Cayuse SP – UC Davis

Handbook for Department Industry-Funded Clinical Trial Staff, Principal Investigators and Approvers

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Getting Started

- Use Mozilla Firefox for best results.
- Login to: <u>https://ucdavis.cayuse424.com/sp/</u> with your Kerberos ID and Password.

Submitting to the UC Davis Health Contracts Clinical Trials Contracts Office

New Internal Processing Forms (IPFs) must be submitted to the UC Davis Health Contracts Clinical Trials Contracts Office ("Clinical Trials Contracts Office") via Cayuse SP when approvals/authorizations are needed from the department chair(s) and/or dean's office(s). For all new agreements to be processed by the Clinical Trials Contracts Office, you will select "New – UC Davis Health" from the "Proposal Type" dropdown.

For all modifications to agreements, see the separate submission instructions included in this handbook.

Confidentiality Agreements are to be e-mailed to the Clinical Trials Contracts Office analyst with an editable agreement and e-mail chain that identifies the external contact for negotiation.

*Please note that industry funded Clinical Trials do not have a "Proposal" process that are reviewed in advance of the clinical trial award. For the purposes of industry funded clinical trials, the term "proposal" as used below and in Cayuse, means the required initial documentation and setup of the Clinical Trial contract request.

Proposals/Internal Processing Forms

A new Internal Processing Form (IPF) is required for all proposals submitted to the Clinical Trials Contracts Office. A proposal for an industry-funded clinical trial in Cayuse SP is the equivalent of what is commonly known as the Clinical Trial Packet. Follow the <u>general instructions</u> below when creating a new Internal Processing Form unless otherwise noted.

Quick Reference

- 1. <u>Start a Proposal.</u>
- 2. Complete or view the status of a <u>Proposal you started</u> or on which you have an interest or are key personnel.
- 3. <u>View Proposals in your unit</u> that were initiated by someone else (requires appropriate access/permissions).



| HOME MY DASHBOARD REPOR | TING LOG OUT |
|-----------------------------|----------------|
| Proposal Dashboard | |
| Start New Proposal | |
| My Proposals | |
| Proposals In My Unit | |
| Advance Account Inbox | |
| Award Dashboard | |
| My Awards | |
| Awards In My Unit | |
| Certifications/Approvals | |
| 2 PI Certification Inbox | |
| Unit Approval Inbox | |

Cayuse SP Auto-generated Numbers

Cayuse SP creates identification numbers for each Project, Proposal, Award and Subcontract/Subaward.

- 1. Project Number
 - a. Created by the Clinical Trials Contracts Office. Your Clinical Trials Contracts analyst will assign each Proposal and Subcontract/Subaward (if applicable) to a Project. Awards are created from Proposals and assigned to a Project.
- 2. Proposal Number
 - a. Created by Cayuse SP when the Proposal is created.
- 3. Award Number
 - a. Created by Cayuse SP when the Award is added to the Project. The Award Number is the Project Number plus three digits at the end that indicate the number of Awards in that Project. The first Award is the Project Number-"001", the second is the "Project Number-002" and so forth.
- 4. Subcontract/Subaward Number
 - a. Created by Cayuse SP when the Subcontract/Subaward is added to the Project. The Subcontract/Subaward Number is the Project Number plus three digits at the end that indicate the number of Subcontracts/Subawards in that Project. The first Subcontract/Subaward is the Project Number-"S001", the second is the "Project Number-S002" and so forth.

Requires Re-approval by IPF Approvers

- 1. Find the Internal Processing Form (IPF) from My Proposals or Proposals in My Unit.
 - a. Select the Proposal Number

| > | My P | ropos | als | | | | | | | | | | | | | | | |
|---|-------------|-------------|--------|----------------|-------|-------------------|-------------------|--------------|----------|---|------|--------|---------|---|-----------------------------|--------------|-----|---|
| | Unsul | bmitte | d Pro | oposals | s | ubmitted Proposa | Is | | | | | | | | | | | |
| | Belo | w is a | a list | of submi | itted | l proposals you i | initiated or on v | vhich you ai | re liste | d. | | | | | | | | |
| | Sub Date | omitte e | d | Prop No | | Lead PI | Project Name | • | | Sponsor | Dea | dline | My Role | | Status | | | |
| | Sea | rch | x | Search | x | 1.a. | x Search | | x | Search | Sea | rch x | Search | x | Search | x | | |
| | 11/0 | 7/2017 | , | <u>18-1140</u> | / | Kassie Obelleiro | 120117 Obellein | o NIH | | NIH National Institutes of Health Center for Scientific Review (Proposals OnlyNo Awards) | 12/0 | 1/2017 | Owner | | Dept Approval Ir Process | י <u>כ</u> נ | рру | 7 |

