



# OCGA Updates

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**Office of Contract and Grant Administration (OCGA)**

**February 14, 2013**

# Today's Topics

- Updated EPASS

# Updated EPASS

- New version dated 02/04/13 -- replaces version dated 06/06/12

<b>For OCGA/OCT/OIP/DRA Use Only:</b>		
IDC Waiver Requested? <input type="text"/>	IDC Waiver Type: <input type="text"/>	IDC Waiver Status: <input type="text"/>
IDC Waiver #: <input type="text"/>	Institution #: <input type="text"/>	

Page 2 → Last revised: 02/04/13

- Based on:
  - Feedback from campus and OCGA users
  - Changes in ORA business processes
- Distributed via ORA-News and OCGA website

# Updated EPASS

- Section 1: no change

**1. Principal Investigator(s)/Co-PIs (Not Co-Investigators)**

	First Name	M.I.	Last Name	Employee ID	Email Address	Extension
<b>PI:</b>						
<b>Other PI/Co-PI:</b>						
<b>Other PI/Co-PI:</b>						
<b>Fellow</b> <i>(if Individual Fellowship):</i>						

*Named individuals must sign certification below. Attach additional pages if needed.*

# Updated EPASS

- Section 2:
  1. Changed free text field to pick-list
  2. Added free text field for those Centers/Institutes to add additional Centers/Institutes

**2. Department or Organized Research Unit (ORU)**

Administering Department Name:  FS Code (Dept. Code):

Account #:  Cost Center:  Recharge ID:

Dept. Contact Name:  Extension:  Email Address:

1 Affiliated with Center/ORU:

2 If "Other Center/Institute" is selected above, please specify name, or if multiple Center(s)/Institute(s) please add additional selection(s) here:

California Nanosystems Institute (CNSI)  
 Clinical & Translational Science Institute (CTSI)  
 Ctr for Embedded Networked Sensing (CENS)  
 Ctr for Nanoscale Innovation for Defense (CNID)  
 Ctr for Scalable & Integrated Manufacturing (SINAM)  
 Ctr on Functional Engineered Architectonics (FENA)  
 Institute for Digital Research & Education (IDRE)

Institute for Pure and Applied Mathematics (IPAM)  
 Joint Inst. for Reg Earth Sys Sci & Eng (JIFRESSE)  
 Western Institute for Nanotechnology (WIN)  
 Jonsson Comprehensive Cancer Center (JCCC)  
 Other Center/Institute

# Updated EPASS

- Section 3: no change

## 3. Proposal Identification

Proposal Title:

Project Begin Date:

Project End Date:

# Updated EPASS

- Section 4:
  1. Changed *Resubmission Competing* to *Resubmission Competing Renewal* in Proposal Type pick-list for clarity (Proposal that is a resubmission of a competitive renewal previously declined)
  2. Added *Master Agreement/Task Order* to existing Award/Action Type pick-list and to “If this EPASS relates to ...”

4. Award/Proposal/Program Type

Award Type:  Proposal Type:  1

Program Type:  Special Program Type:

If this EPASS relates to an existing Award or Master Agreement, select an Action Type: 2

Current Sponsor Award/ ID#:

New  
Competitive Renewal  
Preliminary Proposal  
Resubmission New  
Resubmission Competing Renewal  
Supplement  
Mod/Amendment  
Transfer (In)

Continuation  
Supplement  
Modification/Amendment  
Option  
Master Agreement/Task Order

# Updated EPASS

- Section 5: no change

5. **Sponsor Information** (if UCLA award is a subcontract or subgrant, indicate both Sponsor & Prime Sponsor below)

FOA/RFA/RFP# (if applicable):

Prime FOA# (if different):

Sponsor Due Date/Time (Pacific):

Deadline Type:

Sponsor Name:

Contact (if known):  Email Address:  Phone #:

Prime Sponsor Name (if applicable):



# Updated EPASS

- Section 6:
  1. Outgoing Agreements – Sub-recipient Commitment Form(s) hyperlink has been updated to current version of form.
  2. Cost Sharing/Matching:
    - Unfunded Effort is now a separate question
    - Do not include salary cap differential here.

6. Proposal Checklist		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	PI Exception Required? ( <a href="#">Check Requirements</a> and <a href="#">Look up Eligibility</a> ). If yes, attach approval form ( <a href="#">Sample Approval Form</a> )
<input type="checkbox"/>	<input type="checkbox"/>	On Campus Space? Indicate location: Building <input type="text"/> Room: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Off Campus Space? Indicate location: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Outgoing Agreements? If yes, attach <a href="#">Sub-recipient Commitment Form(s)</a> . PI signature below indicates review and approval of cost reasonableness. (See <a href="#">Subaward Initiation and Management</a> ) <b>1</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does this project involve activities outside the U.S. or partnership with International Collaborators?
<input type="checkbox"/>	<input type="checkbox"/>	Is any Cost Sharing/Matching proposed in this application? (Do <u>not</u> include unfunded effort or salary cap differential here.) If Yes, required by sponsor? <input type="checkbox"/> Yes (mandatory committed) <input type="checkbox"/> No (voluntary committed) <b>2</b> Source/FAU#: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Is any unfunded effort proposed in this application? (Do <u>not</u> include salary cap differential here) Source/FAU#: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate program income? If yes, specify: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Does this proposal involve the use of significant IT resources (beyond basic academic infrastructure); the generation of datasets or digital assets; or a budget with over \$10,000 in IT-related hardware, software, or staff expenditures? (Check <a href="#">additional requirements</a> )

# Updated EPASS

- Section 6 (continued):
  3. Coverage Analysis question expanded for clarity.
  4. Biological Materials: removed signature requirement and provided link to information.

