seeking funding via Interagency agreement (IA)? Yes No If yes, state the Maryland Agency: _____ Contact: Ms. Kimberly Williams, Kimberly.williams@morgan.edu AND Dr. Timothy Akers, timothy.akers@morgan.edu, for immediate assistance.			
FOR INTERNAL USE ONLY			
35. Proposal Number		36. Date Submitted	
QUESTIONS? CONTACT			
Grant Manager: Ailing Zhang Phone: 443.885.4118 Email: ailing.zhang@morgan.edu Portfolio: All MSU Proposal Submissions		Research Budget Develop Specialist: Deshun Li Phone: 443.885.3309 Email: deshun.li@morgan.edu Portfolio: ALL Budgets submissions	

INTERNAL ROUTING FORM -- PAGE 2

PI NAME:		PROPOSAL TITLE:	
37. CONFLICT OF INTEREST (CoI): Is there a need to disclose a Conflict of Interest? Do you have interest, service, employment or other relationship with a collaborator or partner?		YES	NO
38. Will the project will require the following resources: Renovation, Construction, or Space?		YES	NO
39. Purchase or maintenance of equipment, apparatus, or furniture NOT included in the proposal		YES	NO
40. Expanded utility (or Network) services to support project (e.g., Computers, Fume Hoods, Air-Conditioning)		YES	NO
41. Additional personnel requiring funds NOT included in the proposal or likely to require support of space AFTER the project		YES	NO
42. Faculty release time requested?	YES NO If yes, what percent per semester?	Fall _____%	Spring _____% Summer _____%
43. Human subjects research?	YES NO	If Yes, has protocol been reviewed by IRB?	YES NO
44. Animal subjects research?	YES NO	If yes, has protocol been reviewed by IACUC?	YES NO
45. Planned or potential use of radioactive materials? <i>(Note: PI must be a permit holder or authorized under a current permit)</i>		YES	NO
46. Planned or potential use of (a) ionizing radiation device (e.g., accelerators, x-ray machines [diagnostic, therapy, diffraction], electron microscope, reactor or fusion devices) and/or (b) non- ionizing radiation device (e.g., laser, ultraviolet, microwave, radio or ultrasonic frequency)?		YES	NO
47. Does this project involve the Morgan Community Mile?		YES	NO
48. Have you been barred, suspended or excluded from participating in Federal or State funded projects/programs?		YES	NO
49. Have you been convicted in the preceding three years of any offenses listed in 2 CFR part 180.800(a) or had a civil judgement for one of those offenses within that time period?		YES	NO
50. Are you presently indicted for or criminally or civilly charged by a governmental entity (Federal, State, Local) with commission of any of the offenses listed in 2 CFR part 180.800(a)?		YES	NO

If yes, please attach additional sheet and explain.

If yes, please attach additional sheet and provide a brief summary

CERTIFICATION

I certify that:

- 5) This project has been thoroughly discussed with my Department Head and that I have not committed the institution to expenses which are not covered in the grant except for "in-kind" contributions or cost share which I have thoroughly discussed with the Department Head and the Dean, who both have agreed to fund such expenses from their budgets;
- 6) The information submitted within the application is true, complete and accurate to the best of the principal investigator's (PI) knowledge;
- 7) Any false, fictitious, or fraudulent statement or claim may subject the PI to criminal, civil, or administrative penalties of local, state, and federal statutes;
- 8) The PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

PI (or Project/Program Director) Signature: _____ Date: _____

Co-PI (or Co-Project/Program Director) Signature: _____ Date: _____

Primary Applicant	MSU Co-PI/Co-PD
Department Chair Signature: _____ Date: _____	Department Chair Signature: _____ Date: _____
Dean Signature: _____ Date: _____	Dean Signature: _____ Date: _____

Grants Administrator Signature: _____ Date: _____

Grant Manager Signature: _____ Date: _____

AVP for Research Administration: _____ Date: _____

A-2
GRANT APPLICATION

SAMPLE PROPOSAL COVER PAGE

PROPOSAL

to the

SPONSOR

Submitted by

Morgan State University
1700 E. Cold Spring Lane
Baltimore, MD 21251

Title.....

Type of Application:

New Continuation Supplement
 Renewal Revision

Period of Performance.....

Principal Investigator:..... Ph.D.
Associate Professor
Department of.....

Amount Requested: \$x,xxx,xxx

Endorsements:

Principal Investigator:

Authorizing Official:

_____ Date _____

_____ Date _____

Abcdef Wxyz
443-885-XXXX

Assistant Vice President
Research Administration 443-
885-4505

Department of Health and Human Services Public Health Services <h2 style="margin: 0;">Grant Application</h2> <p style="margin: 0; font-size: small;"><i>Do not exceed character length restrictions indicated.</i></p>		LEAVE BLANK—FOR PHS USE ONLY.			
		Type	Activity	Number	
		Review Group		Formerly	
		Council/Board (Month, Year)		Date Received	
1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>					
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i>					
Number:		Title:			
3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR					
3a. NAME (Last, first, middle)			3b. DEGREE(S)		3h. eRA Commons User Name
3c. POSITION TITLE			3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i>		
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT					
3f. MAJOR SUBDIVISION					
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>					
TEL:			FAX:		
4. HUMAN SUBJECTS RESEARCH		4a. Research Exempt		If "Yes," Exemption No.	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes			
4b. Federal-Wide Assurance No.		4c. Clinical Trial		4d. NIH-defined Phase III Clinical Trial	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes			5a. Animal Welfare Assurance No.		
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From		Through			
		7a. Direct Costs (\$)		7b. Total Costs (\$)	
				8a. Direct Costs (\$)	
				8b. Total Costs (\$)	
9. APPLICANT ORGANIZATION			10. TYPE OF ORGANIZATION		
Name			Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local		
Address			Private: → <input type="checkbox"/> Private Nonprofit		
			For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business		
			<input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
			11. ENTITY IDENTIFICATION NUMBER		
			DUNS NO.		Cong. District
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION		
Name			Name		
Title			Title		
Address			Address		
Tel:			FAX:		
E-Mail:			Tel:		FAX:
			E-Mail:		
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>		DATE

Use only if preparing an application with Multiple PDs/PIs. See http://grants.nih.gov/grants/multi_pi/index.htm for details.

