## Sponsored Programs Office

## DATA SHEET FOR CONTRACT AND GRANT PROPOSAL OR SERVICE AGREEMENT REQUESTS



Deliver/mail form to:       For SPO Use Only:         Sponsored Programs Office, 1850 Research Park Drive, Suite 300, University of California, Davis, CA 95618       Institution No: Date is Coll: Date to Coll: Collect Collect Date to Coll the Collect Collect Date to Coll the Collect Collect Date to Coll the Collect Collect Date to Collect Coll	This form and the instructions for completing	g it are on t	he <u>Forms</u>	page of the Office of Research website
Sponsored Programs Office, 1850 Research Park Drive, Suite 300, University of California, Davis, CA 95618       Date to CH: Date to CH	Deliver/mail form to:	For SP	O Use Only:	
1850 Research Park Drive, Suite 300, University of California, Davis, CA 95618       Date to CD: Date to CD: D	Crean and Draman Office	Institution N	lo:	
University of California, Davis, CA 95618       Date to COI: Date to COI COI: Date to COI COI: Date to COI	• •	Date to EH&S :		
To avoid delays in processing, please complete the Data Sheet in its entirety.         1. Type of Request (Please check only one):         Contract and Grant Proposal       Service Agreement – UCD is providing a service for an outside entity (Also Complete Exhibit A)         Sponsor Deadline, if any, Date:       Davis local time:         Postmark Date       Receipt Date         Electronic Submission:       No         Yes (Please provide website)         2. Principal Investigator(PI)/Project Director (PD) Information         Name (first, middle, last):         Employee ID:       Phone:         Fax:       E-mail:         S. Administering Department/Unit Information         Administering Department/Unit Information         Administering Department/Unit Information         Sponsor/Other Party Information         Sponsor/Other Party Information         Sponsor, If New through:         Frac:         E-mail:         Has the Other Party provided a written contract or purchase order?         No         Yes (Please attach)         Prince Sponsor, If New through:         5. Project Information         Type of Request:         No         Yes (Attach copy or provide website)         Image Sponsor, If New through:         5. Pr		Date to CO	l:	
1. Type of Request (Please check only one):	•	Date to EMA:		
□ Contract and Grant Proposal       □ Service Agreement – UCD is providing a service for an outside entity (Also Complete Exhibit A)         Sponsor Deadline, if any, Date:       □ Davis local time:       ** SPO Requires five business days for a full review **         □ Postmark Date       □ Receipt Date       ** SPO Requires five business days for a full review **         □ Electronic Submission:       □ No       ○ Yes (Please provide website)         2. Principal Investigator(PI)/Project Director (PD) Information       Payroll Title:         Rame (first, middle, last):       □ Payroll Title:         Employee ID:       Phone:       Fax:         □ Payroll Title:       □ Ponon:         Bepartment Vame:       Plokup Contact Name:       Phone Number:         □ Department Financial Contact Name:       E-Mail:       Telephone:       Fax:         4. Sponsor/Other Party Information       Sponsor (Other Party Information       Attr:       Phone:       Fax:         E-mail:       Telephone:       Fax:       E-mail:       E-mail:       E-mail:         Has the Other Party Information	To avoid delays in processing, please com	plete the	Data Sh	eet in its entirety.