2. Go to the Notes tab.

- a. Enter Note in the text box that you request this proposal/IPF be returned to Unsubmitted status.
- b. Select Add Note.

| >> Proposal Routing | Status | | |
|-----------------------|--|----------------------|------------|
| | | | |
| Proposal No: | <u>18-1140</u> 🔁 | Submission Deadline: | 12/01/2017 |
| Project No: | | Proposal Specialist: | |
| Lead Investigator: | Kassie Obelleiro | Contract Specialist: | |
| Sponsor: | NIH National Institutes of Health Center for Scientific Review (Proposals OnlyNo Awards) | Account Manager: | |
| Project Title: | Actual title of the project | | |
| View IPF Approvals | Compliance Status History Advance Account Awards | 2. | |
| Please return | this proposal to Unsubmitted status so the department may revise. | 2.b. | |
| No notes ha | ve been added. | | |

c. The added Note will display under Note.

| Proposal Routing | Status | | | | | | | | | |
|--------------------|------------------------|-----------------|-----------------|----------------------|---------------------|----------------|------------|----------------|------------|-----------------------------|
| | | | | | | | | | | |
| Proposal No: | <u>18-1140</u> | 1 | | | | | Submissi | on Deadline: | 12/01/2017 | |
| Project No: | | | | | | | Propos | al Specialist: | | |
| Lead Investigator: | Kassie Ob | elleiro | | | | | Contra | ct Specialist: | | |
| Sponsor: | NIH Nationa Awards) | I Institutes of | Health Center | for Scientific Revie | ew (Proposals Only- | -No | Acco | unt Manager: | | |
| Project Title: | Actual title | of the project | | | | | | | | |
| Approvals | Complian | ice Sta | tus History | Advance Accor | unt Awar | ts Add Note | e | | | |
| Note | | | | | Recorded By | | Date | Note Area | Category | Access |
| Please return | this proposal | to Unsubmitt | ed status so th | e department ma | Amie Admin | | 11/09/2017 | Proposal | General | Admin Office All Parties |

- 3. Email <u>ORCayuseHelp@ucdavis.edu</u> and request the proposal/IPF be returned to Unsubmitted status, indicating you will need to acquire re-approval by the IPF Approvers.
- 4. Once the proposal/IPF has been moved back to Unsubmitted status, make necessary edits.
- 5. Select Submit for Routing.



Necessary Information and Documents

Necessary Information

- 1. Sponsor Name (Note: Use the code for Miscellaneous Sponsors if the Sponsor is not included in the list)
- 2. Academic Department or Administrative Unit administering the project
- 3. Primary Administrative Contact
- 4. Short Project Name (Protocol Number)
- 5. Project period (start and end dates listed on the UBT)
- 6. Activity Code: Select from the following Activity Codes only when submitting an industry-funded clinical trial.

| Activity Code | Definition |
|--|--|
| 06 Other Service | Service activity. |
| 07 Clinical Trial – Investigator Initiated | Self-explanatory. |
| 08 Clinical Trial – Sponsor Initiated | Self-explanatory. |
| 14 Other | Anything that does not fit Activity Codes 01-13. |
| | |

Table 2: Activity Codes

7. Type of proposal: New – UC Davis Health for all industry-funded clinical trials.

8. Instrument Type: Select from the following Instrument Types only when submitting an industry-funded clinical trial.

| Instrument Type | Definition |
|------------------------|--|
| Contract | A procurement relationship that is a legally binding contract with detailed financial and legal requirements, a specific work statement, and/or a specific set of deliverables and/or reports due to the sponsor. |
| Non Monetary Agreement | An agreement that does not include money. |

Table 3: Instrument Types – the Instrument Types above are the only type to be used for agreements processed by the Clinical Trials Contracts Office.

