

Export Controls Screening Checklist
The College of New Jersey

PI/PD Name: _____

Grant Title: _____

Funder/Sponsor: _____

Screening Checklist

Please answer the questions below 'Yes' or 'No'. If the question is not applicable answer 'No'

1. Will you be traveling outside of the United States while performing the requirements of this grant?

If yes, to which countries will you be traveling?

2. Will you be collaborating with any non-US/foreign person, entity, or organization located within or outside of the United States while performing the requirements of this grant?

If yes, please list the names of the person(s)/organization(s) with whom you will be working.