Contact Program Director/Principal Investigator (Last, First, Middle):		
<hr/>		
3. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR		
3a. NAME (Last, first, middle)	3b. DEGREE(S)	3h. NIH Commons User Name
3c. POSITION TITLE	3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>)	
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
3f. MAJOR SUBDIVISION		
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>)	E-MAIL ADDRESS:	
TEL: _____ FAX: _____		
<hr/>		
3. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR		
3a. NAME (Last, first, middle)	3b. DEGREE(S)	3h. NIH Commons User Name
3c. POSITION TITLE	3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>)	
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
3f. MAJOR SUBDIVISION		
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>)	E-MAIL ADDRESS:	
TEL: _____ FAX: _____		
<hr/>		
3. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR		
3a. NAME (Last, first, middle)	3b. DEGREE(S)	3h. NIH Commons User Name
3c. POSITION TITLE	3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>)	
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
3f. MAJOR SUBDIVISION		
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>)	E-MAIL ADDRESS:	
TEL: _____ FAX: _____		
<hr/>		
3. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR		
3a. NAME (Last, first, middle)	3b. DEGREE(S)	3h. NIH Commons User Name
3c. POSITION TITLE	3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>)	
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
3f. MAJOR SUBDIVISION		
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>)	E-MAIL ADDRESS:	
TEL: _____ FAX: _____		

Program Director/Principal Investigator (Last, First, Middle):

PROJECT SUMMARY (See instructions):

RELEVANCE (See instructions):

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Project/Performance Site Congressional Districts:

Additional Project/Performance Site Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Project/Performance Site Congressional Districts:

Program Director/Principal Investigator (Last, First, Middle):

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project
------	-----------------------	--------------	-----------------

OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
------	--------------	-----------------

Human Embryonic Stem Cells No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: https://grants.nih.gov/stem_cells/registry/current.htm. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

RESEARCH GRANT TABLE OF CONTENTS

	<i>Page Numbers</i>
Face Page	<u>1</u>
Description, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells	<u>2</u>
Table of Contents	_____
Detailed Budget for Initial Budget Period	_____
Budget for Entire Proposed Period of Support	_____
Budgets Pertaining to Consortium/Contractual Arrangements	_____
Biographical Sketch – Program Director/Principal Investigator (<i>Not to exceed five pages each</i>).....	_____
Other Biographical Sketches (<i>Not to exceed five pages each – See instructions</i>)	_____
Resources	_____
Checklist	_____
Research Plan	_____
1. Introduction to Resubmission Application, if applicable, or Introduction to Revision Application, if applicable *	_____
2. Specific Aims *	_____
3. Research Strategy *	_____
4. Bibliography and References Cited/Progress Report Publication List	_____
5. Vertebrate Animals.....	_____
6. Select Agent Research.....	_____
7. Multiple PD/PI Leadership Plan	_____
8. Consortium/Contractual Arrangements.....	_____
9. Letters of Support (e.g., Consultants)	_____
10. Resource Sharing Plan(s).....	_____
11. Authentication of Key Biological and/or Chemical Resources	_____
12. PHS Human Subjects and Clinical Trials Information.....	_____
Appendix (<i>Two identical CDs.</i>)	<input type="checkbox"/> Check if Appendix is Included

* Follow the page limits for these sections indicated in the application instructions, unless the Funding Opportunity Announcement specifies otherwise.

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM	THROUGH
--	------	---------

List PERSONNEL (*Applicant organization only*)
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							0
								0
								0
								0
								0
								0
								0
SUBTOTALS →						0	0	0

CONSULTANT COSTS	
EQUIPMENT (<i>Itemize</i>)	
SUPPLIES (<i>Itemize by category</i>)	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)	
OTHER EXPENSES (<i>Itemize by category</i>)	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>)		\$ 0
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		\$ 0

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED	3rd ADDITIONAL YEAR OF SUPPORT REQUESTED	4th ADDITIONAL YEAR OF SUPPORT REQUESTED	5th ADDITIONAL YEAR OF SUPPORT REQUESTED
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>					
CONSULTANT COSTS					
EQUIPMENT					
SUPPLIES					
TRAVEL					
INPATIENT CARE COSTS					
OUTPATIENT CARE COSTS					
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES					
DIRECT CONSORTIUM/ CONTRACTUAL COSTS					
SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i>	0	0	0	0	0
F&A CONSORTIUM/ CONTRACTUAL COSTS					
TOTAL DIRECT COSTS	0	0	0	0	0
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD					\$ 0

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

Program Director/Principal Investigator (Last, First, Middle):

RESOURCES

Follow the 398 application instructions in Part I, 4.7 Resources.

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

- NEW application. (This application is being submitted to the PHS for the first time.)
- RESUBMISSION of application number: _____
(This application replaces a prior unfunded version of a new, renewal, or revision application.)
- RENEWAL of grant number: _____
(This application is to extend a funded grant beyond its current project period.)
- REVISION to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)
- CHANGE of program director/principal investigator.
Name of former program director/principal investigator: _____
- CHANGE of Grantee Institution. Name of former institution: _____
- FOREIGN application Domestic Grant with foreign involvement List Country(ies) _____
Involved: _____

INVENTIONS AND PATENTS (Renewal appl. only) No Yes
If "Yes," Previously reported Not previously reported

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in the [NIH Grants Policy Statement, Section 4: Public Policy Requirements, Objectives and Other Appropriation Mandates](#). If unable to certify compliance, where applicable, provide an explanation and place it after this page.

3. FACILITIES AND ADMINISTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

- HHS Agreement dated: _____ No Facilities And Administrative Costs Requested.
- HHS Agreement being negotiated with _____ Regional Office.
- No HHS Agreement, but _____ Date

the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

		x Rate applied	0.00%	% = F&A costs	\$ 0.00
b. 02 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$ 0.00
c. 03 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$ 0.00
d. 04 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$ 0.00
e. 05 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$ 0.00
Enter Rate above as a decimal (e.g., 0.25 for 25%, 0.495 for 49.5%) TOTAL F&A Costs					\$ 0.00

*Check appropriate box(es):

- Salary and wages base Modified total direct cost base Other base (Explain)
- Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.): _____

PHS Human Subjects and Clinical Trials Information

Note: The PHS Human Subjects and Clinical Trials Information form is not included in this combined form. See individual form here: <https://grants.nih.gov/grants/forms/human-subjects-clinical-trials-information.pdf>.

** The PHS Human Subjects and Clinical Trials Information fillable form can be opened in Internet Explorer. However, you may download it from any browser.**

DO NOT SUBMIT UNLESS REQUESTED

**Renewal Applications Only
ALL PERSONNEL REPORT**

Always list the PD/PI(s). In addition, list all other personnel who participated in the project during the current budget period for at least one person month or more, regardless of the source of compensation (a person month equals approximately 160 hours or 8.3% of annualized effort). Use Cal, Acad, or Summer to Enter Months Devoted to Project.

Commons ID	Name	Degree(s)	SSN (last 4 digits)	Role on Project (e.g. PD/PI, Res. Assoc.)	DoB (MM /YY)	Cal	Acad	Summer

Mailing address for application

Use this label or a facsimile

All applications and other deliveries to the Center for Scientific Review must come either via courier delivery or via the United States Postal Service (USPS.) Applications delivered by individuals to the Center for Scientific Review will not be accepted.

Applications sent via the USPS EXPRESS or REGULAR MAIL should be sent to the following address:

**CENTER FOR SCIENTIFIC REVIEW
NATIONAL INSTITUTES OF HEALTH
6701 ROCKLEDGE DRIVE
ROOM 1040 – MSC 7710
BETHESDA, MD 20892-7710**

NOTE: All applications sent via a courier delivery service (non-USPS) should use this address, but CHANGE THE ZIP CODE TO 20817

The telephone number is 301-435-0715. C.O.D. applications will not be accepted.

