Office of Contracts and Grants PROPOSAL PROCESSING FORM (page 3)

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: