

**UCLA RESEARCH  
EXTRAMURAL PROPOSAL APPROVAL AND SUBMISSION SUMMARY  
"EPASS"**

**1. Principal Investigator(s)/Co-PIs (Not Co-Investigators)**

	First Name	M.I.	Last Name	Employee ID	Email Address	Extension
PI:						
Other Co-PI/Multiple PI:						
Other Co-PI/Multiple PI:						
Fellow (if Individual Fellowship):						

*Named individuals must sign certification below. Attach additional pages if needed.*

**2. Department or Organized Research Unit (ORU)**

Administering Department Name:

FS Code (Dept. Code):

Account #:

Cost Center:

Recharge ID:

Dept. Contact Name:

Extension:

Email Address:

Have the services of any campus Center or ORU been used in the development of this proposal?

If yes, select:

If "Other Center/Institute" is selected above, please specify name, or if multiple Center(s)/Institute(s) please add additional selection(s) here:

**3. Proposal Identification**

Proposal Title:

Is this COVID-19 Subject Matter?      Yes      No

Project Begin Date:

Project End Date:

**4. Award/Proposal/Program Type**

Award Type:

Proposal Type:

Program Type:

Special Program Type:

If this EPASS relates to an existing Award or Master Agreement, select an Action Type:

Current Sponsor Award/ ID#:

**5. Sponsor Information** (Entity which will provide funding directly to UCLA)

Sponsor Name:

Sponsor Due Date:      Time (Pacific):

Deadline Type:

Sponsor Guidelines and/or FOA/RFA/RFP:

Yes      No

Attached:      URL (Section 9)      Name/No. #

Contact (if known):

Email Address:

Phone #:

**Prime Sponsor Information** (Complete this section when UCLA is a subrecipient)

Prime Sponsor Name:

Prime Sponsor Due Date:      Time (Pacific):

Prime Sponsor Guidelines and/or FOA/RFA/RFP:

Yes      No

Attached:      URL (Section 9)      Name/No. #

Contact (if known):

Email Address:

Phone #:

**6. Proposal Checklist -Carefully Review and Answer All Questions**

Yes      No

**PI Exception Required?** ([Check Requirements](#) and [Look up Eligibility](#)). If yes, attach approval form ([Sample Approval Form](#)).

**On Campus Space?** Indicate location: Building:

Room:

**Off Campus Space?** Indicate location:

**Outgoing Agreements?** If yes, attach *Subrecipient/MCA Commitment Form(s)* or *FDP Expanded Clearinghouse Subrecipient Letter(s) of Intent* with applicable attachments, and *Subrecipient vs. Contractor Determination Checklist* for each subaward. See [Outgoing Subaward Forms](#) for details and forms.

**Does this project involve activities outside the U.S. and/or partnership with foreign collaborators, whether or not funded?** If yes, list country(ies) in the *Remarks* section, and see Export Control questions below.

**Is any mandatory Cost Sharing/Matching proposed in this application?** (Cash, unfunded effort, or in-kind contributions - do not include salary cap differential.) Voluntary Cost Share is discouraged under [UC Policy](#). If Yes, Mandatory Cost Share Amount:

**Is any unfunded effort proposed in this application?** In accordance with [UC Policy](#), "unfunded effort", must be reported in ERS. (Do not include salary cap differential here).

**Do you anticipate program income?** If yes, specify source and estimated amount:



For proposal submissions funded by [Federal Public Health Service \(PHS\)](#) or [an agency that has adopted the PHS regulations](#), provide, below, the name and email address for all project personnel responsible for the design, conduct, or reporting of research. All named individuals must have a current disclosure in eDGE, which is accessed at [coi.research.ucla.edu](#).

**No other project personnel responsible for the design, conduct, or reporting of research.**

First Name	M.I.	Last Name	Email Address	eDGE Disclosure Date

Investigators and staff involved in the conduct, oversight, or management of clinical trials should be trained in [Good Clinical Practice](#). Training is available through [CITI Program](#). Additional information about NIH-funded Clinical Trials can be found on the [NIH website](#). Provide the names on the table below.

First Name	M.I.	Last Name	Email Address	GCP Training Completion Date