A special label for responding to RFAs is not required.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY

A. Personal Statement

B. Positions and Honors

C. Contributions to Science

D. Additional Information: Research Support and/or Scholastic Performance

Department of Health and Human Services
Public Health Services

Review Group	Type	Activity	Grant Number
Total Project Period			
From:		Through:	
Requested Budget Period			
From:		Through:	

Grant Progress Report

1. TITLE OF PROJECT

2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR
(Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

2d. MAJOR SUBDIVISION

2e. Tel: _____ Fax: _____

3a. APPLICANT ORGANIZATION
(Name and address, street, city, state, zip code)

3b. Tel: _____ Fax: _____

3c. DUNS: _____

4. ENTITY IDENTIFICATION NUMBER

6. HUMAN SUBJECTS No Yes

6a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes	If Exempt ("Yes" in 6a): Exemption No.	If Not Exempt ("No" in 6a): IRB approval date
---	---	--

5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

Tel: _____ Fax: _____

E-MAIL: _____

6b. Federal Wide Assurance No.

6c. NIH-Defined Phase III
Clinical Trial No Yes

7. VERTEBRATE ANIMALS No Yes

7a. If "Yes," IACUC approval Date

7b. Animal Welfare Assurance No.

10. PROJECT/PERFORMANCE SITE(S)

Organizational Name: _____

DUNS: _____

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD

8a. DIRECT \$ _____ 8b. TOTAL \$ _____

Street 1: _____

Street 2: _____

9. INVENTIONS AND PATENTS No Yes

If "Yes," Previously Reported
 Not Previously Reported

City:	County:
State:	Province:
Country:	Zip/Postal Code:
Congressional Districts:	

11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)

TEL: _____	FAX: _____	E-MAIL: _____
------------	------------	---------------

12. Corrections to Page 1 Face Page

13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 11. (In ink)	DATE
--	---	------

Contact Program Director/Principal Investigator:

2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR
(Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

2d. MAJOR SUBDIVISION

2e. TELEPHONE AND FAX (Area code, number and extension)

TEL:

FAX:

2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR
(Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

2d. MAJOR SUBDIVISION

2e. TELEPHONE AND FAX (Area code, number and extension)

TEL:

FAX:

2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR
(Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

2d. MAJOR SUBDIVISION

2e. TELEPHONE AND FAX (Area code, number and extension)

TEL:

FAX:

2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR
(Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

2d. MAJOR SUBDIVISION

2e. TELEPHONE AND FAX (Area code, number and extension)

TEL:

FAX:

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT COSTS ONLY	FROM	THROUGH	GRANT NUMBER
---	------	---------	--------------

List PERSONNEL (*Applicant organization only*)

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
	PD/PI						
SUBTOTALS →							

CONSULTANT COSTS	
EQUIPMENT (<i>Itemize</i>)	
SUPPLIES (<i>Itemize by category</i>)	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)	
OTHER EXPENSES (<i>Itemize by category</i>)	
SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD	\$
CONSORTIUM/CONTRACTUAL COSTS DIRECT COSTS	
CONSORTIUM/CONTRACTUAL COSTS FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD (<i>Item 8a, Face Page</i>)	\$

Program Director/Principal Investigator (Last, First, Middle):

BUDGET JUSTIFICATION	GRANT NUMBER
-----------------------------	--------------

Provide a detailed budget justification for those line items and amounts that represent a significant change from that previously recommended. Use continuation pages if necessary.

CURRENT BUDGET PERIOD	FROM	THROUGH
------------------------------	------	---------

Explain any estimated unobligated balance (including prior year carryover) that is greater than 25% of the current year's total budget.

Program Director/Principal Investigator (Last, First, Middle):

PROGRESS REPORT SUMMARY	GRANT NUMBER	
	PERIOD COVERED BY THIS REPORT	
PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR	FROM	THROUGH

APPLICANT ORGANIZATION

TITLE OF PROJECT (Repeat title shown in Item 1 on first page)

A. Human Subjects (Complete Item 6 on the Face Page)

Involvement of Human Subjects No Change Since Previous Submission Change

B. Vertebrate Animals (Complete Item 7 on the Face Page)

Use of Vertebrate Animals No Change Since Previous Submission Change

C. Select Agent Research No Change Since Previous Submission Change

D. Multiple PD/PI Leadership Plan No Change Since Previous Submission Change

E. Human Embryonic Stem Cell Line(s) Used No Change Since Previous Submission Change

SEE PHS 2590 INSTRUCTIONS.

WOMEN AND MINORITY INCLUSION: See PHS 398 Instructions. Use Inclusion Enrollment Report Format Page.

Program Director/Principal Investigator (Last, first, middle):

GRANT NUMBER

CHECKLIST

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in Part III of the PHS 398, and listed in Part I, 4.1 under Item 14. If unable to certify compliance, where applicable, provide an explanation and place it after the Progress Report (Form Page 5).

3. FACILITIES AND ADMINISTRATIVE (F&A) COSTS

Indicate the applicant organization's most recent F&A cost rate organizations, grants to individuals, and conference grants. Follow any established with the appropriate DHHS Regional Office, or, in the case of additional instructions provided for Research Career Awards, for-profit organizations, the rate established with the appropriate PHS Institutional National Research Service Awards, Small Business Agency Cost Advisory Office.

Innovation Research/Small Business Technology Transfer Grants,

F&A costs will **not** be paid on construction grants, grants to Federal foreign grants, and specialized grant applications.

DHHS Agreement dated: _____ No Facilities and Administrative Costs Requested.

No DHHS Agreement, but rate established with _____ Date _____

CALCULATION*

Enter Rate as a decimal (e.g., 0.25 for 25%, 0.495 for 49.5%)

Entire proposed budget period: Amount of base \$ x Rate applied 0.00% % = F&A costs \$ _____

Add to total direct costs from Form Page 2 and enter new total on Face Page, Item 8b.

*Check appropriate box(es):

Salary and wages base Modified total direct cost base Other base (Explain)

Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):

ALL PERSONNEL REPORT

GRANT NUMBER

Place this form at the end of the signed original copy of the application. Do not duplicate.

Always list the PD/PI(s). In addition, list all other personnel who participated in the project during the current budget period for at least one person month or more, regardless of the source of compensation (a person month equals approximately 160 hours or 8.3% of annualized effort). Use the following abbreviated categories for describing Role on Project:

- PD/PI
- Co-Investigator
- Faculty
- Postdoctoral (scholar, fellow, or other postdoctoral position)
- Technician
- Staff Scientist (doctoral level)
- Statistician
- Graduate Student (research assistant)
- Non-student Research Assistant
- Undergraduate Student
- High School Student
- Consultant
- Other (please specify)

If personnel are supported by a Reentry or Diversity Supplement please indicate such after the Role on Project, using the following abbreviations: RS - Reentry Supplement; DS - Diversity Supplement.

Use Cal (calendar), Acad, or Summer to enter months devoted to project.

