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| **For OSPRI Use:**  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSPRI Proposal #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PETITION TO CONDUCT RESTRICTED, PROPRIETARY, OR CLASSIFIED PROJECTS INVOLVING**

**UNIVERSITY RESOURCES**

**Reason for Petition**:

**Restricted** (projects for which the sponsor requires a *delay in the publication* of the results in excess of 180 days, or a lesser time period prescribed by a campus, from the date of submission to the sponsor for review; this includes requirement for sponsor’s “*prior*” approval of publications.

**Proprietary** (projects for which the sponsor imposes *data ownership restrictions* that limit publication of the results in excess of 180 days, or a lesser time period prescribed by a campus, from the date of submission to the sponsor for review; this includes requirement for sponsor’s “prior” approval of publications when data ownership restrictions are imposed.

**Classified** (projects that bears a *security classification from the federal government*, such as top secret, secret, or confidential. Classified project restricts some or all of the results, procedures, and personnel working on the project under rules established by the agency for which the project is being conducted.) **Note**: If classified work is being proposed, contact OSPRI immediately.

1. **Project title:**
2. **Principal Investigator/Project Director:**       **Department:**

**Tenured faculty?**  Yes  No If no, describe status:

1. **Co-Principal Investigator(s)/Co-Project Director(s):**       **Department(s):**

**Tenured faculty?**  Yes  No If no, describe status:

If more than one Co-investigator/director, indicate whether or not each are tenured faculty and, if they are not, a description of their status:

1. **Sponsoring Agency:**
2. **Proposed funding level:**
3. **Start and end dates of the proposed project:** Start date:       End date:
4. **Total period and portion involving classified, proprietary, or restricted project, if not the entire period:** Start date: End date:       OR  Same
5. **The location of the proposed project (include building, room number and square feet):**
6. **Proposal due:** **OR contract under negotiation**  (check box if under negotiation)
7. **Will non-tenured faculty work on this project?**  Yes  No  **If yes,** list their name(s)and describe their involvement in the proposed project, including a detailed contingency plan that ensures the ability to publish critical to career advancement**:**
8. **Will postdoctoral researchers work on this project?**  Yes  No **If yes,** list their name(s)     and describe their involvement in the proposed project, including a detailed contingency plan that ensures the ability to publish critical to career advancement**:**
9. **Will students work on this project?**  Yes  No **If yes**, describe student involvement in the proposed project, including a detailed contingency plan that ensures timely completion of student degree requirements:
10. **Provide an unclassified summary of the proposed project expressed in non-technical terms and suitable for public dissemination and understanding. Note:** Petitioners are advised that the diverse expertise of the Faculty Committee on Restricted, Proprietary and Classified Research (FCRPCR) members reflects a wide range of disciplines and thus may not overlap with those of the petitioner.
11. **Describe the intellectual content of the proposed project (**the extent to which the project may lead to significant new knowledge and the importance to the University’s principal mission of creating knowledge and disseminating it to students).
12. **Address the relationships between the proposed project and the openness of the academic environment. Specifically:**
    1. The extent and duration of special security arrangements:
    2. The extent to which portions of the campus will have restricted access:
    3. The extent to which students and faculty involved in the project will be allowed to discuss their results with students and faculty not involved in the project:
    4. The restrictions that will be applied to publication of results:
    5. Is any technology/material export controlled?Yes  No

**NOTE**: By acceptance of restrictions, the project **no longer qualifies** for the **Fundamental Research Exemption** from export controls. Contact [exportco@uccs.edu](mailto:exportco@uccs.edu) with any export control questions.

1. **The impact of the proposed project on the resources of the University** (funds, equipment, personnel, space, etc):   
   1. The extent to which the project will contribute new resources that can be applied to unclassified or unrestricted work:
   2. The extent to which the project will require the dedication of resources that would otherwise be available for unclassified or unrestricted work:

**I certify the information contained herein is correct and all applicable information has been disclosed. I will report any changes to the Office of Sponsored Programs and Project Integrity, which may require my request to be reviewed again by the** **Faculty Committee on Restricted, Proprietary and Classified Research.**

**Requested by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator/ Project Director

**Concur with request:**

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Chair

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Dean/Vice Chancellor

PI/PD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OSPRI #\_\_\_\_\_\_\_\_

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**FOR OPS USE ONLY:**

**Restricted**

**Proprietary**

**Classified**

Recommended for  approval or  disapproval by the Restricted, Proprietary and Classified

Research Committee on \_\_\_\_\_\_\_\_\_\_\_ (insert date)

**Restricted and or Proprietary:**

**Approved**  **Disapproved**

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Jessi L. Smith Date

Associate Vice Chancellor for Research

**Classified**

**Approved  Disapproved**

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Venkateshwar Reddy Date

Chancellor