

## Administrative Approval Form

University of California, Irvine, Office of Research Administration  
(See instructions and help text page 6)

### 1. Project Administration Information

	<u>PI/Faculty Sponsor</u>			<u>Administering Unit</u>
Last name	_____	Unit name		_____
First name	_____ Initial _____	Unit contact		_____
Appointment	_____ % _____	E-mail		_____
E-mail	_____	Phone		_____
Phone	_____	Fax		_____
Fax	_____			

### 2. Proposal Information

Project title \_\_\_\_\_

Project begin date \_\_\_\_\_ Project end date \_\_\_\_\_

Type of project     Research     Basic     Developmental     Applied]

Training     Clinical Trial     Equipment     Other

Fellowship -- Name of fellow: \_\_\_\_\_

Type of funding:     New     Continuation     Renewal     Supplement     Revision

Type of award:     Grant     Contract     Subcontract     Cooperative agreement

Current award no. (if renewal, continuation or supplement) \_\_\_\_\_

### 3. Funding Source

Sponsor name \_\_\_\_\_

Address (if known) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact (if known) \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Agency due date (if applicable) \_\_\_\_\_

### 4. Funding Information

Total direct costs \_\_\_\_\_ Total F&A costs \_\_\_\_\_ Total project costs \_\_\_\_\_

F&A cost rate \_\_\_\_\_ % of  Modified total direct costs     Total direct costs     Other \_\_\_\_\_

Yes    No    Will the University cost share in this project? If YES, please complete the following:

  

<u>Major cost category</u>	<u>Amount</u>	<u>Funding source(s)</u>
Salaries	_____	_____
Fringe benefits	_____	_____
Supplies and materials	_____	_____
Equipment	_____	_____
Travel	_____	_____
Other direct costs	_____	_____
F&A costs (applicable to above)	_____	_____
Total cost sharing	_____	_____

    Will an entity other than the University or sponsor provide matching funds and/or matching in-kind support for this project? If YES, complete the following:

<u>Name of entity</u>	<u>Description of in-Kind support</u>	<u>Amount/Value</u>
_____	_____	_____
_____	_____	_____

    Is the sponsor a foundation or charitable trust? If YES, see instructions. **FR Approval** \_\_\_\_\_

    Does this project include a subcontract to another entity to perform part of the work?

**5. Institutional and Regulatory Compliance Information**

Yes  No  Will the research be conducted at UCI and/or UCIMC?  
 If YES, list building name: \_\_\_\_\_ Room # \_\_\_\_\_

Will the research be conducted at any non-UCI/UCIMC site or facility?  
 If YES, list the site or location: \_\_\_\_\_

Will the project involve human research subjects? If YES, complete the following for each protocol:

IRB Protocol #	Lead Researcher (if not PI of this project)	Date of Most Recent Approval or Registration	Level of Review		
			Exempt	Expedited	Full
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will the project involve recombinant DNA work? If YES, complete the following:

IBC Certification #	Lead Researcher (if not PI of this project)	Date of Most Recent Certification Date	Level of Review	
			Exempt	Non-Exempt
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Will animal research subjects be used? If YES, complete the following for each protocol:

IACUC Protocol #	Lead Researcher (if not PI of this project)	Date of Most Recent Approval

Will custom antibodies be purchased? If YES, please complete Custom Antibody Production Agreement and list most recent IACUC registration date: \_\_\_\_\_

Will human or primate blood, blood products, tissue or primary cells be used?

Will infectious/etiologic agents be used?  
 If YES, please list: \_\_\_\_\_

Will parasites, allergens, toxins (bacterial, plant, etc.) or prions be used?  
 If YES, please list: \_\_\_\_\_

Will chemical carcinogens be used?  
 If YES, please list: \_\_\_\_\_

Will radiation sources be used? If YES, please specify type:  
 Radioactive Material     X-rays     Lasers  
 Others (please list) \_\_\_\_\_

**6. Disclosure of Financial Interests**

Yes  No  Is the sponsor PHS or NSF, or a sponsor that follows the PHS/NSF disclosure requirements?  
 If YES, please complete the following streamlined disclosure:  
 Does the PI or other project investigator hold any financial interest(s) that could be related to the proposed project?      Yes  No

Yes  No  Is the sponsor a non-governmental entity? If YES, please complete and attach  
 1) Statement of Economic Interest (Form 730-U)  
 2) Addendum to Statement of Economic Interest (if a financial or management interest exists)

## 7. Signatures

---

**Principal Investigator**, by signing below, certifies that:

- 1) The information contained on this form is true and correct.
- 2) The IRB/IACUC/IBC research referenced in Section 5, "Institutional and Regulatory Compliance Issues," describes the work outlined in this proposal, as applicable.
- 3) The information contained in Section 6, "Disclosure of Financial Interests," accurately and completely discloses financial information for themselves and all key personnel named in this proposal, as applicable.
- 4) The use of hazardous materials is minimized.
- 5) Handling and disposal costs for hazardous materials are included in the project budget, as applicable.
- 6) S/he will assume the responsibilities related to academic administration, regulatory committee policies, and fiscal and institutional policies set forth in the Policies on Responsibilities for Conduct and Administration of Research.
- 7) S/he assumes responsibility for the programmatic and administrative management of this project, if funded, and will comply with University and sponsor policies and procedures.