- 9. Sponsor deadline: Select the current date
- 10. Project Title: Replace the auto-populated short title with the entire protocol name after the protocol number in (i.e., "PROTOCOL NUMBER– COMPLETE PROTOCOL TITLE")F&A Rate(s) (determined by activity)
- 11. Are animal or human subjects involved? If so, is there IACUC/IRB protocol?
- 12. Location (i.e.; Building, laboratory, etc.) where the activities will occur
- 13. If there are outgoing subawards: Contact information for the Subawardees

Necessary Documents

The following documents are needed to submit an IPF to the Clinical Trials Contracts Office:

- 1. Sponsor budget
- 2. Internal budget (UBT)
- 3. Protocol
- 4. Editable Draft Agreement (as a Word document)
- 5. If there are subawards: Budget, subrecipient monitoring form and subrecipient commitment form
- 6. Appropriate compliance forms (Form 800 and 700U), filed online (*Note: The <u>eCOI Online Disclosure System</u> may be found at: <u>https://or-forms.ucdavis.edu/</u>)*
- 7. Complete Principal Investigator Exception form, if applicable
- Complete Exception to Policy for Clinical Study Contracts (https://www.ucdmc.ucdavis.edu/healthsystemcontracts/clinicaltrialscontracts/docs/exceptiontoPolicyforIntell ectualProperty.pdf)

NOTE: All clinical trial agreements also require that the Principal Investigator's COIR Training is up to date, as required by the UC Office of the President.

Creating and Submitting Internal Processing Forms

(Note: All Proposal/IPF tabs must be complete, including the Budget section.)

1. Go to Start New Proposal under My Dashboard. (Note: Do not copy previous IPFs.)



- 2. General information: Complete the fields indicated below.
 - a. Sponsor: If the sponsor is not listed, select Miscellaneous Sponsor, type the Sponsor Name in Submission Notes (last step before routing) and follow Step 4 below.
 - b. Admin Unit: Unit that will administer the grant.
 - c. Short Project Name: Protocol Number.
 - Select the hyperlink to select the appropriate Activity Code (see Table 2 above).
 - e. Proposal Type: New UC Davis Health.
 - f. Instrument Type: Select Contract or Non-Monetary Agreement.
 - g. Select Submission Deadline: Current Date
 - h. Title of Project: Protocol Number – Protocol Name.
 - i. Do not Pair your Proposal/IPF.
 - j. Select Save.



- 3. After saving the General Information page, tabs will appear to the left.
 - a. Complete each section. (Note: A green checkmark will display when each section is complete.)



- b. Investigators/Research Team: Add all Key Personnel and others that need *edit* access to the IPF and/or view access to the associated award. For Industry Sponsored Clinical Trial requests, add all investigators required to complete the Form 800. (*Note: The IPF/Proposal will route for approval by all units with personnel on this tab unless the Other Participant No Routing or Proposal Editor roles are selected.*
 - i. Select the name of the Key Personnel to add. (*Notes: You must enter the Lead Principal Investigator's information first.*)
 - 1. If the investigator is not listed and the person **has** a UC Davis appointment, email <u>ORCayuseHelp@ucdavis.edu</u> for assistance.
 - 2. If the investigator is not listed and **does not yet, but will,** have a UC Davis appointment either:
 - a. Initiate, complete and process a Temporary Affiliates Form (<u>https://itcatalog.ucdavis.edu/service/online-taf-temporary-affiliate-form</u>) for the new appointed individual **OR**
 - b. List the Department Chair as the Principal Investigator and update the IPF after the individual has a UC Davis appointment. This may require you to request Clinical Trials Contracts Office update the IPF record.
 - ii. Ensure the Unit listed is correct. If not correct, select the appropriate unit. <u>Do not</u> select a unit indicated as "Non Admin/Home" or that has language such as "(Use 123456)". If this language is displayed, find and select the unit code identified in the parenthesis.
 - iii. Select the Role.
 - iv. Add the correct person months and sponsored effort. (*Note: If the salary included in the IPF is not determined from effort committed, and no effort is being committed, enter 0% in the Sponsored Effort % and include the appropriate amount on your budget.*)
 - v. Cost Shared effort should always be "0" for industry Clinical Trials.
 - vi. Add the appropriate Allocation of Credit. (*Note: Must equal 100% total for all key personnel. Principal Investigators and departments can determine how to allocate credit. Typically, 100% of credit is given the lead Principal Investigator, even when effort is 0%.*)
 - vii. Select Save Personnel. (Note: Saved Personnel will display under List of Personnel.)
 - viii. Repeat for each Key Personnel and person needing edit access to the IPF and/or view access to the associated award.