Commons ID	Name	Degree(s)	SSN (last 4 digits)	Role on Project	DoB (MM /YY)	Cal	Acad	Summer

Program Director/Principal Investigator (Last, first, middle):

NEXT BUDGET PERIOD <i>(Follow instructions carefully)</i>	FROM	THROUGH	GRANT NUMBER
ITEMIZE DIRECT COSTS REQUESTED FOR NEXT BUDGET PERIOD			DOLLAR AMOUNT REQUESTED (omit cents)
PREDOCTORAL STIPENDS <i>(List trainee names)</i>			
TOTAL STIPENDS _____ →			
TUITION and FEES (including Health Insurance when applicable – see new Instructions) <i>(Itemize)</i> <i>(List each category separately)</i>			
TRAINING-RELATED EXPENSES (including Health Insurance when applicable – see new Instructions)			
TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD <i>(Also enter on Page 1, Item 8a)</i>			

PHS Inclusion Enrollment Report

Note: PHS Inclusion Enrollment Report is not included in this combined form. See individual form here: <http://grants.nih.gov/grants/forms/inclusion-enrollment-report.pdf>

Trainee Diversity Report

This report format should NOT be used for data collection from trainees.

Training Grant Title: _____

Total Number of Appointed: _____

Grant Number: _____

PART A. TOTAL TRAINEE APPOINTMENTS REPORT: Number of Trainees Appointed by Ethnicity and Race				
Ethnic Category	Females	Males	Sex/Gender Unknown or Not Reported	Total
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (individuals not reporting ethnicity)				
Ethnic Category: Total of All Trainees*				*
Racial Categories				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of All Trainees*				*
PART B. HISPANIC TRAINEE APPOINTMENTS REPORT: Number of Hispanics or Latinos Appointed				
Racial Categories	Females	Males	Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of Hispanics or Latinos**				**
PART C. TRAINEES WITH DISABILITIES OR FROM DISADVANTAGED BACKGROUNDS				
Number of Trainees with Disabilities:				
Number of Trainees from Disadvantaged Backgrounds:				

(*) (**) These totals must agree.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
--	--	--

* 3. Date Received: <input type="text"/> <small>Completed by Grants.gov upon submission.</small>	4. Applicant Identifier: <input type="text"/>
---	---

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
---	--

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

8. APPLICANT INFORMATION:

*** a. Legal Name:**

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>
--	--

d. Address:

* Street1:	<input type="text"/>
Street2:	<input type="text"/>
* City:	<input type="text"/>
County/Parish:	<input type="text"/>
* State:	<input type="text"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
---	---

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/>	* First Name: <input type="text"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>
---	---

*** Email:**

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text"/>		
Suffix:	<input type="text"/>		

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

A-3
CERTIFICATION AND
ASSURANCES

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS;
AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, “New Restrictions on Lobbying,” and 34 CFR Part 85, “Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants).” The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, title 31 of the U.S. Code, and implemented at 34 CFR Part 82m for persons entering into a grant or cooperative agreement over \$1000,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110—

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency:

(b) have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants Policy and Oversight Staff, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to main a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (street address, city, county, state, zip code)

Check [] if there are workplaces on file that are not identified here.

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants Policy and Oversight Staff, Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification numbers(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	

SIGNATURE

DATE

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

A-4

HUMAN SUBJECTS



**APPLICATION FOR APPROVAL OF
INVESTIGATION INVOLVING HUMAN
PARTICIPANTS**

Morgan State University

(Application must be typed)

1. Principal Investigator:

Mailing Address:

Contact Phone:

Email Address:

Co-Investigator(s):

(Include affiliation if not from Morgan)

2. If you are a student, provide the following:

Faculty Sponsor:

Department:

Campus Phone:

3. Project Title:

**NOTE: NO CONTACT WITH HUMAN SUBJECTS MAY OCCUR
UNTIL THIS APPLICATION HAS BEEN APPROVED.**

4. Dates during which research with human participants will take place (including all contact with human participants and until analysis of subject identifiable data and records are complete or access to identifiable data and records is no longer necessary):

Date research with human participants will begin:

Date research with human participants will end:

5. Has this project been previously considered by Morgan State's Institutional Review Board?

Yes No If yes, give IRB # and approval date: # Approv.

Date:

6. Is a proposal for external support being submitted? Yes No

If yes, you must submit one complete copy of that proposal as soon as it becomes available and complete the following:

a.) Name of Grant Program:

b.) Name of Grant Agency:

c.) Is notification of human subjects approval required: Yes No

7. Description of Human Participants: Number: _____ Age: _____
Male: _____ Female: _____

8. In your judgment, does your research fall under one of the six exempt categories?
 Yes No

If you believe it does, indicate the category under which you are claiming exemption. A listing of exempt categories is included in Morgan State University's *Policies and Procedures for Research Involving Human Participants*, found on the Office of Research Administration website.

Exemption:
Category:

If you are claiming an exemption, skip numbers 15-16

9. STUDENT PROJECTS ONLY

Is this project an independent research project? Yes No

Master's thesis? Yes No

Doctoral dissertation? Yes No

If **no**, is your project a supervised student project that was assigned as part of the requirements for a course? Yes No

Course No. and Name:

10. Describe the source(s) of participants and the selection criteria. Specifically, where did you obtain the names of potential participants (i.e. agency files, hospital records, local organizations, etc.)? Where and how will you contact them?

11a. Is any of the information being gathered Protected Health Information covered by the Health Insurance Portability and Accountability Act (HIPAA)? Yes No

11b. If yes, are you using an informed consent document that is consistent with HIPAA regulations? (Please attach a sample.) Yes No

If the response to 11b is no, you must attach an *Addendum to Application for Approval of Investigation Involving Human Participants, Request for Waiver or Alteration of Patient Authorization Requirements* to this application.

12. **Procedures:** Provide a step-by-step description of each procedure, including the frequency, duration and location of each procedure.

13. **Description:** Briefly describe the proposed research: Include major hypotheses and research design.

14. **Consent:** Describe the informed consent process and attach all **consent** documents. For projects involving minors: describe the process through which assent will be obtained and attach copies of **assent forms**. If you have not indicated that the project is exempt and consent and/or assent will not be obtained, explain why a waiver is requested.

15. **Expertise:** Cite your experience with this kind of research. List any assistants who will be working with you, and cite their experience also

16. **Benefits:** Describe the anticipated benefits to participants and the importance of the knowledge that may reasonably be expected to result.

17. **Risks:** Describe the risks involved with these procedures (physical, psychological and/or social) and the precautions you have taken to minimize these risks.

18. **Data Retention:** Will research data (written or otherwise recorded) be destroyed at the end of the study? If not, where and in what format and for how long will they be stored. To what uses – such as research, demonstration, public performance, archiving, etc. – might they be put in future? How will subjects’ permission for further use of their data be obtained.

19. Principal Investigators must submit a Request for Amendment form when seeking to make a change to a study that has already been approved.

Committee approvals for expedited and full review applications are for one-year periods. If the research activity extends past one year, applications must submit a Request for Renewal form at least **three weeks** prior to the expiration of the initial approval period.

Any problems connected with the use of human participants once the project has begun must be reported to the Office of Research Administration and/or the Institutional Review Board immediately.

I agree to provide whatever surveillance is necessary to ensure that the rights and welfare of the human participants are properly protected. I understand that I cannot initiate any contact with human participants before I have received approval and/or complied with all contingencies made in connection with that approval.