<input type="checkbox"/>	<input type="checkbox"/>	Human Subjects? If yes, indicate IRB#: <input type="text"/>	Delayed Onset <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Are study related patient care costs be billed to the award OR to a third party payor (i.e. medical insurance/Medicare)? If yes, then a Policy 915 Coverage Analysis is required (refer to <a href="http://www.clinicaltrials.ucla.edu">www.clinicaltrials.ucla.edu</a> ). 3	
<input type="checkbox"/>	<input type="checkbox"/>	Animal Subjects? If yes, indicate ARC#: <input type="text"/>	Delayed Onset <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Human Embryonic Stem Cell Research? If yes, refer to the <a href="#">Stem Cell Policy and Procedures</a> .	
<input type="checkbox"/>	<input type="checkbox"/>	Non-UCLA materials/equipment to be used? If yes, indicate type: <input type="text"/>	Source: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Biological materials? For more information, see <a href="#">Biological Safety Division website</a> . 4	
<input type="checkbox"/>	<input type="checkbox"/>	UCLA Hospital Services? If yes, Medical Center Director must sign in Approvals section below.	
<input type="checkbox"/>	<input type="checkbox"/>	Use of UC IP? If yes, specify case number: <input type="text"/>	

# Updated EPASS

- Section 6 – Export Control Section: no change

Yes	No	Export Control (see <a href="#">RPC Website</a> ) – Does the project involve the following:
<input type="checkbox"/>	<input type="checkbox"/>	Shipping or carrying any tangible object or item to a foreign country? If yes, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Conducting research or other activities in, taking money to or planning to have money transferred to a foreign country? If yes, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Training foreign persons in using equipment, technology, or technical data? If yes, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Traveling to or doing research in a country currently under a US Trade or Economic Embargo (See <a href="#">OFAC Website</a> )? If yes, specify: _____

# Updated EPASS

- Section 7:
  1. Replaced “...PHS, American Heart Association or American Cancer Society?” with link to list of sponsors/agencies that are subject to or have adopted the PHS FCOI regulations.

## 7. Additional Forms Required

Yes	No	COI (Disclosure Requirements)
<input type="checkbox"/>	<input type="checkbox"/>	Sponsor/Prime Sponsor is Federal <b>Public Health Service (PHS)</b> or agency that has adopted the PHS regulations? <b>1</b> If yes, provide names of other investigators on <a href="#">page 3</a> (See <a href="#">UCLA Policy 926</a> ).
<input type="checkbox"/>	<input type="checkbox"/>	Sponsor/Prime Sponsor is Federal (other than PHS), CIRM or special research programs managed by the UC Research Grants Program Office (RGPO)? If yes, attach COI <a href="#">Form 740</a> & <a href="#">Supplement to Form 740</a> (if applicable). See <a href="#">UCLA Procedure 925.3</a> .
<input type="checkbox"/>	<input type="checkbox"/>	Non-Government Sponsor/Prime Sponsor? If yes, attach <a href="#">Form 700-U</a> , <a href="#">700-U Addendum</a> and <a href="#">700-U Supplement</a> , as applicable, unless sponsor is <a href="#">exempt</a> . See <a href="#">UCLA Procedure 925.2</a>
Yes	No	Industry Sponsored Research
<input type="checkbox"/>	<input type="checkbox"/>	Industry Sponsored Non-Clinical Proposal? If yes, attach <a href="#">Industry Sponsored Research Checklist</a> .
<input type="checkbox"/>	<input type="checkbox"/>	Industry Sponsored Clinical Trial? If yes, view the <a href="#">Clinical Trials Administration Office Checklist</a> to determine additional required attachments.

# Updated EPASS

- Sections 8 and 9: no change

<b>8. Funds Requested</b>
<b>1<sup>st</sup> Budget Period</b>
Direct Costs (\$): <input type="text"/> Excluded Direct Costs (\$): <input type="text"/> F&A Costs (\$): <input type="text"/> Total Costs (\$): <input type="text"/>
<b>All Project Periods</b> <i>(complete only when multiple budget periods are involved)</i>
Direct Costs (\$): <input type="text"/> Excluded Direct Costs (\$): <input type="text"/> F&A Costs (\$): <input type="text"/> Total Costs (\$): <input type="text"/>
<b>F&amp;A</b>
F&A Rate (%): <input type="text"/> F&A Base Type: <input type="text"/> <input type="button" value="v"/> If Other, specify: <input type="text"/>
<b>9. Remarks</b>
<div style="border: 1px solid black; height: 80px;"></div>



# Updated EPASS

- Page 3:
  1. Replaced “...PHS, American Heart Association or American Cancer Society?” with link to list of sponsors/agencies that are subject to or have adopted the PHS FCOI regulations.
  2. Added ability to copy Investigators from Section 1.
  3. Fixed tabbing in table ... left to right, then top to bottom

For proposal submissions prior to August 24, 2012, funded by **Federal Public Health Service (PHS) or an agency that has adopted the PHS regulations**, attach COI **Form 740 & Supplement to Form 740** (if applicable). Effective August 24, in lieu of filing the 740(s), complete the information below for all project personnel responsible for the design, conduct, or reporting of research. To access the web-based disclosure system, go to [coi.research.ucla.edu](http://coi.research.ucla.edu).

No other project personnel responsible for the design, conduct, or reporting of research.

[Click here to copy Investigators information from section 1](#)

First Name	M.I.	Last Name	Email Address	For ORA Use Only

1

2

