



## Session 2: UCSD Pre-Award Process

---

Arpa Orojjan, Grant Analyst- HS SPPO

# Agenda



Overview:  
UCSD  
Proposal  
Submission  
Process



Basic  
Sponsored  
Project  
Related  
Terms



Internal  
Forms,  
Policies &  
Procedures

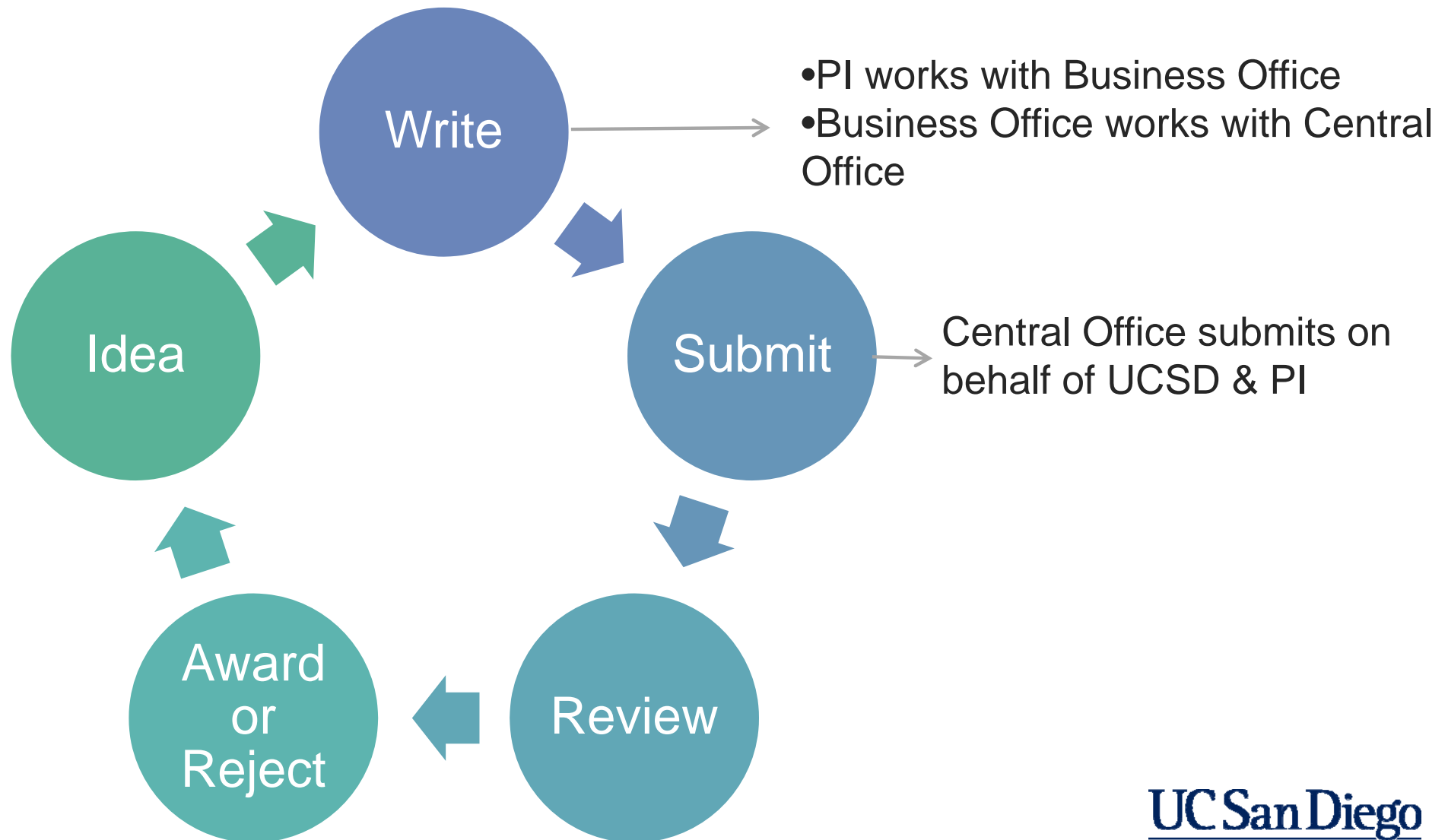


Resources



# Proposal Process & UCSD

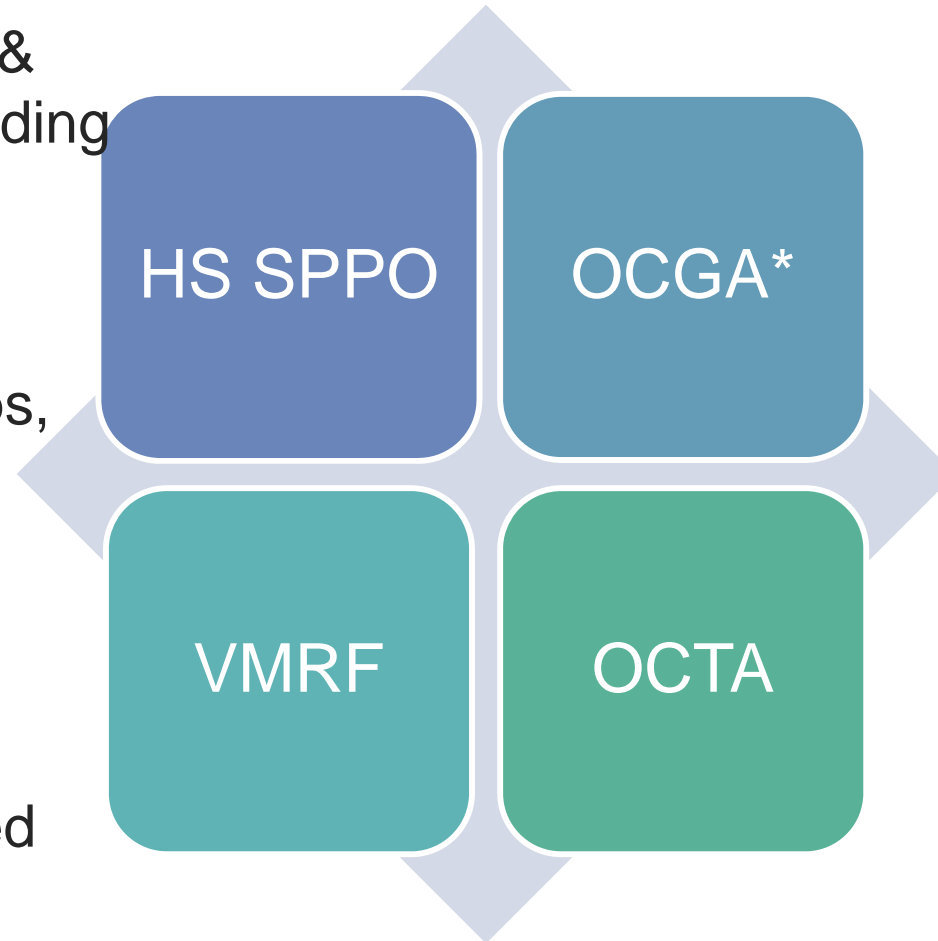
---



# Central Offices

- Pre-Award for NIH & AHRQ Grants (including Subs)
- Limited review of OCGA proposals
- Faculty scholarships, Fellowships & LRP applications

- Preponderance of activity will be carried out in VAMC space.



- All other agency proposals
- All contracts
- Accepts awards
- Requests Fund # set-up
- Post-award communication