Sponsor Deadline, if any: Date:       Davis local time:       ** SPO Requires five business days for a full review **         Electronic Submission:       No       Yes (Please provide website)         2. Principal Investigator(PI)/Project Director (PD) Information       Payroll Title:         Name (first, middle, last);       Payroll Title:         Employee ID:       Phone:       Fax:         3. Administering Department/Unit Information       Payroll Title:         Administering Department/Unit Information       Plokup Contact Name:         Administering Department/Unit Information       Plokup Contact Name:         Department Financial Contact Name:       E-Mail:         Telephone:       Fax:         Address:       Plokup Contact Name:         Phone:       Fax:         Phone:       Fax:         Phone:       Fax:         Address:       Phone:         Prime Sponsor/Other Party Information       Atin:         Sponsor/Other Party provided a written contract or purchase order?       No         Prime Sponsor, if flow through:       Some Party provided a written contract or purchase order?         Sponsor/Other Party provided a written contract or purchase order?       No         Project Information       Transcore         Type of Request:       New	1. Type of Request (Please check only one):			
2. Principal Investigator(PI)/Project Director (PD) Information         Name (first, middle, last):         Employee ID:       Phone:         Fax:       E-mail:         3. Administering Department/Unit Information         Department Financial Contact Name:       E-Mail:         Telephone:       Fax:         Address:       Phone (indicate the name of the organization which will directly provide funding to UC Davis):         Address:       Attr:         Phone:       Fax:         E-mail:       Has the Other Party provided a written contract or purchase order?         No       Yes (Please attach)         Prime Sponsor, if flow through:       E-mail:         5. Project Information       Indexed Current Award Number:         Type of Request:       No         No       Yes (Attach copy or provide website)         Project Title:       No         Project Title:       Developmental Research         Project Title:       Public Service         Project Title:       To:         Addreses conchore       Other Research <th>Sponsor Deadline, if any: Date:</th> <th></th> <th></th> <th>** SPO Requires <u>five business</u></th>	Sponsor Deadline, if any: Date:			** SPO Requires <u>five business</u>
Name (first, middle, last):       Payroll Title:         Employee ID:       Phone:       Fax:       E-mail:         3. Administering Department/Unit Information       Administering Department Name:       Pickup Contact Name:       Phone Number:         Department Financial Contact Name:       E-Mail:       Telephone:       Fax:         4. Sponsor/Other Party Information       Sonsor /Other Party Information       Attm:         Sponsor /Other Party Name (indicate the name of the organization which will directly provide funding to UC Davis):       Attm:         Address:       Attm:       Phone:         Fax:       E-mail:       Telephone:         Has the Other Party Name (indicate the name of the organization which will directly provide funding to UC Davis):       Attm:         Address:       Attm:       Phone:         Fax:       E-mail:       Telephone:         Has the Other Party provided a written contract or purchase order?       No       Yes (Please attach)         Prime Sponsor, If flow through:       Sorpect Information       Tridicate Current Award Number:       Immed Supplement*       Revision/Resubmission         Type of Request:       New       Renewal*       Continuation*       Supplement*       Revision/Resubmission?         No       Yes (Attach copy or provide website)       No       Yes (Attach	Electronic Submission: No Yes (Please p	rovide website)		
Employee ID:       Phone:       Fax:       E-mail:         3. Administering Department/Unit Information       Administering Department Name:       Pickup Contact Name:       Phone Number:         Department Financial Contact Name:       E-Mail:       Telephone:       Fax:         4. Sponsor/Other Party Information       Sponsor/Other Party Information       Fax:         4. Sponsor/Other Party Information       Sponsor /Other Party Name (indicate the name of the organization which will directly provide funding to UC Davis):       Adtress:         Address:       Attn:       Phone:       Fax:         E-mail:       Telephone:       Fax:       E-mail:         Has the Other Party provided a written contract or purchase order?       No       Yes (Please attach)       Prime Sponsor, if flow through:         5. Project Information		tion		
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Sponsor /Other Party Name (indicate the name of the organization which will directly provide funding to UC Davis):         Address:       Attn:         Phone:       Fax:         Fax:       E-mail:         Has the Other Party provided a written contract or purchase order?       No         Prime Sponsor, if flow through:       Yes (Please attach) <b>5. Project Information</b>	Department Financial Contact Name: E-Mail:			Telephone: Fax:
