UCLA

UCLA RESEARCH
EXTRAMURAL PROPOSAL APPROVAL AND SUBMISSION SUMMARY
"EPASS"

Print

Reset

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: Not Applicable

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: _____

☐ ☐ **Human Subjects?** If yes, indicate "Pending", IRB # or Exemption #: _____ Delayed Onset ☐

☐ ☐ **NIH-funded Clinical Trial?** If yes, 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 names on the next page.

☐ ☐ **Will the clinical research study utilize UCLA Health System resources, including but not limited to, any patient care costs? If yes, then a Policy 915 Coverage Analysis is required (contact coverageanalysis@mednet.ucla.edu).**

☐ ☐ **Animal Subjects?** If yes, indicate "Pending" or ARC#: _____ Delayed Onset ☐

☐ ☐ **Human Embryonic Stem Cell Research?** If yes, refer to the Stem Cell Policy and Procedures.

☐ ☐ **Non-UCLA materials/equipment to be used?** If yes, indicate type: _____ Source: _____

☐ ☐ **Human or primate cells, tissue, or fluids; recombinant or synthetic nucleic acids; potentially infectious materials; exotic plants or plant pathogens; select agents or toxins?** For more information, see IBC website.

☐ ☐ **Use of UC IP?** If yes, specify case number: _____

Yes	No	**Export Control (see RPC Website) – Does the project involve the following:**
☐	☐	**Shipping or carrying any tangible object or item to a foreign country?** If yes, specify: _____
☐	☐	**Conducting research or other activities in, taking money to or planning to have money transferred to a foreign country?** If yes, specify: _____
☐	☐	**Training foreign persons in using equipment, technology, or technical data?** If yes, specify: _____
☐	☐	**Traveling to or doing research in a country currently under a US Trade or Economic Embargo (See OFAC Website)?** If yes, specify: _____

7. Additional Forms Required

Yes	No	COI (Disclosure Requirements)
☐	☐	**Sponsor/Prime Sponsor is Federal Public Health Service (PHS) or agency that has adopted the PHS regulations? If yes, provide names of other investigators on page 3 (See UCLA Policy 926).**
☐	☐	**Sponsor/Prime Sponsor is Federal (other than PHS), CIRM or special research programs managed by the UC Research Grants Program Office (RGPO)?** If yes, attach COI Form 740 & Supplement to Form 740 (if applicable). **See** UCLA Procedure 925.3.
☐	☐	**Non-Government Sponsor/Prime Sponsor?** If yes and project is ***Research***, attach Form 700-U, 700-U Addendum and 700-U Supplement, as applicable, unless sponsor is exempt. **See** UCLA Procedure 925.2

Yes	No	**Industry Sponsored Research**
☐	☐	**Industry Sponsored Non-Clinical Proposal?** If yes, attach Industry Sponsored Research Checklist.
☐	☐	**Industry Sponsored Clinical Trial?** If yes, view the Clinical Trials Contracts & Strategic Relations Checklist to determine additional required attachments.

8. Funds Requested

1st Budget Period

Direct Costs ($): _____ Excluded Direct Costs ($): _____ F&A Costs ($): _____ Total Costs ($): _____

All Project Periods (*complete only when multiple budget periods are involved*)

Direct Costs ($): _____ Excluded Direct Costs ($): _____ F&A Costs ($): _____ Total Costs ($): _____

F&A: F&A Rate (%): _____ F&A Base Type: _____ If Other, specify: _____

9. Remarks

10. Accepts Responsibility

Approvals: Includes Certifications

The Investigator(s) certifies to the following: (1) that the information submitted within this application is true, complete and accurate to the best of their knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the Investigator(s) to criminal, civil or administrative penalties; (3) agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application; and (4) that you are not currently debarred, suspended or ineligible to receive federal or non-federal funds; (5) all Clinical Trials based upon FDAAA 801, will be registered in ClinicalTrials.gov. When multiple Investigators are proposed in an application this assurance must be obtained by all named Investigators.

Principal Investigator (Required) Date

Date

Date

Chair/ORU Director/Dean/Medical Center Director (Required) Date

Date

Date

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.**

Click here to copy Investigators information from section 1

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