

**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:

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 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