Address:       Attn:         Phone:       Fax:         Fax:       E-mail:         Has the Other Party provided a written contract or purchase order?       No         Prime Sponsor, if flow through:       Yes (Please attach) <b>5. Project Information</b> Type of Request:         In response to RFP, RFA, RFQ, BAA, FOA, etc.?       Limited Submission?         No       Yes (Attach copy or provide website)         Project Title:       No         Project Type (Please only choose one):       Developmental Research         Basic Research       Applied Research         Training       Equipment         Project Period (mm/dd/yy):       From:         To:       Amount of Request:				
Phone:       Fax:         Fax:       E-mail:         Has the Other Party provided a written contract or purchase order?       No       Yes (Please attach)         Prime Sponsor, if flow through:	Sponsor /Other Party Name (indicate the name of the organization w	which will directly	y provide fund	ding to UC Davis):
Phone:       Fax:         Fax:       E-mail:         Has the Other Party provided a written contract or purchase order?       No       Yes (Please attach)         Prime Sponsor, if flow through:	Address:			Attn:
E-mail:         Has the Other Party provided a written contract or purchase order?       No       Yes (Please attach)         Prime Sponsor, if flow through:         5. Project Information         Type of Request:       New       Renewal*         ''Indicate Current Award Number:         In response to RFP, RFA, RFQ, BAA, FOA, etc.?       Limited Submission?         No       Yes (Attach copy or provide website)       No         Project Title:       Project Title:         Project Type (Please only choose one):       Developmental Research       Clinical Trial         Gase Research       Applied Research       Developmental Research         Project Period (mm/dd/yy):       From:       To:       Amount of Request:				Phone:
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Type of Request:       New       Renewal*       Continuation*       Supplement*       Revision/Resubmission         In response to RFP, RFA, RFQ, BAA, FOA, etc.?       Limited Submission?       No       Yes (Attach copy or provide website)       No       Yes, (Attach nomination letter)         Project Title:       Project Type (Please only choose one):       Developmental Research       Clinical Trial       Other Research         In Training       Equipment       Public Service       Other Services       Other         Project Period (mm/dd/yy):       From:       To:       Amount of Request:	Prime Sponsor, if flow through:			
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Project Title:         Project Type (Please only choose one):         Basic Research       Applied Research         Developmental Research       Clinical Trial         Other Research         Training       Equipment         Project Period (mm/dd/yy):       From:         To:       Amount of Request:	In response to RFP, RFA, RFQ, BAA, FOA, etc.?			Limited Submission?
Project Type (Please only choose one):         Basic Research       Applied Research         Developmental Research       Clinical Trial         Other Research         Training       Equipment         Project Period (mm/dd/yy):       From:         To:       Amount of Request:	No Yes (Attach copy or provide website)			No Yes, (Attach nomination letter)
Basic Research       Applied Research       Developmental Research       Clinical Trial       Other Research         Training       Equipment       Public Service       Other Services       Other         Project Period (mm/dd/yy):       From:       To:       Amount of Request:	Project Title:			
	Basic Research Applied Research Dev	blic Service	search	Other Services
			TDC [	TC Other (specify):

6. Project Location				
Place(s) of Performance (list all facilities):	Total percent time:			
University Owned Facility(s)/ name of building:	Garamendi facility? Yes No (%):			
**University Leased Facility(s)/ name of building:	(%):			
Other than University Owned or Leased:	(%):			
** Do you anticipate having to lease new space to conduct this project?	Yes No			
7. Compliance				
· · · · · · · · · · · · · · · · · · ·				
Safety: Yes No Do you have an injury prevention program? Will the project:				
Yes No Use Carcinogens? If Yes, please ind	cate CUA#: Approval Date:			
Yes No Use Ionizing Radiation? If Yes, please ind Yes No Use Pathogenic Agents? If Yes, please ind				
Yes No Involve Recombinant DNA? If Yes, please ind	cate BUA#: Approval Date:			
Yes No Use Human Anatomical Specimens? If Y	es, please indicate Approval Date:			
Yes No Involve Federally Regulated Drugs or Controlled	Substances?			
Yes No Produce medical waste?				
Yes No Involve scuba diving? If yes, date of certification b	y the UC Davis Diving Officer:.			
Yes No Involve operation of a boat? If yes, date of clearan	nce by the UC Davis Boating Committee:			
Are Human Subjects involved in this project?	Are Vertebrate Animals involved?			