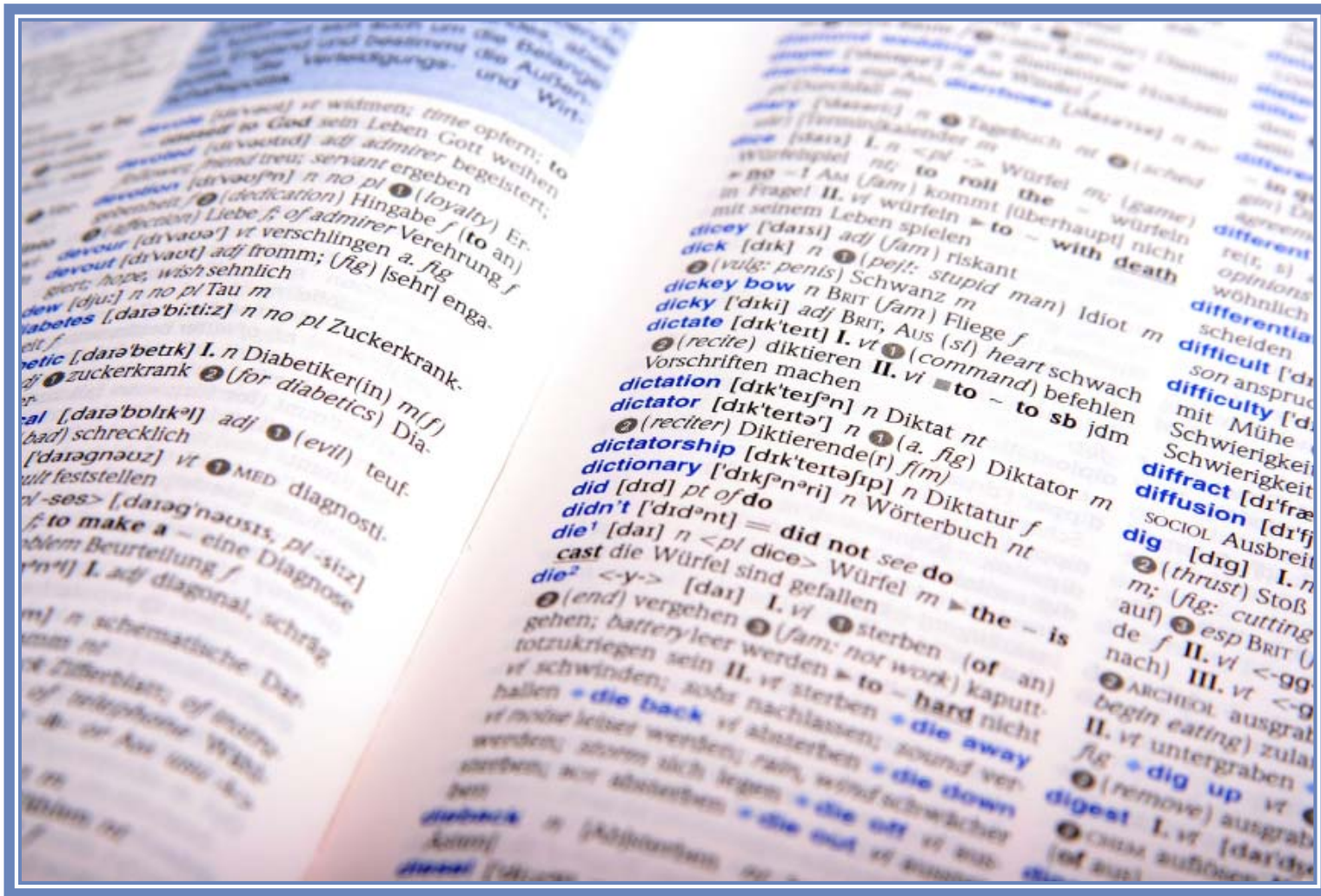
- Industry-initiated clinical trials

\*SIO OCGA- All SIO Proposals and Awards

# Proposal Review Responsibilities

---

Type of Proposal	Proposal Review By
Contract or Grant	OCGA
NIH Grant (and NIH grant flow-through)	HS SPPO
AHRQ Grant (and AHRQ grant flow-through)	HS SPPO
Clinical Trial - Investigator Initiated	OCGA
Clinical Trial - Industry Initiated	OCTA
Material Transfer Agreement	OCGA
Postdoctoral Fellowship	HS SPPO
Faculty Fellowship	HS SPPO
VA based Research	VMRF



# Sponsored Projects Related Terms

# Types of Assistance

Grant	≠	Contract
Investigator Initiated	↔	Government Acquisition
Government is a Patron or Partner	↔	Government is Purchaser
Purpose is to Stimulate or Support Research	↔	Purpose is to Acquire Goods or Services
Benefits a Public Purpose	↔	The Direct Benefit and Use for the Government

# Types of Assistance

---

## Cooperative Agreement

- support or stimulate research, but the parties anticipate substantive agency involvement in the project

## Fellowship

- funds for a pre doc or post doc – provide varying levels of support and may have to commit effort

## Gift

- conveyance or transfer of an asset, including cash or negotiable instruments, such as stock or real estate, made with charitable intent and without consideration



# Person Months

---

## Calendar Months

- A person with a 12-month appointment lists their effort in federal grants (such as NIH), in calendar months.

## Academic Months

- A person with a 9-month appointment lists their effort in federal grants (such as NIH), in academic months.

## Summer Months

- A person who has an academic month appointment, would then also have a summer month appointment if they worked on a grant during the summer.

