

University of Colorado Boulder Request to Perform Restricted and/or Proprietary Research

In fulfillment of the University's mission to create and openly share new knowledge, there are circumstances in which the University and the public may benefit from participation in restricted and/or proprietary research. [University of Colorado's Academic Affairs Policy on Openness in Research](#) includes the following definitions:

Restricted Research *Sponsored research agreements that impose restrictions on who can participate in the project or on the ability of the researchers to share information about the project;*

Proprietary Research *Sponsored research for which the sponsor or prime contractor requires pre-publication review for the purposes of identifying proprietary information or intellectual property to which the sponsor claims ownership;*

Depending upon the project, this document may also need to be shared with protected student(s) and their advisors, post-docs, and/or non-tenured faculty prior to their involvement with the project. Further, it is expected that separate agreements (see Appendix A) outlining the limitations of the project and the established protections for each individual will be drafted and signed prior to the individual's involvement on the project. Restrictions may hinder the ability of these individuals to further their careers or earn degrees, especially since they may rely on publications and dissertations or theses.

CU Personnel Information

Principal Investigator (PI) Name
Email

Unit
Phone

Chair/Appointed Academic Unit Designated Representative

Please indicate who will serve as the Chair/Appointed Academic Unit Designated Representative. This individual will support the PI by saving a copy of this document in the internal records and working with the PI and any protected individuals to ensure that the Required Protections (Appendix A) are adhered to throughout the life of the project.

Name

Email

Submission Information

Project Title

Funding Opportunity No./URL

Name of sponsor that will directly fund CU (*lead institution if CU is sub*)

University of Colorado Proposal Number

Prime Sponsor (*if CU is sub*)

Project Start Date

Project End Date

Project Information

Provide an unclassified summary of proposed research.

Restriction Details

Provide an unclassified description of whether/why the proposed research is Proprietary Research and/or Restricted Research. What is the extent and duration of the requirements, if not the entire project?

Certifications

PI - My signature below confirms my request to perform Proprietary Research, and/or Restricted Research. It also certifies that:

1. The information submitted within this application is true, complete, and accurate to the best of my knowledge;
2. Any false, fictitious, or fraudulent statements or claims may subject me, as the PI, to criminal, civil, and/or administrative penalties;
3. Appropriate protections are established and followed for participating students, postdoctoral researchers and/or non-tenured faculty;
4. I agree to accept responsibility for upholding the security of the project and will adhere to applicable Federal, State, and University requirements;
5. I will promptly notify the appropriate offices should there be a change from what was identified and agreed upon in this document.
6. Appropriate protections for protected student(s) and their advisors, post-docs, and/or non-tenured faculty will be established prior to their involvement with the project.

Chair/Appointed Academic Unit Designated Representative My signature below confirms my review of the project and request to perform Proprietary Research, or Restricted Research. It also certifies that I will store a copy of the signed request in appropriate records. As staffing or project needs change, appropriate measures will be taken to ensure compliance with the agreed upon restrictions and protections. Further, this will be reviewed at appropriate intervals to ensure that the identified information is current.

PI's Signature

Date

Chair/Appointed Academic Unit Designated Representative

Date

Appendix A: Required Protections

Depending upon the project, this document may also need to be shared with protected student(s) and their advisors, post-docs, and/or non-tenured faculty prior to their involvement with the project. Further, it is expected that this appendix, outlining the limitations of the project and the established protections for each individual will be drafted and signed prior to the individual's involvement on the project. Restrictions may hinder the ability of these individuals to further their careers or earn degrees, especially since they may rely on publications and dissertations or theses.

Restriction Details

What role will the protected student, post-doc, and/or non-tenured faculty member have on the project? What anticipated impact will the restrictions have on the individual?

Empty text box for Restriction Details.

Required Protections

Describe the steps taken to ensure student(s), post-docs, and/or non-tenured faculty are protected and their involvement in the project will not hinder the ability of these individuals to further their careers or earn degrees, especially since they may rely on publications and written dissertations. Please be sure to include, but not limited to:

- (1) How will students (and their advisors), post-docs, and/or non-tenured faculty be informed of the requirements and restrictions (and the impacts these restrictions may have on their careers)?
(2) What restrictions will be placed on project participants' ability to discuss and publish their work, including as part of dissertations or theses? How will these restrictions be managed?
(3) What steps will be taken at closeout (or when an individual transitions off the project)?

Empty text box for Required Protections.

PI's Signature Date

Chair/Appointed Academic Unit Designated Representative Date

Student/Post-doc/Non-Tenured Faculty Signature Date

Advisor Signature (if applicable) Date