	Reques	st for Award	Accepta	ince or Jus	<mark>st in Tin</mark>	ne		Last	Updated 4	l-19-18		
PI:	Sponsor:			Pri	ime Spons	or:						
Sponsor Award#:	SAP	# (If Available):										
Budget Period Start:		Budget Period	d End:									
Department Contact:			Phone:			Reque	sted By:					
Project Title:							Date Reque	ested :				
New Award / New Coeus Prop	osal needed	d:										
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 Docum	ents*			Coeus	Attach	ed SRS	N/A		
Full proposal submitted to the sponso	or *											
Internal docs such as budget, justifica		not in Coeus & a	pplicable	corresponde	ence (PDF	format	t)					
Proposal Review Sheet *							П			П		
Initial and Final budget(s) submitted t	to sponsor (If r	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 SR	S											
Prime award if UC is a lower tier recip	ient											
Subawards documents if applicable												
Internal authorizations, i.e. F&A waive	er or Off-Camp	ous verification f	orms									
Cost Share documentation if applicab	ole											
Any post proposal materials submitte	d to the spon	sor (JIT)										
Modification:												
Covered by original proposal: Yes No *If no, complete the section above for the new proposal. Also, please make sure that effort for the PI is maintained for this modification per UC effort policy.  Sponsor Contact Information												
When the award requires negotiation by Sl	RS, please provio				authorized	to negot	iate Terms an	d Conditi	ons):			
	Name:											
	Phone Nur	mber:										
	E-mail Ad	dress:										
		ļ.	1									
Compliance  Live Vertebrate Animals involved?  Yes*  No  *SRS Reminder: Forward this form and the necessary proposal sections to the IACUC administrator for congruency review if required according to current policy.												
PI name holding the protocol:												
Protocol # **:		IA	.CUC App	oroval Date:								
**If an external protocol is listed, pleas with the protocol # and provide a copy			**External	Institution n	name:							

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	☐ 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 degrant 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:		
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		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			