**DEPARTMENT OF FAMILY MEDICINE**

**PROPOSAL INTAKE FORM**

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| **PRINCIPAL INVESTIGATOR AND DEPARTMENT INFORMATION** |
| Investigator Name:  |  |
| Investigator is*:* [ ]  Principal Investigator [ ]  Multiple PI [ ]  Co-PI (unallowable for NIH)  [ ]  Co-Investigator [ ]  Co-Investigator (Subaward Site Lead)  |
| *If there are other Co-PI/MPI(s), are they at UCLA?* | YES[ ]  NO[ ]   |
| *If yes, please list other Co-PI/Multiple-PI Name(s):* |  |
| Is another UCLA department submitting this proposal?(e.g. is the investigator listed above serving as a Co-I or MPI on a proposal with a PI in another department?) | YES[ ]  NO[ ]  *If yes*, provide the name and home department of the PI. You do not need to complete the Other Required Information section below.  |

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| **PROPOSAL INFORMATION** |
| Proposal Title:  |  |
| Is this COVID-19 subject matter?  | YES[ ]  NO[ ]   |
| Project Period *(mm/dd/yy - mm/dd/yy)*:  |  |
| [Award Type:](https://ocga.research.ucla.edu/wp-content/uploads/EPASS-instructions.pdf)  | Choose an item. |
| [Proposal Type](https://ocga.research.ucla.edu/wp-content/uploads/EPASS-instructions.pdf):  | Choose an item.  |
| If Mod/Amendment, list Current Award ID #: |  |
| [Program Type:](https://ocga.research.ucla.edu/wp-content/uploads/EPASS-instructions.pdf)  | Choose an item. |

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| **SPONSOR INFORMATION** |
| Sponsor Name: (If we are a subaward, this is the Pass-Through Entity)  |  |
| Sponsor’s/PTE’s contact name and email (if known): |  |
| Are we a subaward?  | YES[ ]  NO[ ]   |
| *If yes*, please list the Prime/Parent Sponsor: |  |
| Due Date and Time:  |  |
| *[If applicable]* RFA/PA/RFP/FOA #:  |  |
| *[If applicable]* Link to Opportunity/Guidelines:  |  |
| Is the sponsor a for-profit entity?  | YES[ ]  NO[ ]   |
| Is this a limited submission opportunity (is there a limit on the number of applicants from UCLA)?  | YES[ ]  NO[ ]  *If yes,* please visit the [LSO webpage](https://www3.research.ucla.edu/reo/lso) for more info on requirements |

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| **OTHER REQUIRED INFORMATION**  |
| Will the majority of work be conducted off-campus?  | YES[ ]  NO[ ]   |
| *If no*, list on-campus address: |  |
| Any Outgoing Subawards?  | YES[ ]  NO[ ]   |
| *If yes,* list institutions and contact info for all sites: |  |
| Any activities outside the U.S./partnership with foreign collaborators?  | YES[ ]  NO[ ]   |
| Does your proposed research and/or creative activity intentionally engage a community organization/partner for mutual benefit in your work? | YES[ ]  NO[ ]   [EPASS website under FAQ #8](https://urldefense.com/v3/__https%3A/ocga.research.ucla.edu/electronic-epass-system/%2Acommunity__;Iw!!F9wkZZsI-LA!Az4XAELsVxjLArjH-Nv8_1_Z1zt75ThdvOJcE3DmSx-0qMR-ClTPHwn_u4PPTJLtJUs-lqV4vRcqLb8KZyT6qS7RVnzf7HbWQAbbfw$) |
| Human subjects?  | YES[ ]  NO[ ]   |
| NIH Clinical Trial?  | YES[ ]  NO[ ]   |
| Will study utilize UCLA Health System resources, including but not limited to patient care costs?  | YES[ ]  NO[ ]  *If yes*, then Policy 915 Coverage Analysis is required (contact coverageanalysis@mednet.ucla.edu) |
| Non-UCLA materials/equip to be used?  | YES[ ]  NO[ ]   |
| *If yes,* what type and source: |  |

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| **BUDGET INFORMATION** |
| Have you read the sponsor guidelines? | YES[ ]  NO[ ]   |
| *[NIH only]* Is this a modular budget? | YES[ ]  NO[ ]   |
| Do you need assistance creating your budget or justification? | YES[ ]  NO[ ]   |
| *If yes*, please email the Pre-Award Coordinator **as soon as possible** to schedule a meeting. If you have a draft budget or ideas for budget items, please send those in advance of your meeting. *If no*, please submit far enough ahead of the 6-business-days OCGA due date to allow us time to review your budget and justification for compliance and errors. |

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| ***OPTIONAL ADDITIONAL INFORMATION*** |
| List specific Cost Center, if desired: |  |
| List all other Key Personnel (including their roles): |  |
| For proposals using S2S Cayuse, list anyone (besides the PI) who should be granted access to the proposal: |  |

PROPOSALS MUST BE SUBMITTED TO OCGA 6 BUSINESS DAYS BEFORE SPONSOR DEADLINE. THIS FORM, AND ANY ACCOMPANYING DOCUMENTS, SHOULD BE SUBMITTED TO THE PRE-AWARD COORDINATOR FAR IN ADVANCE OF THAT DEADLINE.

For **complex proposals**, that means *at least* **15 business days** prior to sponsor due date. (Complex proposals are proposals that have multiple PI’s OR at least one subaward OR complicated/unusual sponsor guidelines). For **other proposals**, that means *at least* **10 business days** prior to sponsor due date. If you are a Co-PI or MPI (and another UCLA department will be submitting the proposal), you must submit this form at least **8 business days** prior to sponsor due date.