Proposal Preparation and Submission

Activity Workbook
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Call for Proposals

Solicitation/RFP/RFA/FOA Title: Outstanding New Environmental Scientist (ONES) Award
Sponsor: National Institutes of Health
Principal Investigator: Liz Lemon

1. When was the solicitation announced/posted?

2. Are there other guidelines referenced in the solicitation that should also be followed?

3. What is the deadline date and time for the following submission methods, if applicable?
   a. Electronic receipt
   b. Postmarked
   c. Machine stamped

4. Is electronic or paper submission accepted? Is one type of submission mandatory? If electronic, is a specific electronic research administration system required?

5. What type of funding instrument is anticipated – Grant, Contract, subaward?

6. Is solicitation a limited submission?

7. Is there more than one stage of proposal preparation (e.g. Letter of Intent or pre-proposal)? If so, what are the deadlines for each?

8. Are there any Principal Investigator eligibility requirements?

9. Is there a limit on how much funding can be requested?

10. Is cost-sharing allowed, mandatory or encouraged? If voluntary cost sharing allowed?
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## Proposal Preparation and Submission: Activity 2

**Internal Processing Form**

The Regents of the University of California (Davis) - UC Davis

Internal Processing Form - Application for Grant, Contract, or Cooperative Agreement

<table>
<thead>
<tr>
<th>Proposal No:</th>
<th>18-1146</th>
<th>Sponsor Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Project:</td>
<td>SPO completes</td>
<td>Clinical Trials:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td>Proposal Type:</td>
<td>a. New</td>
<td>Electronic:</td>
</tr>
<tr>
<td></td>
<td>b. Non-Competing Continuation/Progress Report</td>
<td>Activity a. Basic Research</td>
</tr>
<tr>
<td></td>
<td>c. Revision (competitive)</td>
<td>Code b. Applied Research</td>
</tr>
<tr>
<td></td>
<td>d. Renewal (competitive)</td>
<td>c. Developmental Research</td>
</tr>
<tr>
<td></td>
<td>e. Resubmission</td>
<td>d. Other Service</td>
</tr>
<tr>
<td></td>
<td>f. Preliminary Proposal</td>
<td>e. Public Service</td>
</tr>
<tr>
<td></td>
<td>g. Supplement</td>
<td>f. Other Service</td>
</tr>
<tr>
<td></td>
<td>h. Amendment</td>
<td>g. Clinical Trial – Investigator Initiated</td>
</tr>
<tr>
<td></td>
<td>i. Recurring Contract</td>
<td>h. Clinical Trial – Sponsor Initiated</td>
</tr>
<tr>
<td></td>
<td>j. After-the-Fact</td>
<td>i. Equipment</td>
</tr>
<tr>
<td>Instrument Type:</td>
<td>a. Grant</td>
<td>j. Infrastructure/Capital Equipment</td>
</tr>
<tr>
<td></td>
<td>b. Contract</td>
<td>k. Fellowship</td>
</tr>
<tr>
<td></td>
<td>c. Cooperative Agreement</td>
<td>l. Training/Instruction</td>
</tr>
<tr>
<td></td>
<td>d. Non Monetary Agreement</td>
<td>m. Material Transfer</td>
</tr>
<tr>
<td>Primary Admin Contact:</td>
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<td>Admin Unit:</td>
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<tr>
<td>Affiliated Center/ Institute:</td>
<td></td>
<td></td>
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<tr>
<td>Funding Agency:</td>
<td>ARRA Funded:</td>
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<tr>
<td>Sponsor Program Name:</td>
<td>Contact Person:</td>
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</tr>
<tr>
<td>Opportunity/Sponsor Number:</td>
<td>Contact Phone:</td>
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<tr>
<td>Prime Agency:</td>
<td>Contact Email:</td>
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</tr>
<tr>
<td>Project Title:</td>
<td></td>
<td></td>
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</table>

**Investigators/Research Team**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Role:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsored Effort:</td>
<td>Cost Shared Effort:</td>
</tr>
<tr>
<td>Person Months:</td>
<td>Allocation of Credit:</td>
</tr>
</tbody>
</table>
**Budget**

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**Overview**

- **Budget Form:**
  - a. Summary
  - b. Detailed

- **# of Budget Periods:**
  - Project Dates:
    - Current Period
    - Entire Period

- **Comments:**
  - *Start:
  - *End:

- **Cost Sharing:**
  Does this proposal include funds or contributions in the form of required cost sharing or required cash matching?
  - [ ] Yes __ Mandated for Voluntary
  - [ ] No

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**F&A Rates**

- **F&A Rate (1):**
- **F&A Rate (2):**
- **F&A Rate (3):**
- ***Effective Rate:**

---

**Budget Categories**

- **SPONSOR DIRECT COSTS:**
  - BASE for F&A Rate (1):
  - BASE for F&A Rate (2):
  - BASE for F&A Rate (3):

- **INDIRECT COSTS (F&A):**

- **TOTAL SPONSOR PROPOSED COSTS:**
  - Internal Cost Sharing:
  - Third-Party Cost Sharing:

- **TOTAL PROJECT COSTS:**

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*If there is additional cost sharing in subsequent years, the total may be reflected in the Institutional Cost Sharing value for the Entire Project.

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**Additional Resources**

* In addition to resources available in the administering unit (generally excluding recharge services), will you be using personnel, space, equipment or other resources? If yes, add them to the Investigator/Research Team page if possible. If not possible to add them there, mark yes and add them below.
  - [ ] Yes
  - [ ] No
### Financial Conflicts of Interest

1. Determine What Disclosure(s) You Must File. Your funding source and type of research determines which disclosure (if any) you must submit.
   - Privately-Funded Research
   - PHS-Funded Research
   - Gov’t-Funded Research (Non-PHS)
   - Department Funded
   - Human Subject Research

2. Complete and File Your Disclosure – [Click here](#)

3. **Please answer Yes or No to the items below:**
   - I understand that I must complete the financial conflict of interest disclosure requirements for this project, as applicable.
   - I certify that all necessary human subject, animal subject, and/or Environmental Health & Safety approvals have been obtained prior to conducting the work that requires such approvals.
   - I certify that funds will be available to cover the expenditures incurred for this project in the event that the Sponsor does not provide the requested funds.

   - [ ] Yes
   - [ ] No

### Regulatory Compliance

**Human Subjects**

*Does this research involve [HUMAN SUBJECTS]?*

- [ ] Yes
- [ ] No

*If Yes:*
IRB applications must be submitted via IRBNet. Have you submitted an application to the IRB for this project?

- [ ] Yes
- [ ] No

Please provide your IRBNet ID(s) below:

**Animal Subjects**

*Does this research involve [VERTEBRATE ANIMALS]?*

- [ ] Yes
- [ ] No

*If Yes:*
Has your research team submitted an application to the IACUC for this project?

- [ ] Yes
- [ ] No

*List the application numbers below:*

*List the species involved with this project:*
If multiple species are involved, please use the comma as a separator.
Hazardous Materials Research

*Does the proposal involve research with any of the following? (please check all that apply)
- When appropriate, provide the BUA number(s) as an attachment in the Proposal Attachment section.
- If you would like more information on Biological Use Authorizations (BUAs), please visit the UC Davis BUA webpage.
- Please note that the review process performed by the Biological Safety Office for submitted BUAs can take up to 8 weeks.
- If you have any questions or concerns about BUAs, please email the Biological Safety Office at biosafety@ucdavis.edu.

☐ Chemical Hazards (flammable, pyrophoric & water reactive chemicals, oxidizing/reducing agents, poisons, carcinogens, etc.)
☐ Neurotoxins/Select Agents (botulinum neurotoxins, botulinum neurotoxin-producing species of Clostridium, or preparations or pharmaceuticals containing botulinum neurotoxins, etc...)
☐ Biohazardous Materials (recombinant or synthetic nucleic acids, infectious agents, human or non-human primate cells, tissues, or body fluids)
☐ Nanomaterials
☐ Radioactive Materials
☐ None

Subrecipients

If this proposal involves one or more Subaward(s) for which funds are requested, please add the Subaward entity(ies) below, and provide the following items with your proposal. These items should be attached to your proposal (see Proposal Attachments page).

1. Subawardee’s Statement of Work
2. Subawardee’s Budget (including Budget Justification)
3. Letter of Commitment signed by Subawardee’s Authorized Official
4. **Commitment Form:**
   - Subrecipient Commitment Form; or
   - FDP Subrecipient Pilot – Supplemental Project Information Sheet; or
   - Multiple Campus (MCA) Commitment Form

5. For each anticipated subawardee, answer the following questions and include the responses in your documentation attachments for that subawardee:
   - What was the basis for selection of this subawardee? (competitive solicitation or sole source based on unique qualifications, equipment, know how, or integral part of a collaborative research team)
   - Will any of these subaward/subcontract relationships result in an agreement between the University and (1) a current University employee or (2) a current employee’s near relative (i.e., spouse or registered domestic partner, or dependent children) or (3) an entity in which you or your near relative [as defined in (2 below)] owns or controls or possesses a financial interest?
   - If “Yes” complete both 1 and 2, below:
     i. Please complete the [conflict of interest form](#) and submit approved form to Sponsored Programs (applicable policy: UCD PPM 350-90)
     ii. Will any of these subcontract relationships result in an agreement between the University and a former University employee? If “Yes”, [click here](#).

**NOTE:** If no subawards are proposed, please click the No Subcontractors button to complete this section.
### Foreign Activity

1. *Does the project involve conducting proprietary research with a potential military application?*

2. *Does the project involve:*
   a. Sending, transporting, transmitting, or carrying any material or equipment outside the United States (examples include: computers, GPS, biologicals, diagnostic kits, reagents, or data)?
      - Yes
      - No

   *If Yes:*
   i. Please provide the following information about the material or equipment: (1) Export Method; (2) Description; (3) Recipient; (4) Intended End Use; and (5) Anticipated Export Date.

   ii. To which countries are you shipping?

   b. *Travel outside the US by any research personnel? If the answer is yes, please attach a list of destination countries at the attachments tab on your proposal.*
      - Yes
      - No

   c. *Importing, exporting, or transmitting any goods, services, technology, or funds to or from (or travelling to) any of the countries from the OFAC list (including, but not limited to Iran, North Korea, Syria, Libya, and Cuba)?*
      - Yes
      - No

3. *Some types of research may have export control implications even if all work is conducted within the U.S. Do you anticipate that the project work may involve:*
   a. *Non-commercial encryption or information security software?*
      - Yes
      - No

   b. *Any equipment, technology, materials or software specifically designed, modified, or adapted (even slightly) for a military purpose or that may involve national security?*
      - Yes
      - No

   c. *Any classified materials, equipment, technology or data?*
      - Yes
      - No

### Special Interest

1. *Are Human Stem Cells involved in this proposal?*
   - Yes
   - No

2. *Does this project involve scuba diving?*
   - Yes
   - No
3. *Does this project involve operation of a boat?*  
   - Yes  
   - No  

4. *Does your proposal require acquisition of an HPC cluster or similar servers? If yes, please add a description on the Budget page under Additional Resources.*  
   - Yes  
   - No  

5. *Has the sponsor provided a draft agreement to fund this project? If so, please attach it on the Proposal Attachments page.*  
   - Yes  
   - No  

6. *Does this project involve Sustainability Research?*  
   - Yes  
   - No  

7. *Is this proposal an SBIR (Small Business Innovative Research Program) or an STTR (Small Business Technology Transfer Program)? NOTE: at least thirty percent (30%) of the work of the STTR must be performed at UC Davis.*  
   - Yes  
   - No  
   *If Yes:*
     i. *Will you be designated Principal Investigator for this project at the small business?*  
        - Yes  
        - No  
     
     ii. *What is your formal relationship with the small business?*  
         - Board of Directors  
         - Company Officer  
         - Scientific Review Board  
         - Other  

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**Additional Questions**

1. *Is this Proposal in response to a Limited Submission call?*  
   - Yes  
   - No  

2. *Do you anticipate having to lease new space to complete the activity described in this proposal? If so, please include in the Additional Resources on the Budget page.*  
   - Yes  
   - No  

3. *Does this Proposal anticipate use of a Garamendi facility?*  
   - Yes  
   - No  

4. *Did this Proposal benefit from RISE and/or IFHA support?*  
   - Yes  
   - No
5. *Did this Proposal benefit from research generated from Academic Senate Faculty Grants (New Research Initiatives and Small Grants in Aid)?
   - Yes
   - No

6. Health Relatedness: Please indicate the primary area(s) of health relatedness that applies to your proposal.
   - Companion Animal Health
   - Food Animal Health
   - Environmental Health
   - Equine Health
   - Food Safety
   - Human Health
   - Wildlife Health

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### Location of Sponsored Activities

#### Campus Locations
If any sponsored activities occur on campus, please enter below each building and the percentage of work that will be done there.

<table>
<thead>
<tr>
<th>Location</th>
<th>Percent of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location 1</td>
<td>Percent 1</td>
</tr>
<tr>
<td>Location 2</td>
<td>Percent 2</td>
</tr>
<tr>
<td>Location 3</td>
<td>Percent 3</td>
</tr>
</tbody>
</table>

#### Use of ORUs, SRPs, Core Facilities, and ANR
Select below if proposal activities require use of or access to one or more Organized Research Units (ORU), Strategic Research Programs (SRPs), core facilities or ANR facilities (and ANR is not a subawardee). Provide the % of the project that will be physically conducted at each of these locations. If there will be no physical access or use, but the project or PI is affiliated with one or more of these unit(s), please identify these units and select 0%.

<table>
<thead>
<tr>
<th>Location</th>
<th>Percent of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location 1</td>
<td>Percent 1</td>
</tr>
<tr>
<td>Location 2</td>
<td>Percent 2</td>
</tr>
<tr>
<td>Location 3</td>
<td>Percent 3</td>
</tr>
</tbody>
</table>

#### Domestic Off-Campus Locations
If any sponsored activities occur within the United States but in buildings/locations not owned or leased by UC Davis, please enter each state and the percentage of work that will be done there.

- Subaward locations should not be entered here.

<table>
<thead>
<tr>
<th>Location</th>
<th>Percent of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location 1</td>
<td>Percent 1</td>
</tr>
<tr>
<td>Location 2</td>
<td>Percent 2</td>
</tr>
<tr>
<td>Location 3</td>
<td>Percent 3</td>
</tr>
</tbody>
</table>

#### Out-of-Country Locations
If any sponsored activities occur outside the United States, please enter each country from the list below and the percentage of work that will be done there.

- Subaward locations should not be entered here.

<table>
<thead>
<tr>
<th>Location</th>
<th>Percent of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location 1</td>
<td>Percent 1</td>
</tr>
<tr>
<td>Location 2</td>
<td>Percent 2</td>
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<tr>
<td>Location 3</td>
<td>Percent 3</td>
</tr>
<tr>
<td>Location 4</td>
<td>Percent 4</td>
</tr>
<tr>
<td>Location 5</td>
<td>Percent 5</td>
</tr>
</tbody>
</table>
Proposal Abstract
With your permission, this abstract will be used to help match faculty researchers with potential collaborators and funding resources and to help identify expertise and areas of research interests.

It may also be used to search key words in order to provide reports to UC Davis administrative offices regarding research on specific subjects.

The abstract should be plainly written and in sufficient detail to summarize the proposed activity. There is no need to write a special abstract for this purpose. The abstract or proposal summary for your proposal will be sufficient.

The abstract should not contain ANY institutional or sponsor proprietary information, such as description of a potentially patentable invention (e.g., a new and useful process, machine, article of manufacturing, composition of manufacture, or related improvements).

If so indicated below, abstracts will be made available to the public--the public being defined as UC Davis personnel who have access to this proposal record.

1. *I give permission to make this abstract publicly accessible:
   - Yes
   - No

2. *Abstract:

Proposal Attachments
When applicable, please attach the following documents:

- Proposal Announcement Guidelines (RFP, RFA, etc.)
- Budget (in Excel)
- Form 800 (if not filed electronically)
- Subcontractor documentation (letter of commitment, budget, budget justification, scope of work)
- Representations & Certifications

For industry-sponsored clinical trials, please attach the following documents:

- Sponsor Protocol
- Final Sponsor Budget
- Final Internal Budget
Approving Units
The units listed below will be notified to authorize this proposal record. Please be certain every unit and/or campus resource involved with or used by this proposal is listed on this screen before submitting the proposal record for routing. Failure to include all affected resources/units may result in the necessity of rerouting for approvals.

OR

One of the following offices will authorize this proposal on behalf of the University. Do not add them as approving units.

• Sponsored Programs Office
• Office of Clinical Trials, School of Medicine
• Office of Graduate Studies

<table>
<thead>
<tr>
<th>Routing Order</th>
<th>Unit Name</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Admin Unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PI Home Unit/Dept</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dean’s Office (if applicable)</td>
<td></td>
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</tbody>
</table>

Submission Notes