Request for Award Acceptance or Just in Time

PI: _____ **Sponsor:** _____ **Prime Sponsor:** _____

Sponsor/Prime Award #: _____ **SAP # (If Available):** _____

Budget Period Start: _____ **Budget Period End:** _____

Department Contact: _____ **Phone #:** _____ **Requested By:** _____

Project Title: _____ **Date Requested:** _____

Award/Contract Type Expected: _____ Research Type: _____

New Award / New Kuali Proposal Needed:

Instructions: Provide the Kuali 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.

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Required Documentation

Mandatory Documents*

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Kuali Proposal Development #: _____   **Kuali   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 the 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

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Sponsor Contact Information

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When the award requires negotiation by SRS, please provide the Sponsor's Contact Information (Person authorized to negotiate Terms and Conditions):

        Name: _____

        Phone Number: _____

        Email Address: _____

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Compliance

</div>

Live Vertebrate involved? ___ Yes ___ No   *SRS Reminder: Forward this form and the necessary proposal sections to the IACUC administrator for congruency review if required according to the current policy*

PI Name holding the protocol: _____

Protocol # **: _____ **IACUC Approval Date:** _____

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

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   ****External Institution Name: _____
name with the protocol # and provide a copy of the approval

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: _____
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_____	OAR Review Date: _____ Status: _____ CE/COI: _____

SRS Award Review: *This section is to be completed by SRS Staff*

LOG Account Set-up Date: _____   **Kuali Award #:** _____

Notes:

___ Bilateral   ___ Unilateral   ___ NCE   SRS GA Name: _____