UNIVERSITY OF CALIFORNIA, BERKELEY
PROPOSAL REVIEW FORM

SPONSORED PROJECTS OFFICE
2150 SHATTUCK AVE, SUITE 313
MC# 5940
PHONE: (510) 642-0120

INDUSTRY ALLIANCES OFFICE
3150 SHATTUCK AVE, SUITE 950
MC# 1610
PHONE: (510) 643-6806

DEADLINE
NOTE: Hard copy (and electronic) must be submitted to SPO 5 days prior to deadline.
1. Agency Deadline: ______
   Time: ______ Pacific Time
   Submit: ______
   Target Date: ______

If there is no set Agency Deadline, please use “Target Date” to indicate soft deadlines.

2. DRAFT technical section
   Final Version Due to SPO/IAO: Date: ______ Time: ______

Principal Investigator: __________________________ Email: __________________________
Qualifying Title: __________________________ Phone: __________________________
Academic Unit: __________________________ BFS Flexfield (optional): __________________________
Administrative Unit: __________________________ BFS Org Code (required): __________________________
Proposed Project Dates (MM/DD/YY): ______ to ______ Total Requested: __________________________
Project Title: __________________________

Sponsor Information
☐ UCB is applying directly to the Agency Sponsor
Agency Sponsor: __________________________
Program Name/Solicitation #: __________________________
Agency Contact (optional): __________________________
Phone: __________________________ Email: __________________________

☐ UCB is included as a subaward on another Institution's proposal
Lead Institution: __________________________
Lead PI: __________________________
Institution Contact: __________________________
Phone: __________________________ Email: __________________________
Website/URL: __________________________

NOTE: Please include the Agency Sponsor's Deadline as the "Agency Deadline" and the Lead Institution's internal proposal review deadline as a "Target Date".

PROJECT TYPE AND BUDGET
1. Proposal Type:
   Reference #: __________________________
   BFS Program Code (required): __________________________
   Activity Type: __________________________
   Where will the work for this project be conducted?
   ☐ On Campus ☐ Off Campus (list non UCB work sites below)

☐ New or Newly Renovated Space (additional approvals required)
☐ Cost Sharing (additional approvals required)

IDC is calculated at the rate of ____%

☐ Grant admin will complete

BUDGET PREPARED BY: __________________________

COMPLIANCE AND SPECIAL REVIEW

☐ Vertebrate Animals or custom antibodies
Protocol # __________________________

☐ Human Subjects
   Status: __________________________
   Protocol # __________________________

☐ Use of human stem cells:
   ☐ Embryonic ☐ Adult

☐ Federal Cell Line # __________________________

☐ Research project requiring financial disclosure for this Sponsor.
   Please attach: __________________________

Please provide subrecipient commitment form for each subawardee.

EH&S issues - including radioactive isotopes, recombinant DNA (provide information in PI comments)

CDC/USDA Select Agents (provide information in PI comments)

Use of SCUBA or small boats (<26 feet in length)

This is a project that requires research on and/or modification to existing Berkeley campus grounds or buildings.

☐ Major Project per OMB Circular A-21 (Federal Projects Only)
Key Project Personnel

1. Please complete table for all Key Personnel. Effort commitments should be entered consistently in either percent effort or person months.

**NOTE:** Any personnel that are not currently employed by UC, or have not been issued a formal offer by Human Resources, (excluding collaborators, consultants, and subaward personnel) must be listed as "to be named" or TBN on both this form and in the proposal.

<table>
<thead>
<tr>
<th>Name</th>
<th>Project Role</th>
<th>Effort on Project</th>
<th>Effort Charged to Project</th>
<th>Committed Cost</th>
<th>Share Effort</th>
<th>Faculty Release Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Named Collaborators. Please include a letter of commitment for each unfunded Non UCB Collaborator

**Principal Investigator Comments:**

**EH&S details (recombinant DNA?)**

---

**Administrative Unit Contact Information**

Proposal/Pre Award Contact: ________________________________
Phone: %_________ Email: ________________________________
☐ Do not distribute SPO notices to this contact.

Fiscal/Post Award Contact: ________________________________
Phone: %_________ Email: ________________________________
☐ Do not distribute SPO notices to this contact.

**Academic or Administrative Unit Comments:**

---

**As the Principal Investigator,** I certify the information provided above is accurate and complete. I understand all the university and agency regulations pertaining to this proposal, and I accept responsibility for the design, execution, and management of this project. Should this proposal be funded, my effort on UCB and sponsored projects will be adjusted and not exceed 1 FTE.

Signature: ________________________________
Printed Name: ________________________________

I concur, as the ________________________________ on this project.

Signature: ________________________________
Printed Name: ________________________________

---

**As the Chair/Director of this Academic Unit,** I approve this proposal for submission, and agree that we will honor all stated commitments set forth herein, including but not limited to personnel and resources. We accept responsibility for the conduct and administrative oversight on the project, should the proposal be awarded by the sponsor.

Signature: ________________________________
Printed Name: ________________________________

I concur, as the ________________________________ on this project.

Signature: ________________________________
Printed Name: ________________________________

☐ Dean Signature Required

Signature: ________________________________
Printed Name: ________________________________

☐ Expanded Signature Page attached