

**Paper eCAF – To obtain regulatory and departmental approvals**

PI	Name	Department	Activity Code	Academic Year Pct Time Effort (%)	Academic Title	Project Percent Credit (%)
PI						
Co-PI						

Project Information			
Project Title			
Sponsor Due Date		Sponsor Delivery Requirement	
Sponsor			
Sponsor Program Name/Type			
Proposal Type	New		
Proposal Submission Type			
Proposal Nature			
Type of Project			
Project Period	to		
Site of Majority Work	<input type="checkbox"/> On campus <input type="checkbox"/> Off campus		

F&A Cost			
F&A Cost Rate		F&A Cost Base	

  

Budget		
	Initial Period	Total Period
Direct Cost (\$)		
F&A Cost (\$)		
Total All Cost (\$)		

## Research Integrity Committee Approvals

Committees	Required	Current Status	Protocol Information	
			Protocol #	Date Approved (mm/dd/yyyy)
Vertebrate Animals	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Pending <input type="checkbox"/> Approved		
Human Subjects Research/Tissues/Stem (IRB)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Pending <input type="checkbox"/> Approved		
Biohazards/rDNA/ (IBC)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Pending <input type="checkbox"/> Approved		
Stem Cell Research Oversight (SCRO)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Pending <input type="checkbox"/> Approved		

## Intellectual Property

Is this project likely to result in Intellectual Property?  YES  NO

## Are Any of the Following Involved?

Drug Abuse Research  YES  NO

Investigational New Drugs  YES  NO

Sustainability Research  YES  NO

## Export Controls

Is travel outside of the U.S. required in order to complete this project?  
Scientific conferences are exempted.  YES  NO

Will any equipment, materials or software be exported to other countries?  YES  NO

Are foreign subrecipients/subcontractors or foreign collaborators involved?  YES  NO

## Environmental Health and Safety

Will any toxic or carcinogenic chemical, lasers/x-rays/high power RF, other biological hazards be used on this project?  YES  NO

## Disclosure of Financial Interest and PI Certifications and Assurances

(Please see the [Promoting Research Objectivity \(PRO\) Committee](#) webpage for the three different levels of reporting and their reporting requirements. Complete the following Disclosures, as applicable.)

**State Disclosure of Financial Interest**

**Principal Investigator's Responsibility to Disclose Financial and Management Interests in Non-Governmental Sponsors of Research**

As the UCR Principal Investigator/Project Director for this proposal, I have read and I understand the [University of California Guidelines for Disclosure and Review of Financial Interest in Private Sponsors of Research](#). To review the current thresholds for which financial interests must be disclosed, please refer to [Form 700-U](#).

*Certified*

Do you, your spouse or registered domestic partner or dependent children have a financial or management interest in the Sponsor to which this proposal will be submitted?

Yes  No

Please complete, print and sign [Form 700-U](#). After signing the Form 700-U, please have the original form (with signature) scanned and attached to this eCAF. Because the Office of Research is the office of record for the Form 700-U, please forward the original form to the Contract and Grant Officer assigned to your unit.

**Federal Disclosure of Financial Interest**

**Principal Investigator's Responsibility to Disclose Financial and Management Interests - Public Health Service and National Science Foundation Requirements**

As the UCR Principal Investigator/Project Director for this proposal, I have read and I understand the University of California Policy on Disclosure of Financial Interests and Management of Conflicts of Interest Related to Sponsored Projects.

*Certified*

Do you, your spouse or dependent children have a significant financial interest that is related to this sponsored project?

Yes  No

As the PI named below, I agree to carry out the above-named project and to ensure all sponsor requirements are met, including submitting all required reports in accordance with the sponsors required due dates.

PI Name: \_\_\_\_\_

PI Title: \_\_\_\_\_

PIs Department: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I support and approve this request.

\_\_\_\_\_  
Department Chair Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date