# Budget Terms

---

## Direct Costs

- Can be identified specifically with a particular sponsored project

## Indirect Costs

- Are not identifiable to any one project

## MTDC

- Modified Total Direct Costs

## MTDC Exclusions

- Excluded from IDC base

# Internal Policies, Procedures & Forms

---



- How to obtain a UCSD proposal number
- Internal Forms Walk-Through
- Use of EPRS
- Submission Timelines

# How to Obtain a UCSD Proposal Number



**1** Enter PI name for your new UCSD proposal number

**i** Principal Investigator:  **Find** **Clear**

Full name(Last, First) [Didn't find your PI?](#)

**Submit**

# Required Information

Proposal  
Type

Anticipated  
Type of  
Award

Sponsor  
(Prime  
Sponsor)

Lead UCSD  
Dept

Dept Contact

Sponsor  
Deadline

Copy and  
Mail index

Assigned  
Office

4

Confirm entered information.  
Press submit to generate UCSD proposal number

**i** Principal Investigator: OBANDO, YVETTE NEREIDA

**i** PI Exception Required: N

**i** Proposal Type: \* INew

**i** Anticipated Type of Award: \* Grant

**i** UCSD Proposal Number created: 20140068

**i** UCSD Proposal No: 20140068

Update User: msdao

Update Time: 08/21/2013 3:55 PM

**i** Principal Investigator: OBANDO, YVETTE NEREIDA

# Central Office Review Assignments

---

**OCGA**



Reviewers assigned by agency and type of proposal



[blink.ucsd.edu/ocga/staff-assignments.html](http://blink.ucsd.edu/ocga/staff-assignments.html)

**HS SPPO**



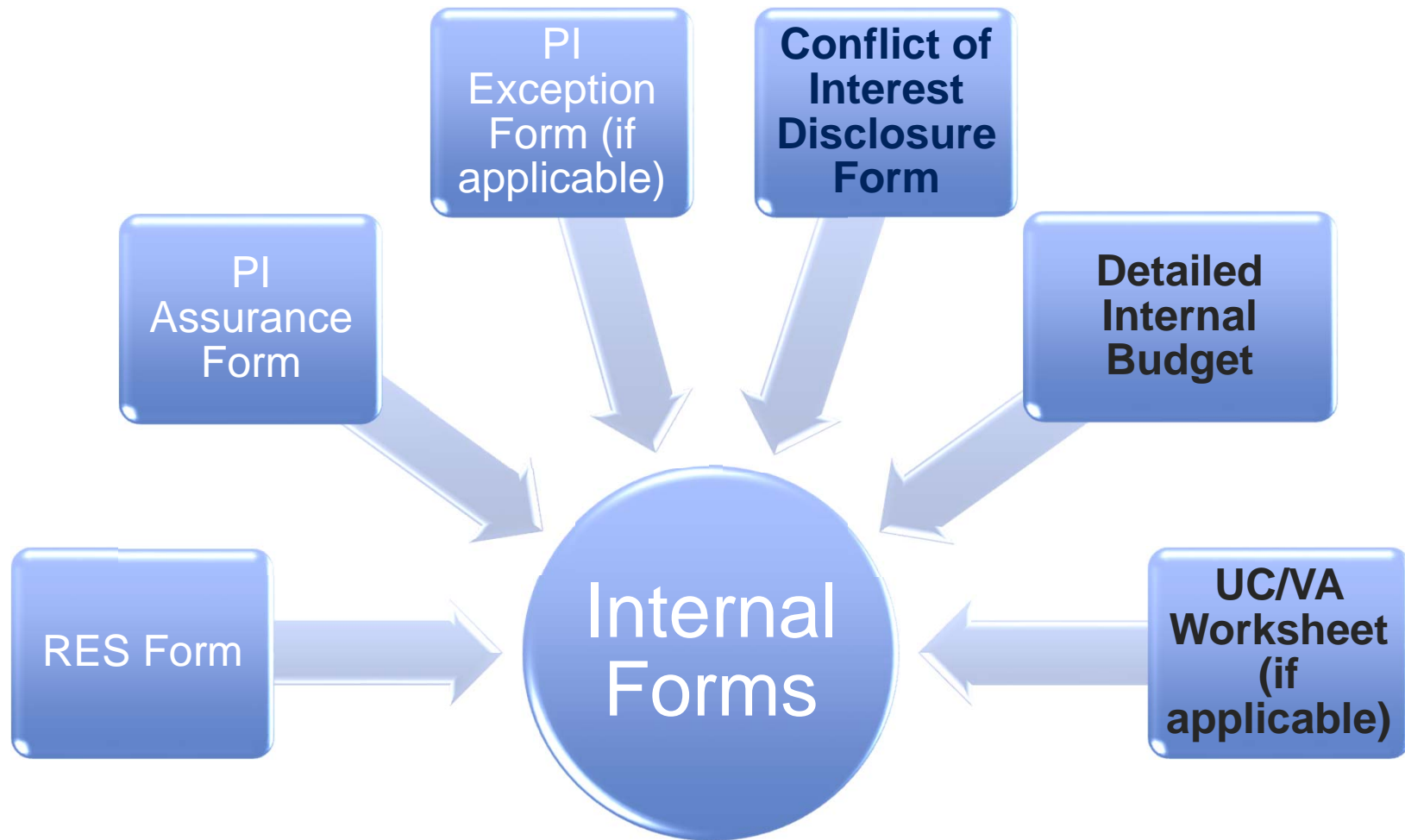
Reviewers assigned by Lead Department/Unit