Signature of Principal Investigator/Project Director

Date: _____

20. Approval by Faculty Sponsor (required for all students):

I affirm the accuracy of this application, and I accept responsibility for supervising the conduct of this research project and the protection of human participants as required by law.

Signature of Faculty Sponsor

Date: _____

Please submit the completed and signed application, together with copies of all relevant documents:

- + *project abstract/executive summary*
- + *survey instruments or protocol*
- + *informed consent form (or script), assent form **
- + *subjects information sheets or debriefing materials*
- + *recruitment letter, poster, advertisement*
- + *human subjects education certificate (CITI or NIH) - **REQUIRED***
- + *other* _____

To:

**Office of Research Administration,
Montebello Complex, Room D-302.**

For More Information, Contact:

(443) 885-4340

Irb.research@morgan.edu

A sample informed consent form is attached on the following page.

For further information on Morgan State University's Institutional Review Board please visit:

https://www.morgan.edu/research_and_economic_development/office_of_sponsored_programs_and_research/human_subjects_research.html

SAMPLE INFORMED CONSENT FORM

You are invited to participate in a study of **(State what is being studied)**. We hope to learn **(State what the study is designed to discover or establish)**. The study is being conducted by **(State PI's name)** of **(State Institution name)**. You were selected as a possible participant in this study because **(State why and how the subject was selected.)**

If you decide to participate, we will **(Describe the procedures to be followed, including their purposes, how long they take and their frequency. Describe the discomforts and inconveniences reasonably to be expected and estimate the total time required. Describe the risks reasonably to be expected and any benefits reasonably to be expected.)**

(If applicable, Describe appropriate alternative procedures that might be advantageous to the subject and, if any, any standard treatment that is being withheld must be disclosed.)

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. **(If you will be releasing information to anyone for any reason, you must state the persons or agencies to whom the information will be furnished, and the purpose of the disclosure.)**

Your decision whether or not to participate will not prejudice your future relation with the **(State the institution or agency)**. If you decide to participate, you are free to discontinue participation at any time without prejudice.

If you have any questions, please do not hesitate to contact us. If you have any additional questions later about the study, please contact **(Name of primary contact person/faculty advisor)** at **(Contact information)** who will be happy to answer them. If you have further administrative questions, you may contact the MSU IRB Administrator, at 443-885-4340 or irb.research@morgan.edu.

You will be offered a copy of this form to keep.

You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without penalty or loss of any benefits to which you may be entitled after signing this form should you choose to discontinue participation in this study.

Signature

Date:

Signature of Parent/Legal Guardian (If necessary)

Date

Signature of Witness (If appropriate)

Signature of Investigator

MORGAN STATE UNIVERSITY
Application for Renewal of IRB Approval

Please submit 1 copy of this form if you wish to renew IRB approval of your research project. You must renew IRB approval of your project annually if you have not yet completed data analysis and all research activities outlined in your initial IRB application (and any subsequent amendments).

We ask that you return all materials to ORA **at least 30 days before the expiration of your current IRB Approval** to allow sufficient time for the approval process.

Project Information

Project IRB #

Approval Expires:

Project Title:

Primary Investigator:

Contact Information:

Mailing Address:

Phone Number:

E-mail:

Co-Investigators:

Faculty Advisor (if applicable):

Nature of Study:

- Faculty Research
- Dissertation
- Master's Thesis
- Other

- Undergraduate Research
- Graduate Research
- Staff Research

Determination of Risk:

Minimal

More than minimal

Project Status

Please check below.

- a. Project has not yet started.
- b. Participant enrollment and data collection is on-going.
- c. Participant enrollment closed, but data collection procedures are still underway.
- d. Participant enrollment and data collection have been completed, but follow-up has yet to be conducted.
- e. All data collection activities have been completed; renewal is needed for data analysis only.

Participant Numbers

1. How many participants have been enrolled since initial IRB approval? _____
"Enrolled" means recruited and consented. If you have renewed your project more than once, please refer to previous renewal applications to calculate the total number enrolled.
2. How many participants have been enrolled since last renewal? _____
If this is your first renewal, the number here should match #1 above.
3. How many additional participants are needed to complete the study? _____
4. Was any participant withdrawn or did any participant voluntarily withdraw from the study? Yes No
If yes, how many? _____ Please describe the incident(s).

Research Questions

5. Have you made any changes to the research protocol for this project since initial approval by the IRB (e.g., in the research population, in procedures, or in design of consent forms)? Yes No
If yes, provide a summary of the modifications below.

6. Do you need to make changes to the current protocol before continuing research activities in the next year?
 Yes No
If yes, attach details of the "Amendment to a Research Protocol"

7. Describe any unexpected outcomes or problems that occurred since the last IRB review. Note that adverse events, both expected and unexpected, must be reported. If any adverse events were reported by participants, describe the nature of the events and explain what changes were made in the research design to respond to the report.

8. Is the study supported by either internal or external grants or funding? Yes No

Name of grant:

Name of agency:

(If funded by more than one grant, please attach a complete list of sponsors)

Informed Consent

9. Please attach an unsigned copy of the consent/assent form(s), that you used during the past approval period.

10. Will you be enrolling additional participants? Yes No
If yes, please attach an unsigned and unstamped version of the consent/assent form(s) that you will be using during the next approval period.

Research Summary

11. Provide a summary of the research findings obtained to date. If you have not yet begun to analyze data, describe the activities that have taken place to date and what you hope to accomplish during the next approval period.

Signatures

I assure that all information is accurate and that no changes will be implemented until IRB approval has been granted. If the IRB protocol requires use of a signed consent form, I certify that I will obtain a signed copy from each human subject and store it securely in my research files.

Investigator Date

Co-Investigator Date

Faculty Advisor (if applicable) Date

Return the completed renewal application to:

Office of Research Administration

Montebello Complex, D-302; Attn: IRB

Administrator Phone: 443-885-4340; Fax:

443-885-8280

E-mail: irb.research@morgan.edu

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**MORGAN STATE UNIVERSITY
POLICIES**

MORGAN STATE UNIVERSITY

POLICY ON COPYRIGHT

Board of Regents Approved
March 20, 1996

I. POLICY

The objective of this policy is to encourage the development of copyrighted works as well as to set forth the parameters by which copyright ownership is achieved. All rights in copyright for works arising from the use of any University resources shall belong to the University.

It is the policy of Morgan State University that copyrights arising from aesthetic, scholarly, or other work developed through independent efforts and not part of a directed institutional or University assignment shall reside with the originator. Independent effort is defined as the product of inquiry, investigation, or research to advance truth, knowledge, or the arts where the specific choice, content, course, and direction of the efforts is determined by the individual without assignment or supervision by the University.

In conformity with this policy, the President is authorized to enter into agreements with respect to ownership, licensure, disposition of royalty income, resolution of disputes, and other rights related to copyrights. The President is authorized to register copyrights, accept copyrights from third parties, and to sell or grant licenses or assignments in the name of the University for any rights to copyrights under University jurisdiction.

