PI: [   ]   **Sponsor:** [   ]   **Prime Sponsor:** [   ]

Sponsor Award#: [   ]   **SAP # (If Available):** [   ]

Budget Period Start: [   ]   **Budget Period End:** [   ]

Department Contact: [   ]   **Phone:** [   ]   **Requested By:** [   ]

Project Title: [   ]   **Date Requested :** [   ]

New Award / New Coeus Proposal needed:

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

Mandatory Documents*

Coeus Proposal Development #: [   ]

	Coeus	Attached	SRS	N/A
Full proposal submitted to the sponsor *	☐	☐	☐	☐
Internal docs such as budget, justification, SOW, if not in Coeus & applicable correspondence (PDF format)	☐	☐	☐	☐
Proposal Review Sheet *	☐	☐	☐	☐
Initial and Final budget(s) submitted to sponsor (If not part of the full proposal)	☐	☐	☐	☐
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-Campus verification forms	☐	☐	☐	☐
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 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 SRS, please provide the Sponsor's Contact Information (Person authorized to negotiate Terms and Conditions):

Name: [   ]

Phone Number: [   ]

E-mail Address: [   ]

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 # **: [   ]   IACUC Approval Date: [   ]

**If an external protocol is listed, please list the institution name with the protocol # and provide a copy of the approval.   **External Institution name: [   ]

Human Subjects involved? ☐ Yes ☐ No   Is this a Clinical Trial? ☐ Yes ☐ No

PI name holding the protocol: [ ]

Protocol # or Exemption #: [ ]   IRB Approval Date: [ ]

**If an external protocol is listed, please list the institution name with the protocol # and provide a copy of the approval.   **External Institution name: [ ]

Radioactive, Recombinant DNA or Biohazardous Agents? ☐ Yes   ☐ No

PI name holding the protocol: [ ]

Protocol # [ ]   Approval Date: [ ]   ○ Biohazard   ○ Recombinant DNA   ○ Radioactive

Protocol # [ ]   Approval Date: [ ]   ○ Biohazard   ○ Recombinant DNA   ○ Radioactive

Protocol # [ ]   Approval Date: [ ]   ○ Biohazard   ○ Recombinant DNA   ○ Radioactive

The OAR must be completed by all "Investigators/Key Persons" (paid and unpaid) on your award per UC policy 1.3.2 "Conflict of Interest on Externally Funded Projects". A Key Person includes all individuals involved in research, regardless of job title, who contributes in a substantive way to the development, execution, and reporting of research, and who are granted a significant degree of freedom in exercising independent judgment. The Primary Investigator should consider the role, rather than the title, of those involved in this research and the degree of independence with which those individuals work. All those determined to be Investigators should be listed below. Please be aware that an unidentified Conflict of Interest (COI) may lead to a compromise of your research.

Individuals that will be identified on subawards should not be listed as their compliance with new FCOI requirements will be confirmed prior to issuing a subaward to their institution.

For PI Completion — Identify All Investigators/Key Personnel	For SRS Completion Only
[ ]	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: [ ]
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[ ]	OAR review date: [ ] Status: [ ] CE/COI: [ ]
[ ]	OAR review date: [ ] Status: [ ] CE/COI: [ ]

SRS Award Review: This section to be completed by SRS staff

LOG account set-up date: [ ]   **Coeus Award #:** [ ]

Notes: [ ]

☐ Bilateral   ☐ Unilateral   ☐ NCE   SRS GA Name [ ]