

Title of Project _____

Proposal No. _____

Sponsor _____

PI _____

UNIVERSITY COMMITMENTS OR OTHER ASPECTS REQUIRING DOCUMENTATION:

Additional Space/Facilities

Is space to be acquired by rental? renovation? other? _____

Amount _____ Cost is in the budget? Cost is borne by UCB? UCB Acct. _____

Alterations required: _____

Facilities Management contacted for cost estimates?

Amount _____ Cost is in the budget? Cost is borne by UCB? UCB Acct. _____

UCB normally provides for office space, furniture, supplies, and other administrative needs. General purpose supplies and equipment, postage, and telephone equipment may not be allowable costs on projects. Describe any additional furniture/equipment/telephones or other similar items not in the project budget and to be funded by UCB: _____

General Funds/Matching

Additional Details: _____

Subcontracts/Consultants

Additional Sub Details: _____

Additional Consult Details: _____

Other Cost Sharing

Cost Sharing Details: _____

Overload/Courseload Reduction

Details/Approved by?: _____

Biohazards

Biohazards include recombinant DNA, hazardous bacteria or viruses, or projects involving potential exposure to human blood-borne pathogens (this includes all work with human blood or other body fluids, or reagents derived from human blood). The Biosafety Form must be completed.

Biosafety Form Submitted to IBC on: _____

For projects involving human blood-borne pathogens, project funds allocated for worker immunization against HBV?

If not, provide explanation: _____

"Select Agents" for information about and a list of "select agents" go to CDC website: <http://www.cdc.gov/od/ohs/lrsat.htm>

Radioactive Materials

Costs for necessary additional equipment (fans, hoods, etc.) included in project budget?

If not, give reasons: _____

Proposed research requires the possession or use of isotopes not currently permitted under PI's Radioactive Materials License?

Human Subjects

Use of human test subjects reviewed by Graduate School Human Research Committee? YES PENDING NOT REQD

Date of HRC approval: _____ HRC Training Certified _____

Animals

Space and care for animals currently available from departmental facilities? All animal care costs budgeted?

If not, give reasons: _____

Use of animals approved by UCB Laboratory Animal Research Committee within past 3 years? YES NO PENDING

If YES, date of UCB approval: _____

Animal antibodies involved? If YES, name of company _____ and approval date: _____

Other Unusual Aspects

Add'l
Details: _____