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Please read the following in its entirety before completing the form

Technology Control Plan (TCP) Developed For

|                  | Department Name  |          |                      |
|------------------|--|----------|----------------------|
|                  | ·  |          |                      |
|                  |  |          |                      |
|                  | Project Title  |          |                      |
|                  | r reject ride  |          |                      |
|                  |  |          |                      |
|                  | Dringing Investigator  |          |                      |
|                  | Principal Investigator   |          |                      |
|                  |  |          |                      |
|                  |  |          |                      |
|                  | Department Head  |          |                      |
|                  |  |          |                      |
| Project S        | tart Date: Project End Date:   |          |                      |
|                  |  |          |                      |
|                  | TCP Implementation Date:   |          |                      |
|                  |  |          |                      |
| Department to re | tain documentation for 5-years from project completion, or from expiration of th | ie licer | nse (as applicable)¹ |
|                  |  |          |                      |
| Approved by:     |  | Date:    |                      |
|                  | Director Export Control Compliance   |          |                      |

Director, Export Control Compliance

Note: Review of Export-S-003 is required before completing this form.

<sup>&</sup>lt;sup>1</sup> Retention requirements under the EAR can be found under  $\frac{15 \text{ CFR Ch. VII, } \$762.2 - 762.7}{\text{requirement for exemptions}}$ . See also  $\frac{22 \text{ CFR } \$122.5 \text{ Maintenance of records by registrants}}{15 \text{ CFR } \$30.10}$  and,  $\frac{\$123.26, \text{ Recordkeeping productions}}{15 \text{ CFR } \$30.10}$ 



|  | Project Information  |                  |  |  |  |  |
|--|--|------------------|--|--|--|--|
| Project Title:   |  |                  |  |  |  |  |
| Description:   | Summarize the scope of the work and clearly define the technical data, hardware, and or defense services. Incomparison on the full scope of the program. | clude background |  |  |  |  |
|  |  |                  |  |  |  |  |
| UM Proposal #  | Award #  |                  |  |  |  |  |
| Contract #   |  |                  |  |  |  |  |
| ls this project a<br>or Subcontract  |  |                  |  |  |  |  |
|  | vork for U.S. Military, U.S. other U.S. federal agency?  |                  |  |  |  |  |
| ls there a DFA   | R (Defense Federal Acquisition Regulation) clause in the agreement/award?²   |                  |  |  |  |  |
|  | act/award note any oreign persons? Identify location within documentation where restriction is:  |                  |  |  |  |  |
| Are there any o<br>statements/cla  | other export control Identify location within document of export control statements:  Page # Section #   |                  |  |  |  |  |
| ls this project o  | considered basic or applied research?  |                  |  |  |  |  |
| Will controlled  | select agents and/or toxins be used?³  |                  |  |  |  |  |
| f yes, please identify the controlled HHS and USDA Select Agents and/or Toxins to be used, and their quantities: |  |                  |  |  |  |  |
| Name of  | HHS and USDA Select Agent / Toxin (7CFR Part 331, 9 CFR Part 121, and 42 CFR Part 73)  | Quantity         |  |  |  |  |
|  |  |                  |  |  |  |  |
|  |  |                  |  |  |  |  |
|  |  |                  |  |  |  |  |

 $<sup>^2</sup>$ You may ask Sponsored Programs for assistance in identifying this clause in the award terms.  $^3$ Reference 42 CFR  $\frac{https://www.selectagents.gov/sat/list.htm}{}$ 



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#### **Research Personnel**

| Identify all persons (faculty, staff, stud | lents, and contractors) who will be wo | rking on this project, compensate | d or not, the organizatio | n/institution |
|--|--|-----------------------------------|---------------------------|---------------|
| they represent, and their country of ci    | tizenship.                             |                                   |                           |               |
| Name                                       | Title                                  | Associated Institution            | Citizenship               | RPS*          |
|  |  |                                   | -                         |               |

| Name | Title | Associated Institution | Citizenship | RPS* |
|------|-------|------------------------|-------------|------|
|      |       |                        |             |      |
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|      |       |                        |             |      |
|      |       |                        |             |      |

<sup>\*</sup>Restricted Party Screening (RPS) will be conducted by the Director, Export Control Compliance.