[som.ucsd.edu/hssppo/review-assignments.html](http://som.ucsd.edu/hssppo/review-assignments.html)

# Internal Forms

---



# Request for Extramural Support (RES)

**Form Instructions**

**RES FORM**  
Request for Extramural Support - UCSD

**Print Form**

UCSD # \_\_\_\_\_

Lead Department/ORU _____	Fax # _____	Project Organization # _____
Lead Department/ORU Contact _____	Phone # _____	Copying Index # _____
Email _____	Mail Code _____	Mailing Index # _____
<b>Principal Investigator:</b>		<b>Co-Principal Investigator:</b>
Last Name _____		_____
First Name _____		_____
Title _____		_____
Department/ORU _____		_____
Mail Code _____		_____
Phone # _____		_____
Email _____		_____
Will a PI Exception be Required? (Reference PPM 150-10) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Award:</b>	<b>Type of Proposal:</b>	<b>Type of Project/Activity:</b>
<input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Subaward Contract <input type="checkbox"/> Subaward Grant	<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Revision <input type="checkbox"/> Resubmission <input type="checkbox"/> Minority Supplement	<input type="checkbox"/> Basic Research <input type="checkbox"/> Applied Research <input type="checkbox"/> Developmental Research <input type="checkbox"/> Other Research <input type="checkbox"/> Training <input type="checkbox"/> Public Service <input type="checkbox"/> Other Service <input type="checkbox"/> Equipment <input type="checkbox"/> Marine Facilities/Other
<b>Proposal Title:</b> _____		
<b>Proposal Information:</b>		<b>Agency Information:</b>
Award # (if applicable) _____	_____	<b>Agency Due Date (mm/dd/yy):</b> _____
Duplicate Proposal #'s (if applicable) _____	_____	Agency Name _____
PA/RFA/RFP/etc # (if applicable) _____	_____	Agency Contact _____ E-mail _____
Project Begin Date (mm/dd/yy) _____	_____	Phone # _____ Fax # _____
Project End Date (mm/dd/yy) _____	_____	<b>Mailing Address:</b>
Direct Costs _____	_____	Street _____
Indirect Costs _____	_____	City _____ State _____ Zip Code _____
IDC Rate(s) _____ %	_____	<b># of Copies Requested by the Agency:</b> _____
<b>Total Costs Requested:</b> _____	<b>\$0</b>	Will this proposal result in UCSD receiving a Subaward? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If Yes, list the "Prime" funding agency name _____



- Yes**    **No**
- A.   Will on-campus space be used? If Yes, list building(s) \_\_\_\_\_ Room/Lab/Office #(s) \_\_\_\_\_
- B.   Will off-campus space be used? If Yes, list building(s) \_\_\_\_\_ Will rent be included in this proposal?  Yes  No
- C.   Will VA space be used? If Yes, list building(s) \_\_\_\_\_ Room#(s) \_\_\_\_\_ Will more than 50% of the project be in VA space?  Yes  No
- D.   Will animal subjects be used? If Yes, list date(s) approved \_\_\_\_\_ Protocol #(s) \_\_\_\_\_ Species \_\_\_\_\_  Pending
- E.   Will human subjects be used? If Yes, list date(s) approved \_\_\_\_\_ Protocol #(s) \_\_\_\_\_  Pending
- F.   Will human embryonic cells (any type) be used, or will other cell types or procedures be used that require ESCRO review? See Instructions.  
       If Yes, list date(s) approved by ESCRO \_\_\_\_\_ ESCRO protocol #(s) \_\_\_\_\_  Pending
- G.   Will Conflict of Interest forms 9510 or 700-U be required? If Yes, include signed form(s).
- H.   Will UCSD equipment cost sharing be included? If Yes, include Equipment Matching form, or letter with approval signature(s).
- I.   Will UCSD expenditure cost sharing be included? For example; salaries, benefits, supplies, fellowships, and applicable indirect costs.  
       If Yes, list total \$ \_\_\_\_\_ Fund #(s) of source \_\_\_\_\_ If other than departmental funds, attach detail with approval signature(s).
- J.   Will non-UCSD cost sharing be included? If Yes, list entity \_\_\_\_\_ List total \$ \_\_\_\_\_
- K.   Will any genetically-modified agents be involved? For example; recombinant DNA.
- L.   Will any biohazardous materials be involved? For example; material of human/primate origin or infectious agents.
- M.   **SIO Only** - Will scuba or surface-supplied diving be used for data collection? If ship time is required, list ship name \_\_\_\_\_
- N.   **SIO Only** - Will Graduate Student Researchers be supported? If Yes, how many? \_\_\_\_\_
- O.   **SIO Only** - Will additional space be used? If Yes, include RES Addendum form.
- P.   **SIO Only** Has the PI certified completion of lab safety training for all employees, students, volunteers, and visiting scientists working in the PI's laboratory(ies)?

