**Cayuse Intake Form**

**Cal State L.A. University Auxiliary Services, Inc. (UAS)**

**UAS Grants & Contracts**

Please complete this form and email back prior to your initial meeting with UAS Grants & Contracts (**at least three weeks** prior to the Sponsor’s submission deadline), along with the Sponsor’s Request for Proposals (RFP) and any corresponding Forms. Please do not feel limited by the visual spaces below, as more may be needed for you to provide adequate information for your specific proposal.

**A. General Information:**

|  |  |
| --- | --- |
| **Principal Investigator** |  |
| **Department / College** |  |
| **Sponsor** |  |
| **Project Title** |  |
| **Proposed Project Period** | **Start Date: \_\_\_\_\_\_\_\_\_\_**  **End Date:\_\_\_\_\_\_\_\_\_** |

**B. Investigators/Research Team:**

List every person who will be paid by the grant, or otherwise participating in the proposed activities. Individuals “to be named” should also be shown.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name**  | **Employer (Cal State LA, UAS, Consultant** | **Role** | **Units/Percent of Time Proposed** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

**C. Regulatory Compliance:**

Please answer the questions below regarding the use of human subjects in research or animal subjects in research. Visit the Office of Research, Scholarship, and Creative Activities (ORSCA) website for information about applications, training, procedures, changes, etc. If this proposal includes the use of hazardous research materials, please check the appropriate categories below and contact Risk Management And Environmental Health & Safety for any required approvals.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Human Subjects:** | **Y** | **N** |
| **1** | Does this research involve **HUMAN SUBJECTS**?\*if Yes, please complete the follow questions 2 & 3 below. |  |  |
| **2** | Has your research team submitted an application for IRB approval? |  |  |
| **3** | \*if Yes, please provide the human subject information below: |  |  |
| List the application numbers below: (Note: Use commas to separate values) |
|  |

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| --- | --- | --- | --- |
|  | **Animal Subjects:** | **Y** | **N** |
| **1** | Does this research involve **ANIMAL SUBJECTS**?\*if Yes, please complete the follow questions 2 & 3 below. |  |  |
| **2** | Has your research team submitted an application for IACUC approval? |  |  |
| **3** | \*if Yes, please provide the animal subject information below: |  |  |
| List the application numbers below: |
|  |
| List the species involved with this project:(If multiple species are involved, please use the comma as a separator.) |
|  |

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|  | **Research Materials:** |  | **Y** | **N** |
| **1** | Radioactive Materials |  |  |  |
| **2** | Potential Biological Hazards (viruses, recombinant DNA, etc...) |  |  |  |
| **3** | Chemical Hazards (poisons, explosives, reagents, flammables, carcinogens, etc...) |  |  |  |
| **4** | Does this study involve the use of materials provided by the sponsor or any other party? |  |  |  |
| **5** | Neurotoxin Hazards (botulinum neurotoxins, botulinum neurotoxin-producing species of Clostridium, or preparations or pharmaceuticals containing botulinum neurotoxins, etc...) |  |  |  |
| **6** | Nanomaterials |  |  |  |

**C. Subcontractors:**

If this proposal includes Subcontractors, please verify that it fits the characteristics of a subcontractor rather than those of a contractor.

1. Performance represents an intellectually significant portion of the overall programatic effort and is measured against the objectives of the program;
2. Will use funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of Cal State LA;
3. Is responsible for adhering to applicable program requirements specified in the award; and
4. There is an identified principal investigator for the subcontractor who has responsibility for making progamatic decisions.

If all characteristics apply, the Subcontractor will need to provide the following:

1. Subrecipient Commitment Form
2. Statement of Work
3. Detailed Budget (in agency requested format)
4. Budget Justification
5. Indirect Costs Rate Agreement
6. Audited Financial Statements
7. Single Audit Report
8. Any other documents required by the funding announcement

|  |  |
| --- | --- |
|  | **Please list any subcontractors involved in this project below:**  |
| **1** |  |
| **2** |  |

**D. Export Control:**

It is the responsibility of the PI to identify any items, technology, or activities on a proposal that may have export control implications. For any questions related to export control, please contact the Office of Research, Scholarship, and Creative Activities (ORSCA).