II. OWNERSHIP BY CATEGORY OF

WORK A. Scholarly/Aesthetic

In keeping with traditional academic practice and policy, ownership of copyrights to scholarly or aesthetic works that are prepared through independent effort and not part of a directed assignment shall reside with the originator except as otherwise provided in this Policy. The general obligation of faculty to produce scholarly works does not constitute such a directed assignment.

B. Personal

The copyright to any work that is prepared outside the scope of employment and without the use of University resources by an employee shall be the property of the employee.

C. Sponsored/Contracted

The University asserts its right to copyrightable works created under sponsorship or contract. Copyright ownership of sponsored works and contracted works shall be governed by such agreements or contracts. Any sponsored work agreement which provides for ownership by other than the University shall also provide the University with a free-of-cost, non-exclusive, world-wide license to use and reproduce the copyrighted work for research and education purposes, except where prohibited by law or government regulation.

D. Commissioned

When the University commissions the production of a work, title normally should be with the University. In all cases, copyright ownership shall be specified in the written contract. Any commissioned work agreement which provides for ownership by other than the University shall also

provide the University with a free-of-cost, non-exclusive, world-wide license to use and reproduce the copyrighted work for research and education purposes, except where prohibited by law or government regulation.

E. Acquired by Assignment or Will

The University may acquire copyrights by assignment or will pursuant to the terms of a written agreement or testament.

III. REVENUE SHARING

The University may assign or license its copyrights to others. The University shall share with the originator(s) revenue which it receives through copyrights. Specific provisions of grants or contracts may govern rights and revenue distribution. Consequently, revenues received from such copyrights may be exclusive of payments of royalty shares to donors or contractors. Moreover, the University may contract with outside persons or organizations to obtain, manage and defend copyrights, and any royalty share or expenses contractually committed to such persons or organizations may be deducted before revenues accrue or before the originator's share is distributed.

The net revenues from a copyright will be applied first to reimburse the University for expenses in generating the copyright and in marketing, licensing and defending the rights. After reimbursement of such expenses, such revenues shall be shared as follows: (1) the first \$5,000 shall be paid to the originator(s); (2) thereafter the originator(s) shall receive seventy-five percent of such revenues. Applicable laws, regulations or provisions of grants or contracts may require that a lesser share be paid to the originator.

To the extent consistent with State and University policies, any net revenue received on account of a copyright, after sharing with the originator(s), will be dedicated to research and to the promotion of original works. If practicable, eighty-five percent of the University's share of new revenue from each copyright will be designated for research in the originator's department or unit up to \$100,000 in a fiscal year.

If use of such funds for research within the originator's department or analogous unit is not practicable, the funds should usually be designated for research in a related department or unit. The remaining part of the net revenues shall be devoted to research and incentive for creative works as directed by the President, or designee.

IV. DEFINITIONS

For purposes of interpretation of this policy, the following definitions shall apply:

- A. Aesthetic Work
 - a. A work that is a result of original artistic expression.
- B. Commissioned Work
 - a. Work produced for the University by others pursuant to a contract at the institution's expense.
- C. Contracted Work
 - a. Work produced by and for others at the others' expense, using University facilities pursuant to a contract.
- D. Copyright
 - a. The intangible property right granted by statute providing the owner the following exclusive rights over a work: to reproduce, to prepare derivative works, to distribute, to perform publicly, and to display publicly.
- E. Direct University Assignment
 - a. Any written or oral instruction or task assigned to an originator.

- F. Independent Effort
 - a. Independent effort is defined as the product of inquiry, investigation, or research to advance truth, knowledge, or the arts where the specific choice, or content, course and direction of the effort is determined by the individual without assignment or supervision by the University.
- G. License
 - a. A contract in which a copyright owner grants permission to exercise one or more of the rights under copyright.
- H. Originator
 - a. A person who produces a work by his own intellectual effort, including a student employee.
- I. Royalties
 - a. A payment made to an owner of a copyright for the privilege of practicing a right under the copyright.
- J. Scholarly Work
 - a. Work such as, but not limited to, books, articles, other such publications, lectures, and computer software resulting from independent effort.
 - b.
- K. Software
 - a. Statements or instructions used in a computer to bring about a certain result and any associated documentation containing operational instructions. (In cases where software is found to be patentable, the Patent Policy will govern.)
- L. Sponsored Work
 - a. A work produced by or through the University pursuant to a contract, grant, or other agreement.
- M. University Resources
 - a. All buildings, equipment, services, funds (regardless of source), and other facilities under the control of the Board of Regents.
- N. Work
 - a. Any copyrightable expression including, but not limited to writings, lectures, musical or dramatic compositions, sound recordings, films, videotapes, computer software, architectural designs, and works of art.

MORGAN STATE UNIVERSITY POLICY ON PATENTS

I. Objectives

The objectives of this policy are to encourage and aid research at Morgan State University, to provide financial compensation as well as professional recognition to inventors, and to protect and best serve the public interest. To these ends, this policy encourages disclosure of inventions and discoveries and their evaluation for possible patenting and licensing and establishes principles for determining the rights of the University and inventors. Morgan State University encourages scholarly publication of the results of faculty and student research.

II. Applicability

- A. The Morgan State University Patent Policy applies to all personnel. As used in this policy, "personnel" means all paid and unpaid full-time and part-time faculty members and staff, and all paid employees (including those on approved leaves); students, volunteers and fellows.

III. General Policy

- A. Morgan State University has an interest in all inventions of personnel which are conceived or first actually reduced to practice as a part of or as a result of: a University administered program of research; activities within the scope of the inventor's employment by the University; or activities involving the use, to a substantial degree, of University time, facilities, or materials or of University information not available to the public. "Invention" means any invention or discovery which is or may be patentable or which may be commercially licensable. At the time of appointment of visiting faculty and personnel a signed acknowledgment of this policy will be required. An invention shall be considered as resulting from activities "within the scope of the inventor's employment" whenever the inventor's duties include research or investigation or the supervision of research or investigation and the invention is relevant to the general field of inquiry to which the inventor was devoted or assigned. "Time, facilities and materials" paid for from funds administered by the University shall be considered University time, facilities and materials whether the funds arise from federal or state appropriations, student fees, donations, grants, contracts or other sources.
- B. The University has a right to ownership of any invention in which it has an interest. Unless otherwise agreed, this Policy also applies to any inventions in which the University has an interest under the terms of contracts, grants or other agreements. An invention in which the University does not have a legal interest may be offered to the University and, if

accepted, the University will administer such invention in accordance with this Patent Policy or as otherwise agreed.

- C. Except under special circumstances the University will not assign rights in future inventions to private corporations or businesses.

IV. Responsibilities of the Morgan State University and Delegations of Authority

- A. The University shall: (1) notify the inventor promptly whenever it decides not to pursue or to abandon the pursuit of patenting or commercialization of an invention, (2) execute, upon request, all contracts, assignments, waivers or other legal documents necessary to transfer to the inventor the University's interest in any invention which it has so chosen not to pursue, (3) act with reasonable promptness and in good faith on all inventions disclosed to it, and (4) remit to the inventors their shares of income from inventions as specified in Section VI of this policy. Subject to these responsibilities, the University may, at any time, decide not to pursue or to abandon the pursuit of patenting and/or commercialization of an invention in which it has an interest.
- B. Authority and responsibility for Patent Policy is delegated to the President (or his designee). The President shall develop procedures for implementing this policy.

