**DEPARTMENT OF FAMILY MEDICINE**

**PROPOSAL INTAKE FORM**

**PRINCIPAL INVESTIGATOR INFORMATION**

PI NAME:

Co-PI or Multiple-PI Name (if applicable):

**PROPOSAL INFORMATION**

PROPOSAL TITLE:

PROJECT PERIOD (start and end dates, m/d/y):

Is this COVID-19 subject matter? YES NO

[Award Type:](https://ocga.research.ucla.edu/wp-content/uploads/EPASS-instructions.pdf) Choose an item.

[Proposal Type](https://ocga.research.ucla.edu/wp-content/uploads/EPASS-instructions.pdf): Choose an item. If this is a Mod/Amendment, Current Award ID #:

[Program Type:](https://ocga.research.ucla.edu/wp-content/uploads/EPASS-instructions.pdf) Choose an item.

**SPONSOR INFORMATION**

SPONSOR NAME:

Sponsor’s contact name and email address (if known):

Are we a subaward? YES NO If yes, please list the Prime/Parent Sponsor:

DUE DATE AND TIME:

RFA/PA/RFP/FOA #:

LINK TO OPPORTUNITY/GUIDELINES:

Is the sponsor a for-profit entity? YES NO

Is this a limited submission opportunity (is there a limit on the number of applicants from UCLA)? YES NO

If yes, please visit the [LSO webpage](https://www3.research.ucla.edu/reo/lso) for more information on what will be required.

**OTHER REQUIRED INFORMATION**

Any Outgoing Subawards? YES NO

(If yes, please list institutions and contact info for all subsites):

Any activities outside the U.S./partnership with foreign collaborators? YES NO

Human subjects? YES NO

NIH Clinical Trial? YES NO

Will study utilize UCLA Health System resources, including but not limited to patient care costs? YES NO

Non-UCLA materials/equip to be used? YES NO (if yes, what type and source):

**OPTIONAL ADDITIONAL INFORMATION**

1. List Key Personnel (including their roles):
2. For proposals using an online submission portal (e.g. Cayuse), who besides PI should have access to the application?
3. If you have a draft budget or any other documents, please attach. If you need my assistance creating a budget, please schedule a meeting with Laura to get started.

PROPOSALS MUST BE SUBMITTED TO OCGA 5 BUSINESS DAYS BEFORE SPONSOR DEADLINE. THIS FORM, AND ANY ACCOMPANYING DOCUMENTS, SHOULD BE SUBMITTED TO [LSHEEHAN@MEDNET.UCLA.EDU](mailto:LSHEEHAN@MEDNET.UCLA.EDU) FAR IN ADVANCE OF THAT DEADLINE.