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| --- | --- | --- | --- |
|  | **Please answer the questions below regarding Export Control issues for this proposal:** | **Y** | **N** |
| **1** | **Have you signed or been asked to sign a DoD Form 2345 Militarily Critical Technical Data Agreement related to this project?** |  |  |
| **2** | **Do you anticipate that the project work may involve:** |  |  |
|  | * 1. Sending, transporting, transmitting, or carrying any material or equipment related to this project outside the US (examples include: GPS, biologicals, diagnostic kits, reagents)

\*if Yes, please answer question ‘i’ & ‘ii’ below. |  |  |
| i | **What items do you plan to ship or transport out of the US? (Please be specific.)** |
|  |
| ii | **To which countries are you shipping?** |
|  |
|  | * 1. Travel outside the US?
 |  |  |
|  | * 1. Transmitting funds (through payments, for example) or goods or technology to any of the following countries on the [OFAC list](https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information).
 |  |  |

*Please be aware that taxes from the importing country are levied on your shipment. To check import tax tariffs go to* [*www.export.gov*](http://www.export.gov/)

|  |  |  |  |
| --- | --- | --- | --- |
| **3** | **Some types of research may have export control implications even if all work is conducted within the U.S****Do you anticipate that the project work may involve:** |  |  |
|  | 1. Non-commercial encryption or information security software?
 |  |  |
|  | 1. Any equipment, technology, materials or software specifically designed, modified, or adapted (even slightly) for a military purpose or that may involve national security?
 |  |  |
|  | 1. Any classified materials, equipment, technology or data?
 |  |  |

**E. Intellectual Property:**

 For questions about Intellectual Property, [contact](http://www.calstatela.edu/orsca) the Office of Research, Scholarship, and Creative Activities (ORSCA)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Please answer the questions below regarding potential Intellectual Property issues for this proposal:** | Y | N |
| **1** | Have you disclosed any of this research to the Intellectual Property Office? |  |  |
| **2** | Does the research in this proposal involve any filed patents? |  |  |
| **3** | Does the research in this proposal involve any issued patents? |  |  |
| **4** | Will this research use any materials obtained from a third party under a transfer agreement granting ownership rights in inventions and/or data out of the use of the material? |  |  |
| **5** | Will this research use any material, patented or otherwise, which is owned by the institution and licensed to a commercial entity? |  |  |
| **6** | Is this proposal an SBIR (Small Business Innovative Research Program)? |  |  |
| **7** | Is this proposal an STTR (Small Business Technology Transfer Program)? |  |  |

**E. Location of Sponsored Activities:**

Please indicate the locations where your research will occur and assign a percentage to each location.
Percentages should reflect the portion of the total budget that will be expended in that location.

**Note:** If activities occur on campus, do not also add the county as a separate In-State location. Likewise for the state and country.

The sum of percentages in all locations **must equal 100%.**

|  |  |  |
| --- | --- | --- |
|  | **On Campus Location(s):** | **Percentage of Work:** |
| **1** |  | **\_\_\_\_\_%** |
| **2** |  | **\_\_\_\_\_%** |

|  |  |  |
| --- | --- | --- |
|  | **Out-of-State Location(s):** | **Percentage of Work:** |
| **1** |  | **\_\_\_\_\_%** |
| **2** |  | **\_\_\_\_\_%** |

|  |  |  |
| --- | --- | --- |
|  | **In-State County Location(s):** | **Percentage of Work:** |
| **1** |  | **\_\_\_\_\_%** |
| **2** |  | **\_\_\_\_\_%** |

|  |  |  |
| --- | --- | --- |
|  | **Out-of-Country Location(s):** | **Percentage of Work:** |
| **1** |  | **\_\_\_\_\_%** |
| **2** |  | **\_\_\_\_\_%** |

**E. Proposal Abstract:**

**With your permission, this abstract will be used to help match faculty researchers with potential collaborators and funding resources and to help identify expertise and areas of research interests.**

|  |  |  |
| --- | --- | --- |
| **Please answer the following question:**  | **Y** | **N** |
| I give permission to make this abstract publicly accessible |  |  |

**The abstract should be plainly written and in sufficient detail to summarize:**

|  |
| --- |
| **Enter your abstract below:** |
|  |

Please choose **ONE** CIP code (Science Code) that describes the type of research contained in this proposal:

|  |
| --- |
| Choose an item. |