**Approval Signatures - Faxed signatures are acceptable**

Sign Name	Principal Investigator	Print/Type Name	Date	Sign Name	Co-Principal Investigator	Print/Type Name	Date
Sign Name	Department Chair/Director	Print/Type Name	Date	Sign Name	Department MSO/DBO	Print/Type Name	Date
Sign Name	Participating Department Chair/Director	Print/Type Name	Date	Sign Name	Participating Department MSO/DBO	Print/Type Name	Date
Sign Name	Space Approval	Print/Type Name	Date	Sign Name	VA Medical Center Research Administration	Print/Type Name	Date

**SIO OCGA USE ONLY**

Sponsor Code \_\_\_\_\_ Analyst Initials \_\_\_\_\_ Reviewer \_\_\_\_\_ Date \_\_\_\_\_ Federal Tracking ID (SIO use only) \_\_\_\_\_

# PI Assurance Form

## PI ASSURANCE FORM

National Institutes of Health Assurance Statement for Principal Investigators  
University of California, San Diego

UCSD #: \_\_\_\_\_

Agency Due Date (mm/dd/yy): \_\_\_\_\_

Grant Award # (if known): \_\_\_\_\_

Proposal Title:	_____
-----------------	-------

**\*Please Note:** When multiple Principal Investigators are proposed in a National Institutes of Health application, this assurance must be signed by all named Principal Investigators.

### Principal Investigator Assurance Statement:

I hereby certify: (1) that the information submitted within the application, and during the award period, which includes Continuation and Supplement proposals, and Prior Approval Requests, is true, complete, and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Print or Type Principal Investigator Name

\_\_\_\_\_  
Date

**\*List Additional Principal Investigators Below:**

# PI Exception Form (when applicable)

## PI EXCEPTION FORM

Request for Exception to Submit Proposal for Extramural Support  
University of California, San Diego

UCSD#

PI Last Name <input type="text"/>		PI First Name <input type="text"/>	
<input type="checkbox"/> Sole PI	<input type="checkbox"/> CO-PI with <input type="text"/>	<input type="checkbox"/> Student	<input type="checkbox"/> Staff
Current Payroll Title <input type="text"/>	% Time of Appt <input type="text"/> %	Appmt Begin Date <input type="text"/>	Appmt End Date <input type="text"/>
Proposed Payroll Title (if applicable) <input type="text"/>	% Time of Appt <input type="text"/> %	Appmt Begin Date <input type="text"/>	Appmt End Date <input type="text"/>
% Salary on Proposal <input type="text"/> %	% Effort on Proposal <input type="text"/> %	Period to be paid on Proposal: Begin Date <input type="text"/>	End Date <input type="text"/>
Proposal Title <input type="text"/>			
Agency Name (if NIH, include institute) <input type="text"/>			
Agency Due Date <input type="text"/>		Project Begin Date <input type="text"/>	
Total Costs Requested <input type="text"/>		Project End Date <input type="text"/>	
Department/ORU <input type="text"/>		Department/ORU Contact <input type="text"/>	
Contact Phone # <input type="text"/>		Contact Email <input type="text"/>	

# PI Exceptions

---

There are 4 titles for which Exceptions are required at Time of Award:

**Adjunct Professor w/o salary,  
Clinical Professor w/o salary or less than 50% salary,  
New Appointments,  
and Assistant Project Scientists.**