#### Technology / Technical Data

Completely identify all items that are considered export controlled, restricted, proprietary, confidential, and/or controlled unclassified information (CUI).

| 01).             |      |                        |  |          |  |
|------------------|------|------------------------|--|----------|--|
| Item Description | Туре | Type Restriction Level |  | Owned By |  |
|                  |      |                        |  |          |  |
|                  |      |                        |  |          |  |
|                  |      |                        |  |          |  |
|                  |      |                        |  |          |  |
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|                  |      |                        |  |          |  |



| Will any additional technology or  | technical data be purc   | hased for this | project?                 |                 |                       |               |              |  |  |
|--|--------------------------|----------------|--------------------------|-----------------|-----------------------|---------------|--------------|--|--|
| If "yes", please identify the items to documentation.)   | to be purchased. (Inclu  | ude spec shee  | ts, form <mark>Ex</mark> | port-F-002 fron | n vendor(s), and othe | er supporting |              |  |  |
| Item Descripti   | on                       | Quantity       | Vend                     | or / Supplier   | Purchase Req#         | EAR / I7      | ΓAR Class    |  |  |
|  |                          |                |                          |                 |                       |               |              |  |  |
|  |                          |                |                          |                 |                       |               |              |  |  |
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|  |                          |                |                          |                 |                       |               |              |  |  |
|  |                          |                |                          |                 |                       |               |              |  |  |
| Will any of these items be exporte   | ed out of U.S. territory | ?              |                          |                 |                       |               |              |  |  |
| Will the export include field resea  | rch conducted in inter   | national water | s? (if yes, s            | ee Appendix A   |                       |               |              |  |  |
|  |                          | Se             | curity                   |                 |                       |               |              |  |  |
| Identify the location where the items noted above will be kept secure  |                          |                |                          |                 |                       |               |              |  |  |
| Building Name  | Bu                       | ilding Address | 3                        | R               | loom/Lab              | Access        | Control Type |  |  |
|  |                          |                |                          |                 |                       |               |              |  |  |
| If a coop is a surfuelled by leave will  | ha haa kay aaniaa        |                |                          |                 |                       |               |              |  |  |
| If access is controlled by keys, where the state of the s | no nas key copies.       |                |                          |                 |                       |               |              |  |  |
| Identify key number:   |                          |                |                          |                 |                       |               |              |  |  |
| Identify how room access is contr  |                          |                |                          |                 |                       |               |              |  |  |
| Is there any other security mecha  | anism such as alarm o    | r padlock?     | Is this                  | area shared by  | other groups working  | g on other pr | ojects?      |  |  |
| For Technical Data, how will the i   | tems be marked or ide    | entified?      |                          |                 |                       |               |              |  |  |
| Are the technical data kept in an access restricted locked cabinet when not in use? (this includes removable hard drives that contain controlled, restricted, proprietary, confidential or sensitive data)   |                          |                |                          |                 |                       |               |              |  |  |
| Please identify electronic devices where export controlled, restricted, proprietary, confidential or sensitive but unclassified items will be used/stored: (e.g., laptops, tablets, external hard drives, tablets, etc.)   |                          |                |                          |                 |                       |               |              |  |  |
| Device Make  | Device Mod               | el             | Dev                      | ce Serial #     | Device Ow             | ner/User      | UM-Owned     |  |  |
|  |                          |                |                          |                 |                       |               |              |  |  |
|  |                          |                |                          |                 |                       |               |              |  |  |
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|  |                          |                |                          |                 |                       |               |              |  |  |
|  |                          |                |                          |                 |                       |               |              |  |  |



