



UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC.
 12201 Research Parkway, Suite 501, Orlando, FL 32826; Ph: 407/823-5278; Fax: 407/882-2233

TT COMMERCIALIZATION ACCOUNT/PROPOSAL AUTHORIZATION (A-4)

UCF UPN #: _____
 Leave Blank

UCFRF Project #: _____
 Leave Blank

Peoplesoft #: _____

******I hereby request that UCFRF establish the following commercialization account:*

Principal Investigator: _____	UCFID: _____
Department or Institute: _____	College: _____
Address: _____	Phone #: _____
_____	Email: _____
Department Contact: _____	Phone #: _____
	Email: _____

Co-Principal Investigator: _____	UCFID: _____
Department or Institute: _____	College: _____
Address: _____	Phone #: _____
_____	Email: _____
Department Contact: _____	Phone #: _____
	Email: _____

Licensee/Company: _____	Co. Reference No.: _____
Address: _____	

Contact Name: _____	
Phone #: _____	Email: _____

Project Name: <u>RF-TT Commercialization</u>			

Total Amount: _____	Project Budget: Expenses _____	Labor _____	
Project Period: From _____	To _____	Fixed End Date? Yes	No
TTO Contact: _____			
Federal Flow Through: Yes	No	Federal Agency _____	(Name)
Invoice Instructions: _____			

UCFRF Management Fee: 5.00 % (Retained by UCFRF)

PROJECT ACTIVITY ACCESS – Please provide web or hard copy access to this project to the following individual(s):
(Note that the PI and Co-PI automatically receive access to the project activity)

Name (please print)	UCFID

SPECIAL CONSIDERATIONS: If the project involves any of the following special considerations, please indicate and provide a copy of the approval, if applicable.

- Yes No Will this project require Release Time?
 Yes No Will Human Subjects be used or will data about living people or their biological specimens be used or collected?
 Yes No Will Vertebrate Animals be used?
 Yes No Is there a probability that this project will result in a patent or copyright?
 Yes No Will proprietary information be exchanged prior to award?
 Yes No Have you been awarded any contracts or sub-contracts for the same or similar projects in the past three years?
 Yes No Will materials be transferred from UCF to an outside entity or from an outside entity to UCF?
 Yes No Will Hazardous Materials be used?
 Yes No Is the project under Export Control restrictions?

REQUIRED APPROVALS:

TTO Director Review: _____ Date: _____
PI: _____ Date: _____
Co-PI (if applicable): _____ Date: _____
Chair: _____ Date: _____
Dean/Center Director: _____ Date: _____
VP/UCFRF: _____ Date: _____

Note: Please attach the proposal, budget, quote, scope, letter or any other pertinent backup for the purchase order or agreement.

Chief Operating Officer

Date

President

Date