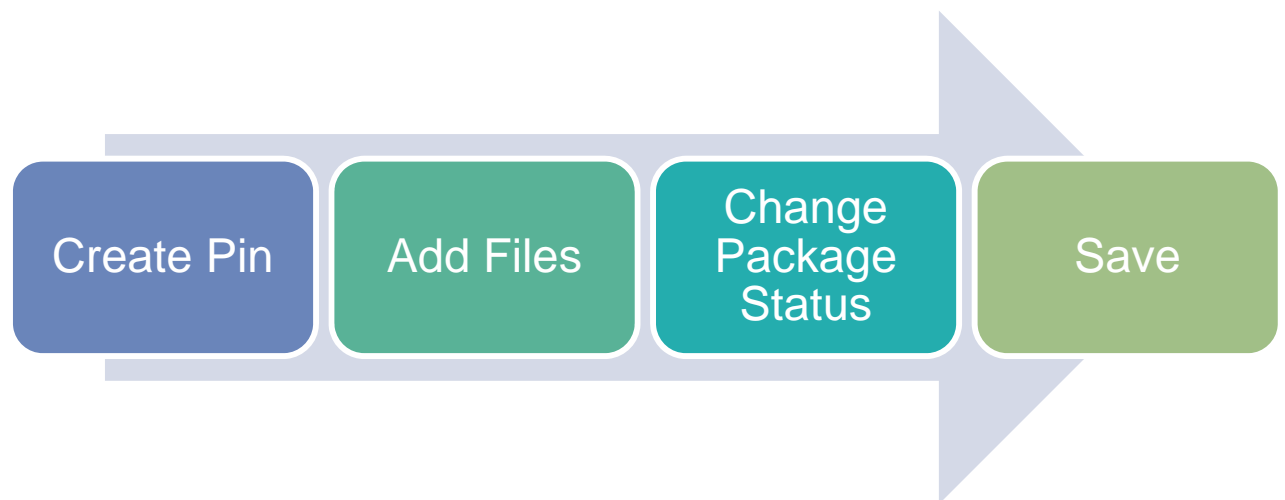
Additionally, **BLANKET PI Exceptions** will be approved for Assistant Project Scientists for a duration of one fiscal year (July 1<sup>st</sup> to June 30<sup>th</sup>).

