UNFUNDED AGREEMENT REQUEST QUESTIONNAIRE

Providing the following information will assist the Sponsored Programs Administration (SPA) to review and negotiate requested unfunded agreement with less interference and more efficiency and effectiveness. ***NOTE****: Not providing a reply to all questions, even if "No" or "N/A", may cause additional inquiry from SPA.*

UMB Principal Investigator

Name:	
Study Team Contact Name & Email Address	

Collaborator

Please enter the name and email address of the POC. This is the person responsible for reviewing & executing the Agreement and may differ from the Principal Investigator (PI).

PI Name:	
*Point of Contact - Name & Email Address	
Physical Address:	

Type of Request:

☐ **Data Use/Transfer (DUA)** ☐ **Non-Disclsoure (NDA)/ Confidentiality Disclosure (CDA)** ☐ **TEAMING**
☐ **Domestic Memorandum of Understanding (MOU)** ☐ ***MASTER** ☐ **Business Associate (BAA)** ☐ **EQUIPMENT**
☐ **Collaboration/Cooperative (CRA)** ☐ **OTHER**; Explain: _____

*If MASTER; will related agreement(s) follow? ☐Yes ☐No
if Yes to above, select which will be determined in each agreement: ☐IP ☐Informed Consent ☐ IRB/IACUC

Material Transfer – STOP HERE; submit MTA request to CCT via UMBiz
International MOU – STOP HERE; submit request to International Operations (Global Hub)
Commercial collaboration – STOP HERE; submit request to OGC
Incoming Visiting Scientist – STOP HERE; submit request to Janet Simons, SPA

Agreement Purpose

If scope or purpose for agreement is not already stated in agreement, please explain. ***NOTE:*** *For DUAs do not enter description here; it will be asked in the DUA Project Description section; page 2)*

Agreement Template Source:

☐**UMB's Template** ☐ **Collaborator's Template** *If Collaborator, is the Agreement uploaded in KR/KB?* ☐**Yes**☐**No**

Related Sponsored Funding

Complete if there is any sponsored funding associated with the requested Agreement or referenced data.

Funding Source: ☐Sponsored ☐UMB Internal Funds
If Sponsored, enter KR award info: _____
UMB Project ID#: _____
eUMB# (if applicable): _____

Intellectual Property

Do you anticipate new intellectual property (patents/copyrights) will be developed in performance of Agreement? ☐**Yes** ☐**No**
Is there a reasonable possibility of commercial utility? ☐**Yes** ☐**No**
Is background IP included or involved? ☐**Yes** ☑ **No**; if Yes, what is the IP reference# or title: _____

Publishing

Will any publications result from the purpose of requested Agreement? ☐Yes☐No
If Yes, will this be a joint publication? ☐**Yes**☐**No**

Confidential Information

In the Agreement requested, will Confidential Information be transferred between parties?
UMB Confidential Information? ☐**Yes**☐**No**
External Entity's Confidential Information? ☐**Yes**☐**No**

Regulatory Compliance

(NOTE: SKIP this section, if the following is accurate & up-to-date in Kuali Research)
Does the purpose for this Agreement involve:
Human Subjects? ☐ **Yes** ☐ **No**
If yes, IRB protocol #: _____
Status of IRB review: ☐ **Approved** ☐ **Pending**
Primary IRB: ☐ **UMB** ☐ **Collaborator** ☐ **Both**
Participant consent required: ☐ **Yes** ☐ **No**; If Yes, obtained: ☐ **Yes** ☐ **No**
If No to obtained, briefly explain: _____

If the primary IRB is outside UMB, provide the collaborator's protocol reference #: _____
Use of Vertebrate Animals: ☐ **Yes** ☐ **No**
If yes, IACUC Protocol # _____
IACUC location: _____ Status of IACUC review: ☐ **Approved** ☐ **Pending**

Proposed Duration of the Agreement: _____

FOR DUA REQUEST ONLY; COMPLETION OF FOLLOWING SECTIONS ARE ALSO REQUIRED

Is UMB: ☐ **Data Recipient** ☐ **Data Provider** ☐ **Both**

Who Owns the Data: ☐ **UMB** ☐ **Collaborator** ☐ **UMMS** ☐ Other; *if Other*: _____

DUA Project Description / Justification for Use

This section should provide sufficient information such that each party understands the project that the Recipient will perform using the Data. Examples of information include: Objectives, purpose of the Recipient's work, or a general description of the actions to be performed by the Recipient using the Data and possibly the anticipated results.

NOTE: If a Justification for Use has been submitted to the Data Provider, do not complete the section above and upload justification submitted to sponsor into request routed (e.g., KR/KB).

Source & Type of Data (check all that apply):

(For information on data types: https://thefdp.org/wp-content/uploads/human_subject_data_classification_tool.pdf)
☐ **De-identified** ☐ **Limited Data Set** ☐ **Personal Health Information (PHI)** ☐ **Personally Identifiable Information (PII)**
☐ **Electronic Medical Records (EMR) / Electronic Health Record (EHR)** ☐ **Other**; please explain: _____

Description of Data

This section should provide sufficient information such that each party understands the information that will be transmitted under this Agreement. Examples of information include: Whether the data is obtained from human subjects and, if so, the number of subjects or a description of the population included in the data; if the data is from animal subjects, the species of animal the data was obtained using; if not from human or animal subjects, a description of the data and/or experiments included. Name of the study that the data was obtained under if there is a particular study that needs to be acknowledged/cited as the source of the data.

If UMB is the Data Provider, are there data management / disposition requirements for the Data Recipient? ☐ **Yes** ☐ **No**
If Yes, please explain:

Third Party Permitted / Will any other entity access the data? ☐ **Yes** ☐ **No**
If Yes, provide name: _____

Will the data be combined with data from any other sources? ☐ **Yes** ☐ **No**

Transmission Method: ☐ **Electronically** ☐ **Mail** ☐ **Repository** ☐ **Data Coordinating Center**

Data transferred across international borders? ☐ **Yes** ☐ **No**

Does the data involve personal data of a citizen or resident living in the European Economic Area or the European Union? ☐ **Yes** ☐ **No**

Cost associated with data transfer: ☐ **Yes** ☐ **No**

Length of time for use of Data: _____