**University of Northern Iowa**

**Export Controls Management Plan**

Instructions: This form must be completed by the faculty or staff member in charge of the project or activity when a determination has been made that the project or activity is subject to Export Control regulations. The completed form must signed by that person as well as his/her department head and dean, and then should be forwarded to the Export Controls Coordinator, Anita Gordon, 213 East Bartlett Hall, mail code 0394 or [anita.gordon@uni.edu](mailto:anita.gordon@uni.edu). Upon approval, she will forward it to Tim McKenna, University Counsel, for final review and approval. Mr. McKenna will take the lead in submitting any necessary licensing applications.

**TO BE FILLED OUT BY PROJECT DIRECTOR or PRINCIPAL INVESTIGATOR:**

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|  | **Date of plan:** |  |

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|  | **Title of project/activity:** |  |

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|  | **Contract or grant number (if applicable):** |  |

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|  | **List and describe each export controlled technology:** |  |

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|  | **ECCN or ITAR USML (cite the item number(s) and regulatory list that require the controls):** |  |

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|  | **Project Director (PD):** |  |

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| --- | --- | --- |
|  | **PD work address:** |  |

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|  | **PD phone:** |  |

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|  | **PD email:** |  |

**PLAN ELEMENTS**

1. **Physical Security:** Export controlled technology and sensitive project data—collectively referred to as “EC Materials”—must be physically controlled to avoid unauthorized access.
   1. **Location:** Describe the physical location of *each* sensitive technology/item to include building and room numbers.

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* 1. **Item Marking:** EC Materials must be clearly identified and marked as such.

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* 1. **Physical Security Measures:** Provide a detailed description of your physical security plan designed to protect EC Materials from unauthorized access, ie., secure doors, limited access, security badges, CCTV, etc.

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* 1. **Shipping or Transfer:** Prior to shipping or transfer—whether domestic or international—of any physical items which are export controlled (including electronic media), a determination must be made whether the recipient is permitted to receive the items. The Export Controls Coordinator will provide assist in making these determinations. Transfer to persons approved under this Management Plan are excluded from this requirement. Additional controls, if any, include:

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1. **Information Security:** Appropriate measures must be taken to secure controlled electronic information, including controls on access to information and transmission of information.
   1. **IT Security Plan:** Describe the information technology (IT) security for data and other export-controlled information.

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* 1. **Transmission Protocols:** Describe whether export-controlled information will be transmitted electronically or physically, and the protocols for secure transmission. Provisions should be made so that students do not use their external email accounts to transfer or store export-controlled information.

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* 1. **Conversation Security:** Describe protections from employee transfer to unauthorized persons by conversation with unauthorized persons, such as confidentiality agreements, disclosure forms, exit procedures when persons leave the project, agreements with external collaborators.

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1. **Project Personnel:** Clearly identify every person, together with citizenship or immigration status, who is to have authorized access to EC Materials. (Add additional pages as needed.)

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|  | **Name:** |  |
|  | **Name:** |  |
|  | **Name:** |  |

1. **Subcontractors, Subcontractor Personnel, and Collaborators with Authorized Access:** Clearly identify every firm and its personnel, together with citizenship or immigration status of persons who are to have authorized access to EC Materials.

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|  | **Name:** |  |
|  | **Name:** |  |
|  | **Name:** |  |

1. **Confirmation of Personnel Screening Procedures** 
   1. **Confirmation of Denied Persons Screening:** Project personnel, subcontractors, and subcontractor personnel must be checked to assure such persons or entities are not banned from participation.

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|  | **Date of screening:** |  |
|  | **Method of screening:** |  |
|  | **Person conducting screening:** |  |

* 1. **Determination of Need for Export License for Persons/Entities with Access:** If any personnel are not US Citizens, permanent residents, or otherwise in a permitted standing under export control regulations, a determination must be made by the EC Coordinator whether export licenses are required. If required, the Office of University Counsel will apply for the appropriate licenses.

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|  | **Date of determination:** |  |
|  | **Person conducting screening:** |  |
|  | **Names of persons for whom export licenses are required:** |  |

* 1. **Special Sponsor Requirements:** If Sponsor has more stringent requirements than required by Export Control Regulations, indicate the restriction here. (If none, state “None” or mark Not Applicable for activities that are not externally sponsored).

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1. **Contractor Management Plan**
   1. **Confirmation of Approval of All Contractor/Subcontractor Management Plans:** Contractors have an Export Controlled Technology Plan in place and approved by UNI; a copy shall be maintained by Export Controls Coordinator and, as appropriate, the overseeing office (e.g., OSP or OBO). (Add additional pages as needed.)

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|  | **Name of Contractor:** |  |
|  | **Date of approval:** |  |
|  | **Person approving:** |  |

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|  | **Name of Contractor:** |  |
|  | **Date of approval:** |  |
|  | **Person approving:** |  |

**The undersigned agree to implement and enforce the Management Plan, together with any requirements imposed by the Sponsor (if applicable):**

Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department or Unit Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by:**

Export Controls Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Counsel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Form version 6-8-10*