# Submitting Proposals to HS SPPO- Using EPRS

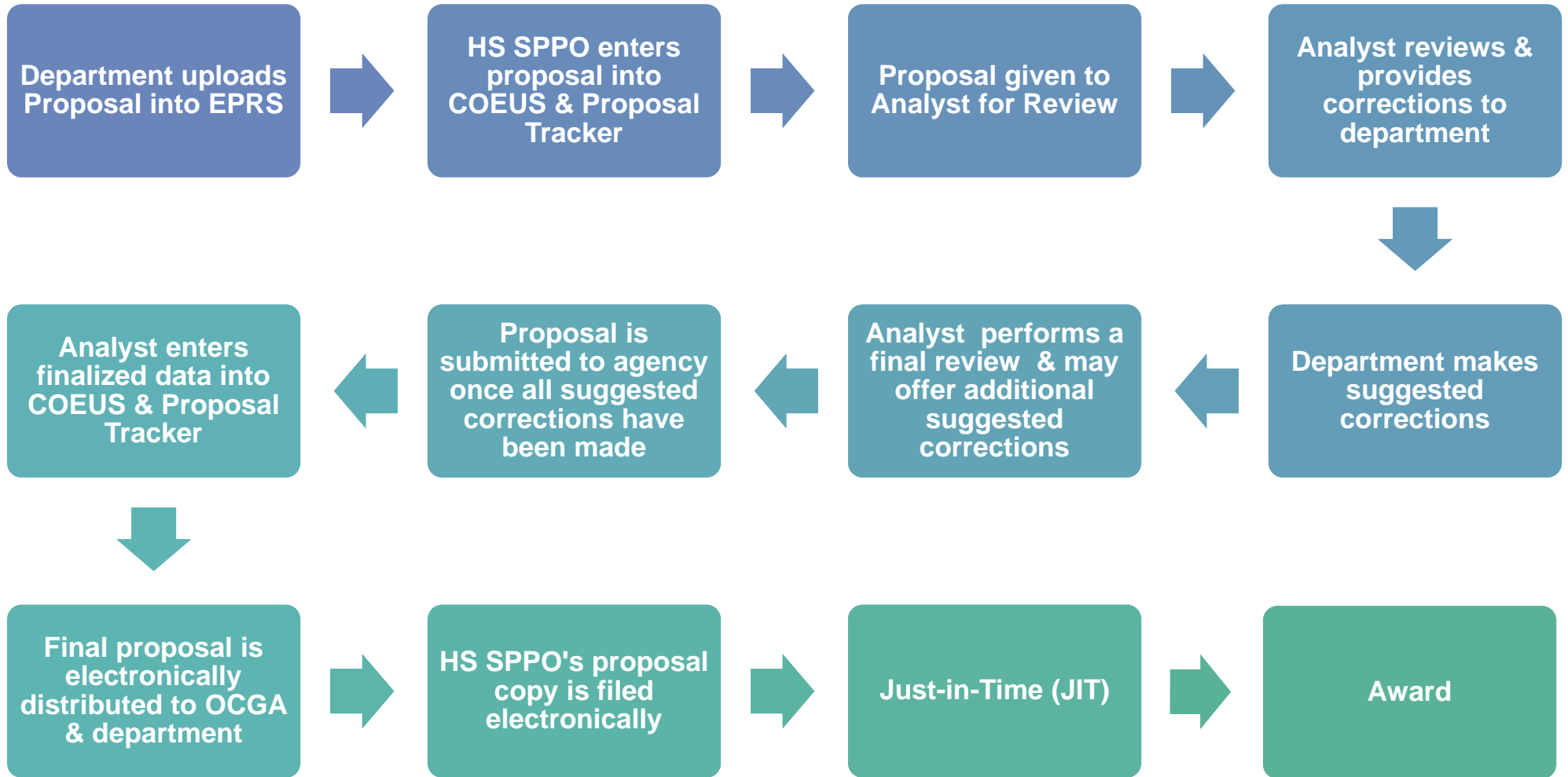


The image shows a form titled 'Enter PI or UCSD number for checkin/checkout ele'. It contains three main sections:

- Principal Investigator:** A text input field, a 'Find' button, and a 'Clear' button. Below the field is the text 'Full name(Last, First)' and a link '[Didn't find your PI?](#)'.
- UCSD Proposal Number:** A text input field and a link '[Get a UCSD Proposal Number](#)'.
- Submitting Office:** A dropdown menu currently showing 'All Offices' and a 'Submit' button.



Internal Forms and Draft Application Package must be uploaded for Initial Review



# HS SPPO's Proposal Lifecycle

# Submitting Proposals to OCGA

Complete  
and Final

- Signed RES Form
- Sponsor Funding Announcement
- Signed Conflict of Interest Form (if required by sponsor)
- Budget/ Budget Justification
- All other sponsor documentation
- Any other applicable internal documents

Draft

- Statement of work/Science portion

E-mail to:




- OCGA analyst- assigned based on agency
- CC [proposals-ocga@ucsd.edu](mailto:proposals-ocga@ucsd.edu)

# Submission Timelines





# HS SPPO Submission Timeline for NIH's March Deadlines

Deadline	March 5, 2015	March 12, 2015	March 16, 2015
Required Action •10 business days  	February 19, 2015	February 26, 2015	March 2, 2015
•Full Review  All internal documents and draft application package received at HS SPPO			
Required Action •4 business days  	February 27, 2015	March 6, 2015	March 10, 2015
•Cursory Review  Final proposal ready for submission, except science due <u>no later than 8:00 AM</u>			
Required Action •2 business days  	March 3, 2015	March 10, 2015	March 12, 2015
•As-Is (no review)  Final proposal ready for submission, including science and all signatures due <u>no later than 8:00 AM</u>			

# OCGA Submission Timelines

---

Proposal packages and documents should be sent to [proposals-ocga.ucsd.edu](mailto:proposals-ocga.ucsd.edu) (cc: [OCGA Contract Officer](#)) following these guidelines:

<b>Proposal Components</b>	<b>Grant and subaward grant activity</b>	<b>Contract and subaward contract activity</b>
Final proposal package, including draft of the sciences portion	8 a.m., four (4) working days prior to the sponsor's published deadline	8 a.m., five (5) working days prior to the sponsor's published deadline
Final text for the sciences portion	Noon the day before the sponsor's published deadline	Noon the day before the sponsor's published deadline



## Website

Policies & procedures; calendar; funding opportunities, contact info & resources

<http://som.ucsd.edu/hssp>



## Wiki

New university & agency updates and/or changes

[http://som.ucsd.edu/mwiki/index.php/HS\\_SPPO:Main\\_Page](http://som.ucsd.edu/mwiki/index.php/HS_SPPO:Main_Page)



## Listserv

HSCONTRACTS-L: Public mailing list for all HS SPPO Contacts; used for policy & updates

<https://mailman.ucsd.edu/mailman/listinfo/hscontacts-l>



## Proposal Tracker

Allows department to view status of proposals at HS SPPO

<https://som.ucsd.edu/pTracker>

# HS SPPO Resources

# Best Practices & Tips for Success

---



**We are here to  
help you  
succeed!**