| Will there be any international travel for this project?  If "yes", please identify authorized UM staff and their travel details. Please let trips individually for each person.  Traveler Name Travel Begins Travel Ends Country Visiting Taking UM Laptop Purpose    Taking UM Laptop   Purpose   Purp |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Traveler Name Travel Begins Travel Ends Country Visiting Taking UM Laptop Purpose  Attestations  I have read the University of Miami Export Control Policy and understand the requirements and obligations outlined.  I certify that I am committed to the protection of controlled items in accordance with U.S. export regulations as well as items that are considered confidential, sensitive or proprietary, and that the information contained within the TCP form is accurate and truthful to the best of my knowledge and belief. I further certify that:  a. Controlled/Sensitive items have been or will be identified for all participants prior to allowing access;  b. All research personnel will complete the University's Collaborative Institutional Training Initiative (CITI) export control training (3)   |  |  |  |  |  |  |  |
| Attestations  I have read the University of Miami Export Control Policy and understand the requirements and obligations outlined.  I certify that I am committed to the protection of controlled items in accordance with U.S. export regulations as well as items that are considered confidential, sensitive or proprietary, and that the information contained within the TCP form is accurate and truthful to the best of my knowledge and belief. I further certify that:  a. Controlled/Sensitive items have been or will be identified for all participants prior to allowing access;  b. All research personnel will complete the University's Collaborative Institutional Training Initiative (CITI) export control training (3)  |  |  |  |  |  |  |  |
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| my knowledge and belief. I further certify that:  a. Controlled/Sensitive items have been or will be identified for all participants prior to allowing access;  b. All research personnel will complete the University's Collaborative Institutional Training Initiative (CITI) export control training (3)  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| courses Introduction Export Controls, Export Controls for Descarabora Bort Land III) and be informed of the accomity and the   |  |  |  |  |  |  |  |
| courses: Introduction Export Controls, Export Controls for Researchers Part I and II) and be informed of the security measures to be   |  |  |  |  |  |  |  |
| used in controlling access to project information prior to access;   |  |  |  |  |  |  |  |
| c. All research personnel will be adequately supervised by me, the Principal Investigator or the Co-Principal Investigator; and  |  |  |  |  |  |  |  |
| d. The TCP will be monitored and reviewed periodically to ensure that data remains accurate.   |  |  |  |  |  |  |  |
| Principal Investigator Approved by:  Date:   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Co-Principal Investigator Approved by:  Date:  |  |  |  |  |  |  |  |
| Acknowledged By Department Chair Approved by:  |  |  |  |  |  |  |  |
| Title:   |  |  |  |  |  |  |  |



