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| **Technology Control Plan** | | | |
| **i. Export TCP Document Number:** TCP Document # | | | |
| H:\1 Admin\Logos and Branding\Secure and Global Research\SecureGlblResrch-VPR-CSU-2-H357.png | | **Secure and Global Research**  **Office of the Vice President for Research**  **Colorado State University**  **Phone: (970) 491-7194**  **E-mail:** [**vpr\_export\_control@mail.colostate.edu**](mailto:vpr_export_control@mail.colostate.edu)  *In the event of any suspected breach of physical or electronic data should be reported immediately to the Secure and Global Research Office* | |
| **Section A – General Lab Information** | | | |
| **1. Lab Name:**  Click here to enter text. | | **2. General Research Focus:**  Click or tap here to enter text. | |
| **3. Department:**  Click or tap here to enter text. | |
| **4. Principal Investigator (PI):**  Click here to enter text. | |
| **5. PI Email:**  Click here to enter text. | | **6. Technology Control Plan Type**  *(select one)* | **Lab** |
| **7. PI Phone:**  Click here to enter text. | | **8. Export Control Jurisdiction**  *(select one)* | **MULTIPLE** |
| **9. Lab Phone and Email**  Click here to enter text. | **10. CSU Building and Room Number:**  Click here to enter text. | | **11. Campus Delivery:**  Click here to enter text. |
| **12. Acknowledgement and Acceptance of Principal Investigator (PI):**  I understand my responsibilities as a PI of this lab in regard to export controls. I have read the Technology Control Plan and have discussed the plan with the Export Control Administrator. I understand the plan and agree to comply with all its requirements. I affirm that the project personnel, advisory committees, dissemination of controlled information will fit within the parameters of the referenced ECCN/ITAR categories to prevent unauthorized or unlicensed exports, reexports, or deemed exports. I agree to participate in regular audits and enhancements to this TCP. I will verify that project personnel have been briefed of their responsibilities under this Technology Control Plan and have signed and acknowledged before being granted access to controlled information, material or equipment. During the conduct of the project, if any question arises as to the implementation of the measures herein, I will seek clarification from Secure and Global Research. | | | |
| **Signature:** | | | **Date:** |
| **13. Acknowledgement of Academic Computing and Networking Services (ACNS):**  This Technology Control Plan has been reviewed by a technically-capable IT Security person of ACNS to ensure that any applicable regulatory or other IT security requirements can be implemented and that apparent security concerns have been addressed. | | | |
| **ACNS Representative Name:**  **Steve Lovaas** | **Signature:** | | **Date:** |
| **14. Acknowledgement of Lead Department Head:**  I acknowledge that this lab withinin my department is covered under this Technology Control Plan outlining controls required by federal regulation and university policy.  If I become aware of a breach or violation of this Technology Control Plan, I will inform the Export Control Administrator immediately. | | | |
| **Name:**  *Click here to enter text.* | **Signature** | | **Date:** |
| **15. Accepted by Secure and Global Research:**  I will ensure that the PI and project personnel are briefed of their responsibilities under this Technology Control Plan. | | | |
| **Name:**  **Scot Allen** | **Signature:** | | **Date:** |

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| **Section B – General Lab Physical Security** | |
| **1. Location of Controlled Project/Information:**  Click or tap here to enter text. | **2. Who is the Building Proctor? (Name and email)**  [**Building Proctor Directory**](https://www.fm.colostate.edu/proctors)  Click or tap here to enter text. |
| **3. Describe the physical location of sensitive technology/items/research activity. Include building and room numbers. Insert or attach a diagram or picture, if possible.**  Click or tap here to enter text. | |
| **4. Describe the physical security plan designed to protect your items/technology from unauthorized access. Make sure to include a detailed description of secure doors, locked cabinets, and limited access.** *If there are Foreign Persons (students, faculty, staff and/or visitors) in close proximity to this controlled space, please include steps you take to address that additional factor. A Foreign Person, by Export Control regulations, means a person who is not a U.S. citizen or lawful permanent resident (Green Card).*  Click or tap here to enter text. | |
| **5. Describe your plan for protecting export controlled information in conversations (e.g. Informal conversations and more formal discussions like lab meetings, presentations, etc.)**  Click or tap here to enter text. | |

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| **Section C – General Information Technology Security** |
| **1. Describe measures taken to protect any sensitive information on IT systems within your lab.**  **Include things like type of IS, location, primary users, devices, encryption and connectivity.**  A*ttach additional pages if needed.*  Click or tap here to enter text. |
| **Note: All devices used for restricted information must be CSU owned and managed by a CSU IT group.**  **No personally owned devices can be used to access or store controlled information.**  *In some cases, sponsor-provided IS may be used, when approved by the ECA.* |
| **2. If portable devices are used, describe access and controls over the physical security of these items.** *For the purpose of this question, Laptops should be considered portable devices.*  Click or tap here to enter text. |
| **3. For physical systems, describe the measures in place to prevent unauthorized viewing to these systems or equipment when processing controlled information (location, room access controls, screen savers, privacy filters, screen placement, etc.)**  Click or tap here to enter text. |
| **4. If encryption is used, please describe.**  Click or tap here to enter text. |
| **5. Who is your primary IT contact in the event of a computer problem?** (Please provide contact information.)  Click or tap here to enter text. |

