



**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 PI/Co-PI:						
Other PI/Co-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:

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:

FOA/RFA/RFP# (if applicable):

Contact (if known):

Email Address:

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

Prime Sponsor Name:

Prime Sponsor Due Date:

Time (Pacific):

Prime FOA/RFA/RFP# (if different):

Phone #:

**6. Proposal Checklist**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	PI Exception Required? ( <a href="#">Check Requirements</a> and <a href="#">Look up Eligibility</a> ). If yes, attach approval form ( <a href="#">Sample Approval Form</a> )
<input type="checkbox"/>	<input type="checkbox"/>	On Campus Space? Indicate location: Building _____ Room: _____
<input type="checkbox"/>	<input type="checkbox"/>	Off Campus Space? Indicate location: _____
<input type="checkbox"/>	<input type="checkbox"/>	Outgoing Agreements? If yes, provide entity names in Section 9, Remarks, and attach <a href="#">Sub-recipient Commitment Form(s)</a> for each entity. PI signature below indicates review and approval of cost reasonableness. (See <a href="#">Subaward Initiation and Management</a> )
<input type="checkbox"/>	<input type="checkbox"/>	Does this project involve activities outside the U.S. or partnership with International Collaborators?
<input type="checkbox"/>	<input type="checkbox"/>	Is any Cost Sharing/Matching proposed in this application? (Do <u>not</u> include unfunded effort or salary cap differential here.) If Yes, required by sponsor? <input type="checkbox"/> Yes (mandatory committed) <input type="checkbox"/> No (voluntary committed) Cost Share Amount: _____ Source/FAU#: _____
<input type="checkbox"/>	<input type="checkbox"/>	Is any unfunded effort proposed in this application? (Do <u>not</u> include salary cap differential here) Source/FAU#: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate program income? If yes, specify: _____

<input type="checkbox"/>	<input type="checkbox"/>	Does this proposal involve the use of significant IT resources (beyond basic academic infrastructure); the generation of datasets or digital assets; or a budget with over \$10,000 in IT-related hardware, software, or staff expenditures? (Check <a href="#">additional requirements</a> )	
<input type="checkbox"/>	<input type="checkbox"/>	Human Subjects? If yes, indicate "Pending" or IRB#:	Delayed Onset <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Are study related patient care costs to be billed to the award OR to a third party payor (i.e. medical insurance/Medicare)? If yes, then a Policy 915 Coverage Analysis is required (refer to <a href="http://www.clinicaltrials.ucla.edu">www.clinicaltrials.ucla.edu</a> ).	
<input type="checkbox"/>	<input type="checkbox"/>	Animal Subjects? If yes, indicate "Pending" or ARC#:	Delayed Onset <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Human Embryonic Stem Cell Research? If yes, refer to the <a href="#">Stem Cell Policy and Procedures</a> .	
<input type="checkbox"/>	<input type="checkbox"/>	Non-UCLA materials/equipment to be used? If yes, indicate type:	Source:
<input type="checkbox"/>	<input type="checkbox"/>	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 <a href="#">OIBC website</a> .	
<input type="checkbox"/>	<input type="checkbox"/>	Use of UC IP? If yes, specify case number:	

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

## 7. Additional Forms Required

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

Yes	No	Industry Sponsored Research
<input type="checkbox"/>	<input type="checkbox"/>	Industry Sponsored Non-Clinical Proposal? If yes, attach <a href="#">Industry Sponsored Research Checklist</a> .
<input type="checkbox"/>	<input type="checkbox"/>	Industry Sponsored Clinical Trial? If yes, view the <a href="#">Clinical Trials Administration Office Checklist</a> to determine additional required attachments.

## 8. Funds Requested

### 1<sup>st</sup> 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. 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

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

[illegible]