If Yes, please provide:	If Yes, please provide:			
Protocol No.: Approval Date:	Protocol No.: Approval Date:			
PI listed on approved Protocol:	PI listed on approved Protocol:			
Are Human Stam Calle involved in this preject? Yes No If Y	/es, please indicate Protocol No.: Approval Date:			
Are Human Stem Cells involved in this project?         Image: Cell Research Oversight)	es, please indicate Flotocol No Apploval Date.			
Institutional Required Information:				
Yes No In addition to the resources available in the administration of the using personnel space equipment or other resources	stering department/division, <u>generally excluding recharge services</u> , will you burces not under the direct control of the department chair or division director?			
If Yes, obtain signature of the chair/director respon				
Yes No Is the PI a UC Davis Cancer Center Member?	Yes No Does this project involve cancer-related research?			
Does any of the following apply to this project? If none apply, click here				
Yes No Research generated from <u>RISE/IFHA</u>	Yes No Use of Interdisciplinary Research Support services			
Yes No Any <u>Centralized Core Facility</u>	Yes No Multidisciplinary Research			
Yes No International Collaboration	Yes No Sustainability Research			
Yes No An <u>SBIR or STTR</u> award				
Does the Project involve any Organized Research Unit (ORU)?	f none apply, click here 🔲 and proceed to the next question			
	] Yes 🔲 No 🛛 Bodega Marine Laboratory			
	☐ Yes ☐ No Center for Healthcare Policy and Research			
	 ☐ Yes  ☐ No Institute of Governmental Affairs			
	Yes No John Muir Institute of the Environment			
Yes No Program in International & Community Nutrition				
Yes No Does this project utilize any Primate Center (CNPRC) related resources, including recharge services? If Yes, obtain CNPRC signature. See UCD Directive 06-108 regarding application of indirect (F&A) cost rate.				
Disclosure of Financial Interest: Check all that apply; if applicable, attac (form PHS800) available on the Forms page of the Office of Research web				
Non-Government Sponsor (700-U) NSF / NSF flow through, as well as <u>These Sponsors</u> - <u>Form</u> 800 Exempt				
□ PHS / PHS flow through, as well as <u>These Sponsors</u> – <u>Form</u> PHS800 – on line certification.				
Please list below all "investigator" of this project:				
<b>G 1 1 1 1 1</b>				
Export Control – with respect to this project do you:				
anticipate any shipment/transmission (e.g. via email) of research materia	Is, equipment, or data outside the U.S.?			
• anticipate any travel outside the U.S. with any research materials, equipr	nent (including laptops), or data by anyone on this project?			
• plan to conduct proprietary research with a potential military application				
Note: If the response is "Yes" to any question, the Research Complian				

Sponsor Name: Project Title:

Subcontracts/Co	llaborative Subagreements	s: For guidance on requi	red documentation visi	t Partnering with (	Other Institutions.	
	s)/subagreement(s) be iss					Now-
	s the basis for the selection					
	npetitive Solicitation, or	Sole	Source, based on uniogral part of a collabora	que qualifications,	facilities, equipmen	
employe	of these subcontract relation e's near relative (i.e., spous led in (2)] owns or controls o	nships result in an agreeme e or registered domestic pa	ent between the Univer artner, or dependent ch	sity and (1) a curre hildren) <u>or</u> (3) an e	ent University emplo	your near relative
	Please complete the conflict Programs (applicable policy:		rchasing.ucdavis.edu/f	orms/conflict.pdf a	nd submit approved	form to Sponsored
(2) W		relationships result in an ag <u>f yes</u> , please enter the da epartment	te of separation from L		(UCD PPN	ployee? <u>1 350-90</u> ), from which
8. High Performa	ance Computing Cluste	r				
Yes	• • • •	al require acquisition of scribe what commitmer			o ensure appropr	iate space: ?
9. Cost Sharing	l					
Yes		tting non-personnel costs t ttp://accounting.ucdavis.ec		1		
<b>10. Effort Commitment</b> – Please include <u>all</u> University of California, Davis investigators (principal, co-principal, collaborator, project director, etc.) For <u>any</u> investigator listed from the departments other than the one administering this project/study, please obtain and attach a letter of commitment signed by investigator and their department chair or dean (or both, if applicable). Attach separate sheet if necessary to list additional collaborators.						
