

UCLA RESEARCH EXTRAMURAL PROPOSAL APPROVAL AND SUBMISSION SUMMARY "EPASS"

1. Principal Investigator(s)/Co-Pls (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.

| Department or Organized Research Unit (Of | 2. | Department | or Organized | Research | Unit (ORI |
|---|----|------------|--------------|----------|-----------|
|---|----|------------|--------------|----------|-----------|

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 <u>not</u> include salary cap differential here).

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

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| | N tra fo | IH-funded Clinical T ained in Good Clinic und on the NIH web | res, indicate "Pending", IRB # or Exemp inal? If yes, investigators and staff involual Practice. Training is available throug posite. Provide names on the next page. In right study utilize UCLA Health System of | ved in the conduct, oversight, or m h CITI Program. Additional informa | ation about NIH-funded Clinica | ould be Il Trials can be |
|--|--|--|--|---|---|--|
| | A | nimal Subjects? If y | Analysis is required (contact coverages es, indicate "Pending" or ARC#: imals and/or humans? If yes, indicate "C/RDRC #: | , | Delayed O RUA #: | nset |
| | Ne Hi pa | uman Embryonic St on-UCLA materials/ uman or primate ce athogens; select ago | tem Cell Research? If yes, refer to the sequipment to be used? If yes, indicate alls, tissue, or fluids; recombinant or syntemts or toxins? For more information, set specify case number: | stem Cell Policy and Procedures. ype: hetic nucleic acids; potentially infe | Source: ctious materials; exotic plants | or plant |
| Yes I | S If C If T If | hipping or carrying yes, specify: conducting research yes, specify: raining foreign per yes, specify: | RPC Website) – Does the project inveg any tangible object or item to a forech or other activities in, taking money rsons in using equipment, technologing research in a country currently under | eign country? y to or planning to have money to the technical data? | | |
| Additio | nal For | ms Required | | | | |
| Yes I | ; ; ! | If yes, provide name Sponsor/Prime Spo Program Office (RG Non-Government S | quirements) nsor is Federal Public Health Service (Ites of other investigators on page 3 (Seensor is Federal (other than PHS), CIRM PO)? If yes, attach COI Form 740 & Suponsor/Prime Sponsor? If yes and proje as applicable, unless sponsor is exemp | UCLA Policy 926). I or special research programs ma pplement to Form 740 (if applicablect is <i>Research</i> , attach Form 700-L | naged by the UC Research G e). See UCLA Procedure 925 | |
| Yes I | | • • | d Non-Clinical Proposal? If yes, attaced Clinical Trial? If yes, view the Clinic | | | e additional |
| Funds I | Reques | ted | | | | |
| 1st Budg | get Peri | iod | | | | |
| Direct C | . , | | Excluded Direct Costs (\$): | F&A Costs (\$): | Total Costs (\$ | 5): |
| - | | • | nly when multiple budget periods ar | • | | |
| Direct C | costs (\$) | : | Excluded Direct Costs (\$): | F&A Costs (\$): | Total Costs (\$ | 5): |
| F&A: F | &A Rate | e (%): | F&A Base Type: | If Other, spe | cify: | |
| Remarks | S | | | | | |
| fictitious, or the project receive fed | tigator(s) of tr frauduler and to pro deral or no | ertifies to the following nt statements or claim ovide the required prog | g: (1) that the information submitted within the s may subject the Investigator(s) to criminal, gress reports if a grant is awarded as a resul l Clinical Trials based upon FDAAA 801, will ned Investigators. | civil or administrative penalties; (3) ago t of the application; and (4) that you are | urate to the best of their knowledgrees to accept responsibility for the enot currently debarred, suspende | e scientific conduct of ed or ineligible to |
| Principal Ir | nvestigator | (Required) | Date | Chair/ORU Director/Dean/N | Medical Center Director (Required) | Date |
| | | | Date | | | Date |
| - | | | Date | | | Date |

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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 |
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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 |
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