V. Responsibilities of Personnel

- A. Personnel who, either alone or in association with others, make an invention in which the University has or may have an interest shall disclose to the President or designee such invention reasonably promptly. As to an invention in which the University has an interest, the inventor, upon request, shall execute promptly all contracts, assignments, waivers or other legal documents necessary to vest in the University, or its assignees, any or all rights to the invention, including complete assignment of any patents or patent applications relating to the invention.
- B. Personnel: (1) may not sign patent agreements with outside persons or organizations which may abrogate or otherwise conflict with the University's rights and interests as stated in this Policy, nor (2) without prior authorization use the name of the University in connection with any invention.
- C. At the time of appointment, visiting faculty and personnel shall sign an acknowledgment of this policy.

VI. Revenue Sharing

- A. The University shall share with the inventor revenue from a patent or invention. Specific provisions of grants or contracts may govern rights and revenue distribution regarding inventions made in connection with

sponsored research. Consequently, revenues received from such inventions may be exclusive of payments of royalty shares to donors or contractors. Moreover, the University may contract with outside persons or organizations for the obtaining, managing and defending of patents, and any royalty share or expenses contractually committed to such persons or organizations may be deducted before revenues accrue or before the inventor's share is distributed.

- B. The net revenues from a patent or invention will be applied first to reimburse the University for expenses in obtaining and maintaining the patent and in marketing, licensing and defending the patent or licensable invention. After reimbursement of such expenses, such revenues shall be shared as follows: (1) the first \$5,000 shall be paid to the inventor or inventors; (2) thereafter the inventor(s) shall receive fifty percent of such revenues. Applicable laws, regulations or provisions of grants or contracts may require that a lesser share be paid to the inventor.
- C. To the extent consistent with State and University policies, any net revenue received on account of an invention, after sharing with the inventor, will be dedicated to research and to the promotion of patenting and patents. If practicable, eighty-five percent of the University's share of new revenue from each invention will be designated for research in the inventor's department or unit up to \$100,000 in a fiscal year. The remaining part of the net revenues shall be devoted to research and the promotion of patenting and patents as directed by the President, or designee.
- D. If use of such funds for research within the inventor's department or analogous unit is not practicable or for an amount in excess of \$100,000 per fiscal year, the President may allocate funds for other use within the institution.

VII. Administration

- A. The Intellectual Property Committee consists of the Vice President for Academic Affairs or designee as an ex officio member and chair and no more than fourteen other members selected and appointed by the President. Members are appointed for three-year terms with non-concurrent expiration dates and may serve successive terms.
- B. The Intellectual Property Committee convenes at the call of the Vice President or designee, who determines when implementation or interpretation of the University Patent Policy requires consideration by the Committee. Among the matters which may be referred to the Committee for recommendation to the Committee are: whether the University has an interest in an invention; questions not covered by policy; and whether some part of the policy should be waived.
- C. When the Committee is considering a particular invention, the inventor

and/or the inventor's representative may examine all materials submitted to the Committee, may make written and oral presentations to the Committee, and may be present during oral presentations of others.

- D. The evaluation of inventions and discoveries and the administration, development and processing of patents involves substantial time and expense and requires talents and experience not ordinarily found in University staff. Therefore, the University may enter into a contract with third parties in connection with the administration of identified inventions, disclosures of invention, and developed patents.
- E. Disputes on patent matters, including the interpretation of this Patent Policy, shall be referred for resolution to the President or designee.

VIII. Special Cases

The University recognizes that a special case may arise which is not specifically covered by this policy or which may justify waiver of this policy. Only the President or designee has authority to waive the provisions of this policy.

**POLICY FOR THE CONTROL AND PROTECTION OF THE VARIOUS
TRADEMARKS, DESIGNS, COLORS AND SYMBOLS OF MORGAN
STATE UNIVERSITY**

It is the policy of Morgan State University to protect the name, designs, and colors of the University, including without limitation, the trademarks, service marks, designs, team names, nicknames, abbreviations, slogans, logographics, mascots, seals and other symbols which have or will come to be associated with the University (hereinafter collectively referred to as "Indicia") from unauthorized uses and to permit the use of the same under circumstances benefitting the University and its educational mission. Accordingly, the University will have its Indicia registered with both the Secretary of the State of Maryland and the United States Patent and Trademark Office. The intent of this policy is to ensure that the University retains the benefit and control of its Indicia and that no use is made of them without the express approval and consent of the University, including any current or future uses. This action is hereby approved by the Board of Regents. The following regulations are adopted to implement this policy:

1. A party seeking to use the University's Indicia for any purpose, including without limitation, application or attachment to garments or other goods, promotions, and services, shall obtain prior permission for that use from the University by entering into a license agreement with the University. No use of the University's Indicia is authorized without the prior execution of a license agreement between the party seeking permission to use the Indicia and the University, unless the President of the University or his designated representative determines that it is in the best interest of the University to temporarily waive the requirement of the license agreement. Each license agreement shall provide for either a reasonable royalty or promotion fee to be paid the University or other consideration as deemed appropriate by the University in exchange for its permission to use the University's Indicia.
2. No University office or unit shall purchase or offer for sale any product, goods, promotion, or services bearing or otherwise using the University's Indicia unless a license agreement has been executed by the producer or manufacturer of the goods. Any University office or unit currently using or offering for sale any goods bearing or using University Indicia shall exhaust their inventory of such goods and not reorder such goods until a license agreement has been executed by the manufacturer or producer.
3. This policy and any regulations promulgated pursuant thereto shall not apply to goods produced or used by the University in the ordinary course of business, for example, University letterhead, newsletters produced by the University, etc.
4. The University may elect to administer its licensing program itself, have it administered by an agent with expertise in the field of collegiate licensing, or a combination of the two. However, the University shall always retain the authority to exercise control over the use of its Indicia.

This policy shall be effective immediately. The President of the University shall designate

References: Replacement for Morgan State University Board of Regents Policy on Conflict of Interest for Faculty Interest in Sponsored Research and Economic Development University of Maryland Procedures on Conflict of Interest and Conflict of Commitment, 11- 3.10(8); Maryland Annotated Code, Maryland Public Ethics Law, General Provisions Article §5-101 et seq., and Maryland Public-Private Partnership Act, §5-525 (Institutions of higher education).

POLICY ON CONFLICTS OF INTEREST IN RESEARCH AND DEVELOPMENT

I. Introduction

Maryland law encourages public senior higher education institutions to promote economic development in the State and to increase their financial resources through arrangements with the private sector, including collaborative research and development, commercial application of institution-owned intellectual property, and provision of technical assistance. To facilitate these purposes, the Maryland Public Ethics Law allows for the exemption of Morgan State University (“University”) personnel from some of that law's conflict of interest provisions. This policy establishes the essential elements of the procedures, to be adopted by the University, for obtaining such exemptions.