\_\_\_\_\_  
Signature of Principal Investigator:

\_\_\_\_\_  
Date

---

**Chair**, by signing below, certifies that s/he will assume the responsibilities related to academic administration, regulatory committee policies, and fiscal and institutional policies set forth in the Policies on Responsibilities for Conduct and Administration of Research.

\_\_\_\_\_  
Signature of Chair:

\_\_\_\_\_  
Date

---

**Dean or Director**, by signing below, certifies that:

- 1) s/he will assume the responsibilities related to academic administration, regulatory committee policies, and fiscal and institutional policies set forth in the Policies on Responsibilities for Conduct and Administration of Research; and
- 2) s/he has noted and approved any cost sharing commitment from the school/unit indicated under section 4 above, as applicable.

\_\_\_\_\_  
Signature of Dean or Director:

\_\_\_\_\_  
Date

---

### SPA Use Only:

Subcontracts: _____	Prime Sponsor: _____
_____	F&A Waiver # _____
Reviewed by: _____	Date: _____

## Principal Investigator's Statement of Economic Interests

To be completed for all research projects which have been or will be funded, in whole, or in part: (1) through a contract or grant of \$250 or more with a non-governmental entity; or (2) by a gift from a non-governmental entity which is earmarked by the donor for a specific research project or a specific investigator, provided the amount of the gift, or the aggregate over a 12 month period, from the same donor is \$250 or more.

**Title of Research Project:**

**Name of Principal Investigator:**

**Department:**

**A. Provide the following information about each non-governmental entity which will fund (or has funded) this project, in whole or in part: \***

**Name of entity:**

**Address of entity:**

**Principal business of entity:**

<b>Amount of funding:</b>	<b>Estimated</b>	<b>Actual</b>
---------------------------	------------------	---------------

**B. This statement is:**

**APPLICATION STATEMENT:** This is an application for            initial funding, or            for renewal of funding for the research project.

**PROJECT COMPLETION STATEMENT:** The research project expired on

**C. Are you a director, officer, partner, trustee, or employee of, or do you hold any position of management in, any entity listed in A?**

<b>No</b>	<b>Yes</b>	<b>Title:</b>
-----------	------------	---------------

**D. Do you, or does your spouse or dependent child, have:**

**1. An investment of \$1,000 or more in any entity listed in A above?**

<b>No</b>	<b>Yes</b>	value does not exceed \$10,000
	<b>Yes</b>	value exceeds \$10,000 but does not exceed \$100,000
	<b>Yes</b>	value exceeds \$100,000

**2. Income (including any payment, such as salary or consulting fees) of \$250 or more received from any entity listed in A within the last 12 months? (Do not include any salary or summer salary paid by the University with funds provided by an entity listed in A.)**

<b>No</b>	<b>Yes</b>	value does not exceed \$1,000
	<b>Yes</b>	value exceeds \$1,000, but does not exceed \$10,000
	<b>Yes</b>	value exceeds \$10,000

\* If more space is needed for listing multiple entities, add these on a separate piece of paper labeled "Section A, continued" and attach to this form.

3. Gifts from any entity listed in A of \$50 or more?

No Yes describe gift and state value

4. Outstanding loans.

a. Loans \*\* received from any entity listed in A for which the outstanding balance has exceeded \$250 in the past 12 months?

No Yes amount owed did not exceed \$1,000

Yes amount owed exceeded \$1,000, but did not exceed \$10,000

Yes amount owed exceeded \$10,000

b. If you answered yes (any yes box checked) to 4a:

Was the loan secured or unsecured?

What was the interest rate of the loan? %

Was the loan entirely repaid within the past 12 months? No Yes

E. If you listed more than one entity in A, and have answered yes to C or to any question in D, indicate in which entity you, your spouse or dependent child has each financial interest disclosed.

\*\* (Do not include a loan from commercial lending institution made in the ordinary course of business on terms available to the public without regard to the official status if the loan:

(1) was used to purchase your principal place of residence, or (2) is less than \$10,000, including indebtedness from an installment sale or contract.)

Verification

I declare under penalty of perjury that I have used all reasonable diligence in preparing this Statement and to the best of my knowledge it is true and complete.

Executed on (date), at (location)

Signature:

All of the information on this form is mandatory, is required by the provisions of the Political Reform Act, Government Code Sections 81000, et seq., and will be available to any member of the public upon request. This information is to be used to reveal to public scrutiny certain financial interests of public officials and employees in order to disclose potential conflicts of interest and to aid in the prevention of actual conflicts of interests.





