**DEPARTMENT OF FAMILY MEDICINE**

**PROPOSAL INTAKE FORM**

|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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:/ocga.research.ucla.edu/electronic-epass-system/*community__;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](mailto:coverageanalysis@mednet.ucla.edu)) |
| Non-UCLA materials/equip to be used? | YES NO |
| *If yes,* what type and source: |  |

|  |  |
| --- | --- |
| **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. | |

|  |  |
| --- | --- |
| ***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.