Re	quest for Award	Accepta	nce or Jus	t in Time		Last U	pdated 2	!-23-17			
PI: Sponsor	:		Prir	ne Sponsor:							
Sponsor Award#:	SAP # (If Available):										
Budget Period Start:	Budget Period	l End:									
Department Contact:		Phone:		Requ	ested By:						
Project Title:					Date Reque	ested :					
New Award / New Coeus Proposal ne	eded:										
Instructions: Provide the Coeus Proposal Development # in the box. Please indicate if the items listed can be found in Coeus, Attached, or in SRS. If the information is embedded in a lengthy document, please also provide a page number or page range in the email. Required Documentation											
Coeus Proposal Development #:	Mandato	ry Docume	ents*		Coeus	Attache	d SRS	N/A			
Full proposal submitted to the sponsor *											
Internal docs such as budget, justification, SO	W, if not in Coeus & a	pplicable	corresponde	nce (PDF forma	at)						
Proposal Review Sheet *											
Initial and Final budget(s) submitted to spons	or (If not part of the full p	roposal)									
Sponsor's policy of reduced F&A											
RFP, RFQ or other program info											
Award, if not already submitted to SRS											
Prime award if UC is a lower tier recipient											
Subawards documents if applicable											
Internal authorizations, i.e. F&A waiver or Off-0	Campus verification f	orms									
Cost Share documentation if applicable											
Any post proposal materials submitted to the	sponsor (JIT)										
Modification:											
Covered by original proposal: Yes No	*If no, complete the s this modification per Sponsor C	UC effort po	licy.	posal. Also, please	make sure that	effort for the	e PI is main	tained for			
When the award requires negotiation by SRS, please	provide the Sponsor's Co	ntact Infor	nation (Person	authorized to nego	otiate Terms an	d Condition	ıs):				
Nam	e:										
Phon	ne Number:										
E-ma	ail Address:										
	C	omplian	e								
Live Vertebrate Animals involved?	Yes* No			nis form and the nec ry review if required							
PI name holding the protocol:											
Protocol # **:	IA	CUC App	roval Date:								
**If an external protocol is listed, please list the with the protocol # and provide a copy of the ap	T	*External	Institution na	nme:							

Human Subjects inv	volved?	Is this a Clinical Trial?	Yes No	
PI name holding the pro	otocol:			
Protocol # or Exemption	on #:	IRB Approv	ral Date:	
**If an external protocol with the protocol # and				
Radioactive, Recom	binant DNA or Biohazardous	Agents? Yes	No	
PI name holding the pro	otocol:			
Protocol #	Approval Date:	○ Biohazard	Recombinant DNA	○ Radioactive
Protocol #	Approval Date:	○ Biohazard	Recombinant DNA	Radioactive
Protocol #	Approval Date:	○ Biohazard	Recombinant DNA	Radioactive
and reporting of research, role, rather than the title, of Investigators should be lis	ncludes all individuals involved in reseand who are granted a significant degraph of those involved in this research and the ted below. Please be aware that an unicular identified on subawards should not neir institution.	ee of freedom in exercising inche degree of independence with dentified Conflict of Interest (dependent judgment. The Pri h which those individuals we COI) may lead to a comprom	mary Investigator should consider the ork. All those determined to be use of your research.
	PI Completion vestigators/Key Personnel		For SRS Completion (Only
	vestigators/Rey reisonner			
		OAR review date:	Status:	CE/COI:
		OAR review date:	Status:	CE/COI:
		OAR review date:	Status:	CE/COI:
		OAR review date:	Status:	CE/COI:
		OAR review date:	Status:	CE/COI:
		OAR review date:	Status:	CE/COI:
		OAR review date:	Status:	CE/COI:
		OAR review date:	Status:	CE/COI:
		OAR review date:	Status:	CE/COI:
		OAR review date:	Status:	CE/COI:
	l			
SRS Award Review:	This section to be completed by SRS staff	:		
LOG account set-up of			Coeus Awa	rd #:
Notes:				
Bilateral	☐ Unilateral ☐ NCE		SRS GA Name	