

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 (oru
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Administering Department Name: FS Code (Dept. Code):

Account #: Cost Center: Recharge ID:
Dept. Contact Name: Extension: Email Address:

If your department/unit has a single e-mail address for all proposal/award related correspondence, enter it here:

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 Sub-recipient Commitment Form(s) or FDP Expanded Clearinghouse Subrecipient Letters(s) of Intent for each entity. PI signature below indicates review and approval of the cost reasonableness of subrecipients' budgets.

(See Outgoing Subawards Overview)

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 1 ained in Good Clinic aund on the NIH wel	ves, indicate "Pending", IRB # or Exemp [rial? If yes, investigators and staff involved Practice. Training is available throughtsite. Provide names on the next page. Inch study utilize UCLA Health System research.	red in the conduct, oversight, or m a CITI Program. Additional informa	tion about NIH-funded Clinica	ould be Il Trials can be
	Α	nimal Subjects? If y	Analysis is required (contact coveragea res, indicate "Pending" or ARC#: nimals and/or humans? If yes, indicate "F C/RDRC#:		Delayed O RUA #:	nset
	N H pa	uman Embryonic S on-UCLA materials uman or primate ce athogens; select ag	tem Cell Research? If yes, refer to the S /equipment to be used? If yes, indicate t ells, tissue, or fluids; recombinant or synt ents or toxins? For more information, se specify case number:	tem Cell Policy and Procedures.	Source: ctious materials; exotic plants	or plant
Yes I	S 	hipping or carryin yes, specify: Conducting researd yes, specify: raining foreign per yes, specify:	e RPC Website) – Does the project invo g any tangible object or item to a fore ch or other activities in, taking money rrsons in using equipment, technology	ign country? to or planning to have money to y, or technical data?	-	
Additio	nal For	ms Required				
Yes I		If yes, provide nam Sponsor/Prime Spo Program Office (RG Non-Government S	equirements) onsor is Federal Public Health Service (Fees of other investigators on page 3 (Seesonsor is Federal (other than PHS), CIRM GPO)? If yes, attach COI Form 740 & Susponsor/Prime Sponsor? If yes and project, as applicable, unless sponsor is exempted.	UCLA Policy 926). or special research programs man opplement to Form 740 (if applicable ct is <i>Research</i> , attach Form 700-U	naged by the UC Research Gree). See UCLA Procedure 925.	
Yes I		• •	ed Non-Clinical Proposal? If yes, attac ed Clinical Trial? If yes, view the Clinic	• •		e additional
Funds I	Reques	ted				
1st Budg	get Per	iod				
Direct C	, ,		Excluded Direct Costs (\$):	F&A Costs (\$):	Total Costs (\$	5):
-		` .	nly when multiple budget periods are	•		
Direct C	osts (\$)	:	Excluded Direct Costs (\$):	F&A Costs (\$):	Total Costs (\$	5):
F&A: F	&A Rate	€ (%):	F&A Base Type:	If Other, spe	cify:	
Remarks	8					
fictitious, or the project receive fed	igator(s) of r fraudule and to pro- leral or no	certifies to the following nt statements or claim ovide the required pro	g: (1) that the information submitted within this may subject the Investigator(s) to criminal, gress reports if a grant is awarded as a result I Clinical Trials based upon FDAAA 801, will inded Investigators.	civil or administrative penalties; (3) agr of the application; and (4) that you are	urate to the best of their knowledgees to accept responsibility for the not currently debarred, suspende	e scientific conduct of ed or ineligible to
Principal Ir	nvestigato	r (Required)	Date	Chair/ORU Director/Dean/M	ledical Center Director (Required)	Date
			Date			Date
-			Date			Date

7.

8.

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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

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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