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| **Equipment List** Kuali Doc .equip | | | |
| **Equipment Name** | **CAM Tag#** | **Classification Number** | **Description / Use** |
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| **Specific Project Addendum** TCP Document #.Addendum#ad.01 | | | | |
| **The answers and information listed within the Lab Technology Control Plan (TCP) and in this addendum should be accurate and complete as of the time the plan is put in place. In the event of the any of the following actions, please contact Secure and Global Research (SGR) to file an amendment to the plan.**   * **Significant changes to the scope of project plan (including any new effort not originally proposed)** * **Personnel additions or reassignments** * **Significant IT hardware additions or deletions or software changes** * **Significant changes to the physical security of physical location moves (office or lab additions or changes)**   Note: Addendums are numbered as [TCP Project Document #] . [Project Addendum Document #] ad. [version#] | | | | |
| **Section I – General Project Information** | | | | |
| **1. Project Title:**  Click or tap here to enter text. | | | **2. Sponsor (& Prime Sponsor, if applicable):**  Click or tap here to enter text. | |
| **Working/Reference Title (If applicable):**  Click or tap here to enter text. | | |
| **3. Project Period:** | **Start date** *Click here to enter a date.* | | **4. Export Control Jurisdiction**  *(select one)* | *Choose an item.* |
| **End date:** *Click here to enter a date.* | |
| **5. Principal Investigator (PI):**  Click or tap here to enter text. | | | **6. Technology Control Plan Type**  *(select one)* | *Choose an item.* |
| **7. PI Email & Phone number:**  Click or tap here to enter text. | | | **8.ECA Preparer:**  Click or tap here to enter text. | |
| **9. Sponsored Programs 53- (if available):**  Click or tap here to enter text. | | **10. Proposal Number:**  Click or tap here to enter text. | **11. Award Number:**  Click or tap here to enter text. | |

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| **Section II – Summary of Project and Control Requirements** | | | | | | | | |
| **1. Provide a brief description of the project.**  Click or tap here to enter text. | | | | | | | | |
| **2. Will there be subcontracts under this project?** | | |  | Yes | |  | No | |
| **3. Reason for Technology Control Plan: (i.e. access, publication restriction, etc.)** (To be completed by SGR)  Click or tap here to enter text. | | | | | | | | |
| **4. ECCN/USML Category** (list the Export Control Classification Number or ITAR Category)(To be completed by SGR)  Click or tap here to enter text. | | | | | | | | |
| **5. Summary of Citizenship Restrictions, if any.** (To be completed by SGR)  Click or tap here to enter text. | | | | | | | | |
| **6. Do Non-U.S. Persons need to be approved by Sponsor?** (To be completed by SGR) | | |  | Yes | |  | No | |
| **7. What type information, material and/or equipment will need to be protected by the controls set forth in this TCP (Select all that apply)** |  | 1. **Items/Equipment/Software** | | | | | | |
| ***description*:** Click or tap here to enter text. | | | | | | |
|  | 1. **Technical Data received from an External Source (Sponsor, collaborator, etc.)** | | | | | | |
|  | 1. **Technical Data generated by my research team** | | | | | | |
|  | 1. **Materials (e.g. energetic materials, fuel, carbon nanotubes, etc.)** | | | | | | |
| ***description:*** Click or tap here to enter text. | | | | | | |
|  | 1. **Items that will leave the U.S.** | | | | | | |
|  | **Other** | | | | | | |
| ***explain*:** Click or tap here to enter text. | | | | | | |
| **8. If a license or exemption is being utilized, please outline the details here. Also, list any additional information needed to complete this TCP (e.g. Personnel, student Thesis, IT).** (To be completed by SGR)  Click or tap here to enter text. | | | | | | | | |
| **9. Are there NIST or contract-based standards on IT?** (To be completed by SGR)  *(if marked yes, data security training is required in addition to export control training, Section IV)* | | | | |  | Yes |  | No |
| **10. If controlled Information will be shared (sent or received) electronically, describe the secure method that will be used. (Via encrypted e-mail, CD, sponsor provided secure file sharing system, etc.).**  Click or tap here to enter text. | | | | | | | | |

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| **Section III – Dissemination and Publications** | | | | |
| 1. **Do you expect to generate publications from this project?** |  | Yes |  | No |
| 1. **Does the Contract include specific guidance for publication restriction or approval?**   (To be completed by SGR) |  | Yes |  | No |
| **If yes, explain (with contract reference):** (To be completed by SGR)  Click or tap here to enter text. | | | | |
| 1. **Will your student(s) generate a thesis/dissertation from this export-controlled data?**   *If yes, and publication is restricted, coordinating with the Graduate School as early as possible is recommended. Please include any additional information or explain any unique situations in Section II, #8 (above)* |  | Yes |  | No |

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| **Section IV – Project-Specific Personnel** |

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| **1. Clearly identify every person (including their citizenship/permanent residency), who will require authorized access to the controlled technology / item using the table below.**   * Access to controlled information should be limited to only those individuals who have a legitimate need to know, have been briefed on the specifics of this plan and have signed in acknowledgement below. * PI should ask citizenship/permanent residency question of each individual. Research team members may be asked to provide citizenship document before being granted access to controlled information. * \* Data Security Briefings are required if there are any NIST or contract-based standards on IT (See Section II, Box 9). This area may be entered as N/A otherwise.   Project Personnel Acknowledgement:  ***My signature below is confirmation that I have been briefed of my responsibilities related to controlled information and technology under this project and will adhere to the controls outlined. If I become aware of a breach or issue, I will report it immediately to the PI and/or the Secure and Global Research contact listed on the front of this plan.*** | | | | | |
| **Full Name** | **DEPT** | **Role (student, postdoc, etc.)** | **Country of Citizenship**  **or permanent residency** | **\* Data Security Briefing/ Training** | **Signature** |
| *Click here to enter text.* | *Click here to enter text.* | ***PI*** | *Click here to enter text.* | *Click here to enter a date.* |  |
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| **Attachments (if applicable)** |

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