<table>
<thead>
<tr>
<th>Ancillary Review Type</th>
<th>Initiator</th>
<th>Approver</th>
<th>Response Required?</th>
<th>Required Documents/Information</th>
<th>Person or Organization</th>
<th>Selection</th>
</tr>
</thead>
</table>
| Compliance (COI)                             | ORA             | VPR/EDR       | Y                  | Read and follow the [Conflict of Interest in Research Policy](#).  
• Include a letter disclosing the potential conflict  
• Attach to Ancillary Review                                                                  | N/A                     | This is for SBIR/STTR only and generated by ORA.                                                            |
| Cost Share                                   | Department      | VPR/EDR       | Y                  | Read and follow the [Cost Sharing Policy](#).  
• Completed Cost Share Budget  
• Justification letter for the Cost Share  
• **NEW REQUIRED:** Cost Share Form (must be included on attachments)  
*Note: When requesting cost share voluntary or mandatory please include sponsor details in addition to the waiver and NEW required cost share form in the attachments.* | Person                  | Gables or RSMAS: Laura Kozma  
Medical: Patricia Wahl for Dr. Schulman                                                          |
| Department Chair/Center Director (as PI)     | Department      | Dean/Dean Designee | Y                  | • Include a justification comment for approval in the ancillary review.  
* Note: If an approver noted here is the PI, the Proposal requires approval from a higher level.* | Person                  | Medical: Carl Schulman  
RSMAS: Roni Avissar  
A&S: Leonidas Bachas  
Engineering: Fabrice Manns                                                                  |
| Export Controls                              | Department/ORA  | William Collins | Y                  | Read and follow the [Export Control Policy](#).  
• Letter disclosing export control concerns  
• Attach to Ancillary Review                                                                   | Person                  | William (Bill) Collins                                                                                     |
| Indirect Cost Waiver                         | Department      | VPR/EDR       | Y                  | Read and follow the [F&A Waiver Policy](#).  
• Justification letter  
• **NEW REQUIRED:** Indirect Cost Waiver Form (must be included on attachments)     | Person                  | Gables or RSMAS: "Provost's Office" (CC00372) on the Organization  
Medical: Carl Schulman                                                                       |
| Late Proposal Submission                     | Department      | VPR/EDR       | Y                  | Required documents/information:  
• Read and follow the [Proposal Exception Process](#)  
• Include a justification and supporting documentation  
• Request must be submitted in advance of the ORA deadline  
*Note: If an approver noted here is the PI, the Proposal requires approval from a higher level.* | Person                  | Medical, Gables and RSMAS: Laura Kozma                                                                     |
| Nepotism/Familial Relationship                | Department      | VPR/EDR       | Y                  | Read and follow the [Nepotism in Research Policy](#).  
• Include a Nepotism Memo  
• Attach to Ancillary Review                                                                   | Person                  | Medical, Gables and RSMAS: Laura Kozma                                                                     |
| PI Eligibility          | Department | VPR/EDR | Y | Read and follow [PI Eligibility Policy](#). For Case By Case Exceptions:  
|                        |           |        |   | • Commitment/Letter of Support.  
|                        |           |        |   | • Attach to Ancillary Review  
|                        |           |        |   | Person | Medical, Gables and RSMAS: Laura Kozma |
| Resources              | Department | Chair, Dean or Owner of Resource | Y | Letter requesting resources needed for the project  
|                        |           |        |   | • Attach to Ancillary Review  
|                        |           |        |   | Person | Select appropriate Chair Center/Dir/Dean from the person picklist |
| Terms & Conditions     | ORA       | ORA Contract Team | Y | ORA Activity | N/A | Internal ORA |