

SBIR/STTR Extramural Support Checklist

University of Alabama at Birmingham
Office of Research
Research Business Operations



1 UAB PD/PI (Provide the following information regarding the PI of the UAB Subaward.)

Last Name:		BlazerID:	
First Name:		Phone:	
MI:		Email:	

Street Address (Note: If Lab, include Lab Room#.)

Submitting Unit (Note: The submitting unit is normally the primary appointment of the PD/PI, not a Center.)

School:

Department:

Division:

2 Graduate Student / Post-Doctoral Student

Will there be a Graduate Student or Post-Doctoral Student budgeted on the subaward? ☐ Yes ☐ No

Last Name:

BlazerID:

First Name:

Phone:

MI:

Email:

Does the Graduate Student or Post-Doctoral Student report to the UAB PI?

☐ Yes

☐ No

Does the Graduate Student or Post-Doctoral Student report to the SBC PI?

☐ Yes

☐ No

Note: Graduate students performing work for a Small Business Concern (SBC) must have an Individualized Development Plan approved through the Graduate School.

3 Equity

Does the UAB PI or immediate family hold equity in the SBC applying for the award?

☐ Yes

☐ No

If yes, I confirm that I have completed a Financial Disclosure Form with the OCIRB.

☐ Yes

☐ No

Does any other UAB employee or employees hold equity in the SBC applying for the award? If yes, list each name and percent equity held below:

☐ Yes

☐ No

Name:

%:

Name:

%:

Name:

%:

Name:

%:

Does UABRF have any equity in the company?

☐ Yes

☐ No

If yes, provide the percent equity:

Does the UAB PI hold a position* with the SBC applying for the award?

☐ Yes

☐ No

*For example, a Scientific Officer, etc. Note that UAB does not allow the PI of the UAB subaward to hold a "C-Suite" managerial position in the SBC.

If yes, list the position held with SBC:

If yes, I confirm that I have received institutional approval to participate in this activity via an External Activity Request Form.

☐ Yes

☐ No

SBIR/STTR Extramural Support Checklist

University of Alabama at Birmingham
Office of Research
Research Business Operations



4 Small Business Concern (SBC) (Provide the following information regarding the SBC applying for the award.)

SBC Name:					
When Incorporated:		Where Incorporated:			
SBC Physical Address:					
SBC Website URL:					
SBC CEO Last Name:		First Name:		MI:	
Does the SBC CEO or any of the SBC managerial team hold UAB Employment or a UAB Title? If yes, please list each person below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name:			BlazerID:		
Job Title:			Phone:		
School:			Email:		
Department/Division:					
Employment Status (e.g., Full Time, Part Time, Volunteer, etc.):					
Full Name:			BlazerID:		
Job Title:			Phone:		
School:			Email:		
Department/Division:					
Employment Status (e.g., Full Time, Part Time, Volunteer, etc.):					

5 SBC PD/PI (Provide the following information regarding the PI of the SBC Proposal.)

Note: UAB does not allow the SBC PI to be the same person as the UAB PI listed in Section 1.

Last Name:		First Name:		MI:	
Does the SBC PI hold UAB Employment or a UAB Title? If yes, please list below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title:			BlazerID:		
School:			Phone:		
Dept/Div:			Email:		
Employment Status (e.g., Full Time, Part Time, Volunteer, etc.):					
Are there any supervisory roles/reporting lines between the SBC PI and the UAB PI? If yes, please list below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SBIR/STTR Extramural Support Checklist

University of Alabama at Birmingham
Office of Research
Research Business Operations



6 Submission Type (The Responsible Personnel List (RPL) is required for all submission types except Transfer Out.)

Type	Previous OSP#	Current OSP#	Previous PI	Change Date
<input type="checkbox"/> Original/New				
<input type="checkbox"/> Resubmission				
<input type="checkbox"/> Change in PI				
<input type="checkbox"/> Amendment/Modification				
<input type="checkbox"/> Transfer In				
<input type="checkbox"/> Transfer Out				

7-10 Submission Details

7	SBIR/STTR Application Deadline (Date SBC must submit application by):		
8	Where will project work be performed?		
9	Will there be cost sharing? (If yes, evidence that cost sharing is committed is a Required Document to be submitted with the proposal.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Project Title (Include the complete title with no abbreviations. For projects that include a clinical trial, the title must match the clinical trial protocol.)		

11a Intellectual Property

Have you disclosed intellectual property to the UAB Research Foundation in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there UAB-owned intellectual property, either already disclosed or not yet disclosed, that will be used in this project?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If the UAB-owned intellectual property to be used has been disclosed, please list the intellectual property disclosure number and title.		
If the UAB-owned intellectual property to be used has NOT been disclosed, please list a title for the intellectual property.		

SBIR/STTR Extramural Support Checklist

University of Alabama at Birmingham
Office of Research
Research Business Operations



11b Intellectual Property

Is the SBC a UAB Startup Company? (A UAB Startup Company is defined as a company, which has licensed or will license intellectual property from The UAB Research Foundation/HIIE and in which The UAB Research Foundation/HIIE owns or will own equity.)

☐ Yes

☐ No

If yes, date of license, option to license or letter of intent to license: (A license agreement, an option to license agreement or a letter of intent to license must be obtained by the SBC from the UAB Research Foundation/HIIE prior to the SBC's submission of the application.)

12 Contacts and Award Manager

Award Manager

Last Name:

BlazerID:

First Name:

Phone:

MI:

Email:

Primary Contact

Last Name:

BlazerID:

First Name:

Phone:

MI:

Email:

Secondary Contact

Last Name:

BlazerID:

First Name:

Phone:

MI:

Email:

13 Project Keywords

A:

B:

C:

14 Grants Accounting Financial Management Affiliation (Department and Organization # are required.)

Department:

Division:

ORG #:

SBIR/STTR Extramural Support Checklist

University of Alabama at Birmingham
Office of Research
Research Business Operations



15 Billing/Collection Responsibility Designation (if applicable)

Department:

Grants and Contracts Accounting (GCA):

Address to Receive Payment:

16 RFA Number and Website (if applicable)

RFA #:

Website URL:

17 Purpose

Program Type:

☐ Sponsored Research

☐ Sponsored Instruction

☐ Other Sponsored Activities

Activity Description:

Prime Awarding Agency
(NIH, NSF, DOD, etc.):

☐ SBIR

☐ STTR

Phase:

Instrument Type:

☐ Grant

☐ Contract

18 Source of Protocol/SOW/Research Plan

☐ SBC Provided/SBC Written Protocol

☐ UAB Investigator Initiated

19 Clinical Trial

Does this Subaward include a clinical trial?

☐ Yes

☐ No

If yes, provide the IRB #:

If this is a clinical trial, select the Clinical Phase:

☐ I

☐ I/II

☐ II

☐ II/III

☐ III

☐ III/IV

☐ IV

☐ Post IV

☐ No Phase

If this Subaward includes a clinical trial, I confirm that the SBC has been apprised of the requirement to provide errors and omissions/professional liability insurance in the amount of not less than \$3m per claim and \$3m annual aggregate and comprehensive general liability insurance, including products liability insurance, in the amount of not less than \$3m per occurrence and \$6m annual aggregate. Other insurance requirements may apply depending on the nature of the project. An ACORD Certificate of Insurance will be required prior to any work commencing.

☐ Yes

☐ No

Amount:

SBIR/STTR Extramural Support Checklist

University of Alabama at Birmingham
Office of Research
Research Business Operations



20 UAB Resources

Does this project involve the use of any UAB resources (e.g., UAB personnel, facilities, or labs)?

☐ Yes ☐ No

If yes, please list the resources to be used:

If yes, I confirm that the costs for UAB resources listed in the UAB subaward budget have been independently determined by my department/division and/or reflect fair market value (FMV).

☐ Yes ☐ No

✓ Signature: Program Director / Principal Investigator

I certify as **Program Director / Principal Investigator** (PD/PI) by completing this form:

- i. I am aware of the [University's Patent Policy](#) and agree to comply with its terms;
- ii. I am aware of the [UAB Enterprise Conflict of Interest and Conflict of Commitment Policy](#) and the [Responsible Personnel list and Instructions](#) and agree to comply with the terms and requirements respectively.
- iii. All appropriate individuals and units of UAB or other institutions have been informed of any involvement or changed involvement they have in this project;
- iv. All sub recipients are able to perform the work assigned to them;
- v. I have ensured that information submitted within the application is true, complete and accurate to the best of my knowledge;
- vi. I have not been debarred, am not aware of any investigation that could lead to my disbarment and hereby consent to a background check;
- vii. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and
- viii. As [PD/PI](#), I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a project is awarded as a result of this submission.

X _____

Program Director / Principal Investigator

Date

PI's signature is required. No "per" signatures allowed.

✓ Signature: Department Chair of Primary Faculty Appointment of PD/PI

By signing below on this SBIR STTR Extramural Support Checklist, the **supervising administrator** (chair, dean, vice president, or provost as appropriate) assures that the named UAB principal investigator or the student with the named mentor's oversight will have access to the adequate facilities as well as provide the scientific, technical, administrative, and financial leadership required for the proper conduct of the project or program including submission of all required reports.

X _____

Department Chair of Primary Faculty Appointment of PD/PI

Date