AGREEMENT APPROVAL

(NOTE: DO NOT USE FOR SPONSORED PROGRAMS AGREEMENTS)

COMPLETE THIS FORM AND RETURN TO THE OFFICE OF SPONSORED PROGRAMS AND RESEARCH INTEGRITY (OSPRI) AT osp@uccs.edu OR UNIVERSITY OFFICE PARK, 1867, SUITE 202.

QUESTIONS SHOULD BE ADDRESSED TO JACQUELINE REARICK AT jrearick@uccs.edu OR 719-255-3619

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1. ☐ New ☐ Modification ☐ Renewal ☐ Other _____

2. Agreement with (name organization) _____

3. Type of Agreement:

   ☐ Space/Equipment use ☐ Non-Disclosure ☐ Other _____
   ☐ Sponsorship ☐ Teaming
   ☐ Fee for Service ☐ Material Transfer

4. Brief description of purpose:

5. UCCS Department/College: _____

6. UCCS Department/College/Unit Responsible Party:

   Name: _____
   Phone: _____ Fax: _____
   Email: _____

7. External Organization's Party Point of Contact:

   Name: _____
   Phone: _____ Fax: _____
   Email: _____
   Address: _____

8. **Start date:** ☐ **End date:** ☐

9. **To assist you and OSPRI in analyzing this agreement to determine the applicability of export controls, this project will:**

   a. **Involve participation of foreign nationals/entities? Note: this includes individuals (including paid or unpaid students working in your lab) who are not U.S. citizens or do not have permanent U.S. residency.**
   No ☐ **Yes** ☐

   b. **Involve travel to or visitors from a foreign country?** **No** ☐ **Yes** ☐

   c. **Involve the delivery of hardware, software, materials or biologicals to a foreign national/person and/or country?** **No** ☐ **Yes** ☐

   d. **Involve the purchase of material or equipment from a foreign vendor?**
   No ☐ **Yes** ☐

   e. **Involve the exchange of written or verbal data or reports with a foreign national/person (could include foreign students sharing space where the project is being conducted, communications via email, etc.)?**
   No ☐ **Yes** ☐

   f. **Require the use of another party's proprietary (restricted) information or materials?** **No** ☐ **Yes** ☐

   g. **Have publications restrictions and/or require sponsor prior approval of publications?** **No** ☐ **Yes** ☐

   h. **Have foreign national restrictions and/or require sponsor prior approval of foreign nationals working on the project?** **No** ☐ **Yes** ☐

   i. **Subject to International Traffic and Arms Regulations (ITAR)** **No** ☐ **Yes** ☐

10. **Additional comments:** ☐

11. **Exceptions/corrections to the proposed Agreement:** ☐

APPROVALS TO BE OBTAINED BY DEPARTMENT/COLLEGE/UNIT:

I have read and approve the Agreement, with any exceptions noted in #10 above, and agree to comply with all terms and conditions.

Department/College Responsible Party Date

I confirm the contract is consistent with the objectives of my unit, I am aware of all requirements of this Agreement and I am committed to providing them.

Chair	Date
Dean/Director/Unit Head	Date
Assistant/Associate Vice Chancellor or Vice Chancellor, if applicable	Date