Policy: IV-2-20 Sponsor: Faculty Name: Department: Does the proposed work fit within the Institution's mission and meet its ethical 1 standards? Are there any National interests (security, public health, etc) to be considered? If so, 2 please attach which national interests may be affected. Will any classified or proprietary work restrictions adversely affect the academic 3 Ouestions 1 - 5 must be progress of any student and/or researcher at any point involved in the work? answered yes or no. PI has conferred with all faculty, post docs and other research personnel involved in the work understand the implications of performing the work that may not be immediately 4 publishable in a publicly available form, and possible impact on academic/professional progress? Has PI determined if any foreign national, student, visitor, or external collaborator will 5 work on this project or have access to the results of the project? Have all relevant research policies and procedures, including general safety and security, Institutional Review Board (IRB), Institutional Animal Care and Use 6 Committee (IACUC), environmental considerations, and IT and data security carefully evaluated and appropriately articulated in the agreement? Is there proper documentation provided within the award document that protects the PI understands and 7 institution (indemnification by sponsor, etc), and accepted security measures are in place acknowledges these to assure that any on-campus work does not place the institution at undue risk? concerns listed in questions 6 - 9. 8 Are there any other circumstances relevant to a specific project or program documented within the Project Scope of Work that would raise concerns of accepting this waiver? Does the work violate any federal or state laws, regulations or guidelines on ethics or 9 protection of privacy with respect to any person involved in the work as a participant, investigator or subject? Documentation Attached: See Research; Office of Research and Development: Pre Award Process for instructions Signature of Principal Investigator Signature Date: Name: **Signature of:** Signature Assistant Vice President, ORD Reviewed and Acknowledged: Signature Date: Vice President, Research and Development Date: Signature EVP & Provost/Dean Graduate School **Waiver Granted:** Signature Date: President

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