|   |                       | 1           | Appendix A          |          |              |            |          |                         |  |
|---|-----------------------|-------------|---------------------|----------|--------------|------------|----------|-------------------------|--|
| Research in International Waters  |                       |             |                     |          |              |            |          |                         |  |
| Project Title:  |                       |             |                     |          |              |            |          |                         |  |
| This section is to be completed if your research will be conducted on research vessels outside of U.S. territorial waters. If deployment and retrieval of research equipment are to take place on separate cruises, please list each cruise individually and reference accordingly. |                       |             |                     |          |              |            |          |                         |  |
| Cruise #  | Ves                   | sel Name    | ;                   |          | Vesse        | l ID       |          | Country of Registration |  |
|   |                       |             |                     |          |              |            |          |                         |  |
| Cruise Start Date   | Port o                | f Departu   | ire                 |          | Cruise Er    | nd Date    |          | Port of Return          |  |
|   |                       |             |                     |          |              |            |          |                         |  |
| Purpose of Cruise:  |                       |             | Г                   |          | 7            |            |          |                         |  |
| Will export-controlled technologies an  |                       |             |                     |          |              |            |          |                         |  |
| 14.   |                       | ease iden   | tify the export-c   | ontrolle | ed items:    | T          |          | FOON                    |  |
| ITE   | em Description        |             |                     |          |              | Туре       |          | ECCN                    |  |
|   |                       |             |                     |          |              |            |          |                         |  |
|   |                       |             |                     |          |              |            |          |                         |  |
| Has the ECO applied for an export   |                       |             | If "yes", pleas     | e provi  | de the licen | se         |          |                         |  |
| license for this activity?  |                       |             | application nu      |          |              |            |          |                         |  |
| Will the ship comprise of U.S.<br>Citizens/permanent residents only?  |                       |             |                     |          |              |            |          |                         |  |
| Will you have a confined cabin onboard the vessel to control access to the technical data?  |                       |             |                     |          |              |            |          |                         |  |
| What security measures will be taker  | n to secure controlle | ed technic  | cal data?           |          |              |            |          |                         |  |
|   |                       |             |                     |          |              |            |          |                         |  |
| Will any of the items identified above  | be shipped via a fre  | eight forw  | arder or other a    | gent?4   |              | Ship       | oment da | ate:                    |  |
| Shipping agent name:  |                       |             |                     |          |              | Transit t  | ime:     |                         |  |
| Contact   | name and address      | of the de   | estination to whi   | ch the   | item(s) are  | being ship | oped:    |                         |  |
| Recipient name:   |                       | Name of     | f facility being sh | nipped   | to:          |            |          |                         |  |
| Facility Address:   |                       |             |                     | С        | ity:         |            |          |                         |  |
| State:  | Zip Cod               | de:         |                     |          |              |            |          |                         |  |
| Contact Telephone Number:   |                       | Contact     | E-Mail Address      | :        |              |            |          |                         |  |
| Will the items be returned to the University  | ersity of Miami?      | If "y       | es", which Cam      | pus:     |              |            |          |                         |  |
| Will the same shipping agent be used for the return? Expected transit arrival date:   |                       |             |                     |          |              |            |          |                         |  |
| If items are not returning to UM, please identify to whom the items are being sent to. Include name, address, phone number and e-mail address.  |                       |             |                     |          |              |            |          |                         |  |
| Use additional sheets as needed for as many cruises as will be conducted under this project   |                       |             |                     |          |              |            |          |                         |  |
| 4All transit / customs records must be  |                       | ha antira r |                     |          |              |            |          |                         |  |



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### Appendix B Export Control Non-Disclosure Statement for Research Personnel Project Title: I hereby certify that I have received, read, and understand the TCP for the project noted above. I agree to comply with the restrictions contained herein and with U.S. Government regulations as they pertain to export controlled information. I understand that I could be held personally liable if I unlawfully disclose, regardless of form or format, export controlled information to unauthorized persons. I further understand that I must attend export compliance training before working on any project that contains export controlled technologies or technical data, and that this training must be renewed every 2 years. I hereby acknowledge and understand that any technical data or defense services related to defense articles on the U.S. Munitions List (USML) and/or Export administration Regulations (EAR), to which I have access or which is disclosed to me in the course of my (Choose applicable term): at the University of Miami (UM), are subject to export control under the International Traffic in Arms Regulations (ITAR)5 and/or the items and activities subject to the EAR6. I hereby certify that such data will not be further disclosed, exported, or transferred in any manner to any foreign person, foreign owned company, or any foreign country without prior approval from University of Miami's Director, Export Control Compliance, who will obtain authorization from the U.S. Government. If I inadvertently export to an unauthorized recipient any controlled items, materials, equipment, software, data, information or technology received during my term with the University of Miami, I will report such unauthorized transfer promptly to the University's Director, export Control Compliance, my immediate supervisor, and the Principal Investigator. Signature: Date: Department: Phone: E-Mail: Witnessed By Supervisor Signature: Date: Department: Phone: E-Mail: The original document is to be kept with the original TCP for which the department will follow the proper retention schedule A copy of this form must be sent to the following: 1. Principal Investigator 2. Human Resources / Faculty Affairs Representative 3. General Counsel's Office 4. Director, Export Control Compliance

<sup>&</sup>lt;sup>5</sup>Title 22, Code of Federal Regulations, Parts 120-130

<sup>&</sup>lt;sup>6</sup>Title 15, Code of Federal Regulations, Parts 734.2 through 734.5