Name		<b>Department</b> (if different administering department Section 2)		Effort Directly Charged to Project (%)	Effort Cost Shared on Project (%)	Total Effort Committed to Project (%)
	, PI/PD			%	%	%
				%	%	%
				%	%	%
				%	%	%
				%	%	%
		Sia	noturos			
			natures			
By signing belo end of the <u>Instr</u>	ow, I, the Principal Invest ructions for completing	stigator/Project Direct this form which inclue	or named in Sectio de items listed on p	n 2 above, certi bage 4 of this do	ify to all of the it ocument	ems listed at the
	al Investigator/Project Dir Chair's Name below	ector (required)	Date			
I,		Department Chair/Div			-	the scope of the
unit and that ap	oproval is given to com	mit departmental pers	onnel and resource	es to the projec	t.	
	ring Department Chair/ irector ( <b>required</b> )	Date	Dean (if applica * <u>Required by</u> a	nd for the:	Da	
			Schools of <u>N</u>	<u>ledicine</u> , and <u>V</u>	eterinary Medici	ne

Other (if required)	Date	Other (if required)	Date
Only original signatures are acceptable.	=== Signature stamps,	electronic, or digital signatures and	"per" signatures should <b>not</b> be used.
<u>Rev – 10/01/2014</u>			Page 3 of 4

## By signing the Data Sheet for Contract and Grant Proposals the Principal Investigator certifies to all of the following:

Note: Items 1, 2, and 3 below are in compliance with NIH NOT-OD-06-054, available at. http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-06-054.html

- 1. The information submitted within the proposal/application is true, complete and accurate to the best of my knowledge;
- 2. Any false, fictitious, or fraudulent statements or claims within the proposal/application may subject him/her *personally* to criminal, civil, or administrative penalties;
- 3. He/she agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports to the sponsor if a grant is awarded as a result of the proposal/application;
- 4. If the sponsor is <u>listed here</u>, (i.e., following PHS COI regulations), the Principal Investigator/ Project Director, and all Investigators (with responsibility for the <u>design</u>, <u>conduct</u>, or <u>reporting of research</u>) on this project, each have completed (1) the <u>on-line educational training</u> requirement, as well as (2) the <u>on-line financial interest disclosure</u>;
- 5. He/she will comply with sponsor and university policies and regulations;
- 6. He/she has read, and he/she is or will be in compliance with and abide by all the items included in the Data Sheet Instructions;
- The reasonableness of the kinds and levels of resources proposed and overall funding for the budget included for any subawardee(s)/ subcontractor(s) listed in the proposal;
- 8. That he/she has examined the proposal for completeness and accuracy (including the truthfulness of the scientific claims made, biographical data, and budget estimates), and explicit acknowledgment has been given to those who substantially contributed to the preparation of this proposal;
- 9. That he/she understands that willful provision of false or misleading information can subject the investigator and the University to severe monetary penalties;
- 10. That if the proposal is submitted to a Federal agency either directly or indirectly (i.e., through another organization), he/she and all Key Personnel are in compliance with applicable Federal financial disclosure regulations;
- 11. That if the proposal is submitted to a non-government organization that is not on the financial disclosure exemption list (see Section 7, above), he/she has completed and attached the state financial disclosure form (Form 700-U);
- 12. That he/she has read and will abide by the University policy on "Integrity in Research," dated June 19, 1990 (available at <a href="http://www.ucop.edu/raohome/cgmemos/90-01S1.html">http://www.ucop.edu/raohome/cgmemos/90-01S1.html</a>);
- 13. That if the proposal is submitted to a Federal agency either directly or indirectly through another organization, neither he/she, nor any person who will receive compensation under the anticipated award, is currently debarred, suspended, nor proposed for debarment from receiving Federal support for research. Further, he/she will notify Sponsored Programs if any person who will receive or is receiving compensation under the subject award is debarred or suspended from receiving Federal funds prior to the project's expiration date;
- 14. That if the proposal is submitted to a Federal agency either directly or indirectly through another organization, and if he/she or anyone funded by the project have engaged in any lobbying efforts for this project, he/she has done so on their own time and at their own expense and have not used any federal funds for this purpose. Further, if lobbying activities related to this project have been paid from a non-federal source, he/she will complete and submit Standard Form LLL, Disclosure of Lobbying Activities;
