



**UNIVERSITY OF CALIFORNIA, LOS ANGELES  
REQUEST FOR PROPOSAL APPROVAL AND SUBMISSION**

\*GOLDENROD\*

**1. Principal Investigator(s):**

	PI CODE	FIRST NAME	MIDDLE INITIAL	LAST NAME	ACADEMIC TITLE CODE	E-MAIL ADDRESS	EXTENSION
PI:							
CO PI:							
CO PI:							

**2. Administering Department or Organized Research Unit (ORU):**

FS Code	Dept Name		Mail Code
If awarded, what department account number should be assigned?		Cost Center (If applicable)	Recharge I.D.
Dept Contact Name	E-mail Address		Extension

**3. Proposal Identification:**

Proposal Title

Current Contract or Grant Number (if applicable)

4. Agency Due Date - - Agency Name  
Agency Address

Project Begin Date - -  
Project End Date - -

Number of Copies Requested by Agency

**5. Proposal Type:**

	<input type="checkbox"/> Grant	<input type="checkbox"/> Contract	<input type="checkbox"/> Subcontract	<input type="checkbox"/> Cooperative Agreement	<input type="checkbox"/> Clinical Trial
Anticipated award will be:	<input type="checkbox"/> New	<input type="checkbox"/> Continuation	<input type="checkbox"/> Renewal	<input type="checkbox"/> Supplement	<input type="checkbox"/> Revision
Project is:	<input type="checkbox"/> Research	<input type="checkbox"/> Training	<input type="checkbox"/> Equipment	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Other
Type of research:	<input type="checkbox"/> Applied	<input type="checkbox"/> Basic	<input type="checkbox"/> Development	Fellow Name	

**6. Proposal Checklist:**

<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>On Campus Space</b> Indicate building and room(s): If no, indicate off-campus space arrangements:
<input type="checkbox"/>	<input type="checkbox"/>	<b>Human Subjects</b> If yes, attach HS Form 7 if project is exempt from Committee review, or attach HS Form 3 if approved by Committee.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Animal Subjects</b> If yes, attach AC approval notice.
<input type="checkbox"/>	<input type="checkbox"/>	<b>UCLA Hospital Services</b> If yes, Medical Center Director must sign in Approvals section below.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Ionizing Radiation</b> , including x-rays
<input type="checkbox"/>	<input type="checkbox"/>	<b>Class III Etiologic Agents or Chemical Carcinogens</b> If yes, please specify:
<input type="checkbox"/>	<input type="checkbox"/>	<b>Subcontracts</b> If yes, attach a copy of the subcontractor's proposal.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Sponsor is NSF, PHS or Designated University Managed Programs</b> If yes, attach Form 740
<input type="checkbox"/>	<input type="checkbox"/>	<b>Non-Government Sponsor</b> If yes, attach Form 700-U and 700-KP, as applicable, unless sponsor is exempt. See UCLA Standard Procedure 925.2.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Request for Proposal</b> If this proposal is being submitted in response to a formal RFP, attach a copy of the RFP.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Matching Funds</b> If yes, indicate Amount: Source:

**7. Funds Requested for Initial Budget Period:**

Direct Costs \$ Indirect Costs \$ Total Costs \$

Indirect Costs Calculated at % of  Modified Total Direct Cost  Total Direct Cost  Other

**Funds Requested for All Budget Periods:** (Complete only when more than one budget period is involved.)

Direct Costs \$ Indirect Costs \$ Total Costs \$

**8. Remarks:**

**9. Approvals:**

PRINCIPAL INVESTIGATOR	DATE	DEAN (if applicable)	DATE
CO-PRINCIPAL INVESTIGATOR(S)	DATE	OTHER	DATE
CHAIR OR DIRECTOR	DATE	CONTRACT AND GRANT OFFICER	DATE

For SR use only Proposal Submission Date: IDC Exception #: SR Project Number:
--

OCGA FORM 1 (FEBRUARY 1994)