II. Policy

- A. A present or former official or employee of a unit of the University may have a relationship (as defined herein) with an entity engaged in research or development, or an entity having a direct interest in the outcome of research or development, which relationship would otherwise be prohibited by the conflict of interest provisions of the Ethics Law, if such relationship is disclosed and approved by the President in accordance with the University's faculty conflict of interest procedures developed pursuant to this Policy.

- B. The President, or a Vice President or one holding a similar such position may have such a relationship only if the Board of Regents makes the following findings:
 - 1) that participation by, and the financial interest or employment of, the official is necessary to the success of the research or development activity; and
 - 2) that any conflict of interest can be managed consistent with the purposes of relevant provisions of the Public Ethics Law.

The Board shall promptly notify the State Ethics Commission in writing of any approval given under this paragraph. In the event that the Commission disagrees with any approval and provides notice to the Board within 30 days of the Commission's receipt of notice of the approval, the Board shall reexamine the matter. The Board shall adopt procedures for handling request for approval under this paragraph.

- C. If the above conditions are not met, this Policy does not exempt a former or present official or employee from any of the provisions of the State Ethics Law.

- D. Nothing in this Policy allows an exemption on the part of any official or employee of Morgan State University from the provisions of §5-505 ("Gifts or honoraria") of the General Provisions Article. Further, an official or employee of the University may not (1) represent a party for contingent compensation in any matter before the Board of Regents or before the State's Board of Public Works, or (2) intentionally misuse his or her position with the University for personal gain or for the gain of another person.
- E. The approval of a relationship under this policy does not relieve the official or employee from the obligation to comply with other University policies, including the University Policy on Professional Commitment of Faculty.
- F. The President is encouraged to consult periodically with the Maryland Department of Commerce and with Federal agencies that regulate federally-funded research concerning the implementation of this policy.

III. Procedures

- A. The University shall develop procedures based on the above policy and the purposes of the Maryland Public Ethics Law as stated at Section 5-102 of the General Provisions Article of the Maryland Annotated Code. The procedures shall be approved by the Office of the Attorney General and approved as to conformity with the Maryland Public-Private Partnership Act by the State Ethics Commission. The approved procedures shall be filed with the Office of the President and the Board of Regents.
- B. Procedures shall:
 - 1) Require timely disclosure of any relationship. The disclosure shall be filed with the State Ethics Commission, and maintained as a public record at the University.
 - 2) Subject to paragraph (5), require review of all disclosed relationships by a designated official who shall determine what further information must be disclosed and what restrictions shall be imposed in order to manage, reduce, or eliminate any actual or potential conflict of interest. The designated official shall also determine whether or not the disclosed relationship represents a harmful interest, as defined herein. If so, approval shall not be granted.
 - 3) Include guidelines to ensure that relationships do not improperly give an advantage to entities with which the relationships exist, lead to misuse of University students or employees for the benefit of such entities, or otherwise interfere with the duties and responsibilities of the official or employee maintaining the relationship.
 - 4) Subject to paragraph (5), require that each relationship be approved or disapproved by the President, with such determination to be the final decision.

5) Require that any relationship maintained by the President or a Vice President, and by one holding any other position designated by the Board of Regents be approved by the Board of Regents.

IV. Reporting

Divisions shall submit to the President in a format determined by the President a quarterly report which shall include all approvals granted under this Policy. The Board of Regents shall report to the Governor, the Legislative Policy Committee of the General Assembly, and the State Ethics Commission, the number of approvals granted under this Policy and how this Policy and the procedures adopted pursuant to it have been implemented in the preceding year.

V. Definitions

- A. "Harmful interest" means an interest which is found to be so influential as to impair impartiality in the conduct of the research, the interpretation of the results of the research, and/or the determination of research or other professional and employment priorities.
- B. "Unit" as used in this policy means any constituent unit of the University (e.g. departments, schools, etc.), centers and institutes and any other unit of the University that the President shall designate.
- C. "Relationship" means any interest, service, employment, gift, or other benefit or relationship with an entity that would be prohibited by Title 5, Subtitle 5 of the State's Public Ethics Law if not disclosed and approved pursuant to this Policy and procedures adopted pursuant to it. "Relationship" includes any relationship of the spouse or other relative of an officer or employee if such relationship creates restrictions on the officer or employee under the conflict of interest provisions of the Ethics Law.
- D. "Research or development" means basic or applied research or development, and includes the development or marketing of university-owned technology, the acquisition of services of an official or employee by an entity for research and development purposes, or participation in State economic development programs

A-6
EXPORT CONTROL

Export Control Travel Checklist
PROJECT INFORMATION

Project Title: _____

Project/Contract/Proposal #: _____

Sponsor: _____

Principal Investigator _____

Campus Address: _____

School/Department/Division: _____

Phone: _____ Fax: _____ Email: _____

	YES	NO
1. Are you traveling to a <u>country sanctioned by the United States</u> (such as Myanmar, Cuba, Iran, North Korea, Sudan and Syria)?		
2. Are any of the individuals or entities with whom you will be interacting or to whom you will be making any payments or providing any benefits listed on the <u>BIS Lists to Check?</u> (see http://www.bis.doc.gov/complianceand enforcement/liststocheck.htm)		
3. Do you need an export license for anything that you are taking with you or sharing with others during your travels? Are you carrying any items on the International Traffic in Arms (ITAR) <u>Munitions List</u> (see website below:) http://www.pmdtc.state.gov/regulations_laws/documents/official_itar/ITAR_Part_121.pdf		
4. http://www.fas.org.spp/starwars/offdocs/itar/p121.htm or the Export Administration Regulations (EAR) <u>Commerce Control List</u> (see http://www.access.gpo.gov/bis/ear/ear_data.html) or carrying or sharing technical information or services related to those items?		
5. If federal funds will be paying for your air travel, are you in compliance with regulations that require <u>flying on a U.S. flag air carrier?</u> (See Public Law 93-623, January 3, 1975, P.2102 to amend the Aviation Act of 1958)		
6. Have you checked with the <u>embassy or consulate of the country</u> to which you are traveling for any import restrictions?		
7. If you intend to bring back materials (such as drugs, chemicals, biologics, medical devices, animals and animal products) from another country, have you checked on <u>US import restrictions?</u> (See http://travel.state.gov/trave/tips/tips1232.html#customs)		
8. Have you checked whether the U.S. Department of State has issued any <u>travel warnings</u> or travel alerts for the country to which you are traveling? (See https://travel.state.gov)		
9. Have you reviewed your insurance and the insurance of those traveling with you and considered purchasing supplemental insurance (i.e., supplemental health insurance, emergency evacuation and repatriation, repatriation of remains)?		
10. Have you left your itinerary and contact information with family and department administrators? Have you left copies of your passport with someone so they are accessible in case of loss?		
11. Some countries retain the right to seize and hold laptops and computing equipment. Laptops are often stolen in the course of travel. Have you considered a means to accomplish university business if this occurs?		
12. Have you cleared electronic storage media of unnecessary confidential business and personal information, such as bank information, confidential student and employee information, information subject to confidentiality agreements and intellectual property		
13. Is the travel activity in compliance with any sponsored research agreement and travel abroad handbook?		

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D-RED
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