- That if this project involves human subjects, he/she has read and will abide by and will ensure that those working on this project abide by applicable University and federal policy on the protection of human subjects;
- 16. That if this project will involve laboratory animals, he/she has read and will abide by and will ensure that those working on this project abide by applicable University policy on the care of laboratory animals;
- 17. That all direct charges to the contract or grant directly relate to the activity supported and are reasonable and allowable; that expenditures are consistent with all special terms, conditions, or limitations that apply to expenditures under the particular contract or grant; and that expenditures do not exceed the total funds authorized for a given period under the contract or grant. (In many cases the contract or grant may also specify expenditure limits by budget category or line item);
- 18. That he/she will be accountable for deficits or disallowances that occur under a contract or grant in accordance with campus procedures;
- 19. That he/she will keep adequate records related to the activities on this project and is aware that all such records, including laboratory notebooks, are the property of the University;
- 20. That if this proposal contains any information that needs to be kept confidential by federal or other reviewers and administrators, he/she has marked such information appropriately;
- 21. That if this project will involve patient records, he/she will keep such records confidential;
- 22. That if this project involves nonexempt use of recombinant DNA molecules, he/she will ensure that the research will be approved by the relevant campus biosafety committee;
- 23. That if the proposed research involves the taking, importation, or use of protected marine mammals, or any endangered or threatened species, he/she will comply with the applicable federal and/or state regulations and obtain the necessary permits and authorizations;
- 24. That he/she will comply with all applicable University policies for the conduct of research involving biohazards, carcinogens, hazardous or toxic wastes, or controlled substances;
- 25. That he/she will comply with all applicable University policies regarding nondiscrimination;
- 26. That if this is a proposal that will result in a contract under which he/she will provide technical advice to the federal government, then he/she does not believe that performance of this service will give him/her an unfair advantage in competing for other government contracts, nor does he/she believe that he/she will be unable to render impartial advice or assistance;
- 27. That if this is a proposal that will result in a federal contract in excess of \$100,000, he/she has not employed or retained any person or company to solicit or obtain this contract;
- 28. That if this is a proposal that will result in a federal contract in excess of \$100,000, he/she has not offered any gift, discussed any job offer, or solicited any proprietary information or source selection information from any federal official who is involved in awarding this contract;
- 29. That he/she is eligible to be a Principal Investigator on a UC Davis project;
- 30. That the salaries included in the proposal budget are in compliance with UC salary scales (see Academic Personnel Manual and Staff Salary Scales Manual);
- 31. That the employee benefits budgeted in the proposal are either based on actual benefits rates or campus composite rates, exclusive of leave accrual;
- 32. That either applicable federally-negotiated indirect (F&A) cost rates have been used or an approved waiver is currently on file or has been requested for the F&A rate used in calculating the budget;
- 33. That graduate student fee remission and/or non-resident tuition, if allowable, has been included for eligible Graduate Students assigned, or expected to be assigned, to the project in accordance with campus policy;
- 34. That the cost of living adjustments do not exceed recommended levels, or if they do they have been adequately justified;
- 35. That the sponsor or an agent acting on behalf of the sponsor will have access to the facilities where the project is conducted, and be permitted to review technical and financial project records;
- 36. That he/she has the technical ability to conduct the project, and that research space, including any special utilities, transportation requirements, or facilities, is available to conduct the project and necessary approvals have been authorized; and
- 37. That each Co-Principal Investigator and Key Person listed on this project is aware that his/her names have been included in the proposal and that each is willing to provide support to the project.