| Add Personnel Information | | 3.b.i. | | | | | 3.b | .ii. | |
|---------------------------|---------------------------------------|-----------------------------|-------------------------|------------------|--------------|-------------------------|------------------|-------------|---------------|
| * Last Name: | × | | * Unit: | | | | 3 | h iii | |
| * First Name: | | | * Role: | Select Role | e | | | | |
| Phone: | | | * Sponsored Effort %: | | | | | | |
| Email: | | | Cost Shared Effort %: | | | 3.D.IV. | | | |
| * Person Months: | | | Allocation of Credit %: | | | | | | |
| | 3.b.iv. | Save P | ersonnel | | | | | | |
| List of Personnel: | | | 3 h | vii | | 3.b.vi. | | | |
| | | | 5.0. | vii. | | | | | |
| Person | Unit | Role | Sponsored Effort | Shared Effort | Total Effort | Allocation of Credit | Person Months | | |
| Kassie Obelleiro | OVCR - Sponsored Programs (061821) | Lead Principal Investigator | 50.0000% | 0.0000% | 50.0000% | 0.0000% | 1.0000 | <u>Edit</u> | <u>Delete</u> |
| | | | | | | | | | |
| | | Rese | t | | | | | | |

- c. Budget (Note: A complete budget form is required for mandatory reporting requirements.)
 - i. Select the Summary Budget Form.
 - ii. Select the total # of Budget Periods: Enter 1
 - iii. Select the Current Period Start and End dates (Note: These dates should match the UBT).
 - iv. Indicate "No" for cost sharing or cash matching.

| >> Budget | | | | | | | | | |
|------------------------------|---|-----------------|--------------|------------------------------|----------------------|--|--|--|--|
| For one-year projects and P | Progress Reports, both columns should ma | tch. | | | | | | | |
| Overview | | | | | | | | | |
| Lead PI: | Kassie Obelleiro 3.c.i. | | Sponsor: | NIH National Heart, Lung Blo | od Institute (NHLBI) | | | | |
| * Budget Form: | Summary 🗸 | | | | | | | | |
| 3.c.ii. | Select one of the above: Summary: View direct costs, indirect rates, bases and totals (default setting) Detailed: View specific budget categories, indirect rates, bases and totals Autofill: View detailed budget data autofilled from 424 proposals, if paired | | | | | | | | |
| * # of Budget Periods: | 1 - | Proje | ct Dates: | Current Period | Entire Project | | | | |
| | | 3.c.iii. | * Start | Clear | 08/31/17 | | | | |
| | | | * End | Clear | 09/30/17 | | | | |
| Comments: (512 chars max) | | | | h. | | | | | |
| Cost Sharing | 3.c.iv. | | | | | | | | |
| * Does this proposal Incl | lude funds or contributions in the form of re | equired cost sl | haring or re | equired cash matching? | | | | | |

v. F&A Rates (Note: The F&A Rate is required.)

- 1. Select the appropriate F&A Rate(s) for the Current Period. (*Note: The Entire Project column will auto-populate if there is only one budget period.*)
- 2. Leave the Use Calculated Values box checked unless you want to manually calculate the Effective Rate.

| F&A Rates | | | | 3.c.v.1. |
|---|----------------|---|-----------------------|---------------------------|
| | | | Current Period | Eptire Project |
| | | F&A Rate (1): | 0.000 % | 0.000 % |
| | 3.c.v.2. | F&A Rate (2): | 0.000 % | 0.000 % |
| | | F&A Rate (3): | 0.000 % | 0.000 % |
| Use calculated values: 🗵 | | * Effective Rate: | 0.000 % | 0.000 % |
| · | | | | |
| * The Effective Rate is for reporting purpo | ses. To report | different rates than those calculated, unch | leck the box and ente | er the percentage values. |

- vi. Budget Categories (The fields below are required, as applicable.)
 - 1. Enter the Sponsor Direct Costs for the Current Period (Note: This should match the UBT).
 - 2. Enter each Base amount for each F&A Rate for the Current Period (*Note: Base for F&A Rate should be the same as Sponsor Direct Costs*).
 - 3. Leave the Use Calculated Values box checked unless you want to manually calculate the total Indirect Cost (F&A) for the Current Period.
 - 4. Do not enter anything in the Fee fields.
 - 5. Leave the Use Calculated Values box checked unless you want to manually calculate the Total Sponsor Proposed Costs.

| | 5.0.0.2 | Current Period | Entire Project |
|------------------------|---------------------------------|----------------|----------------|
| | 3.c.vi.2. SPONSOR DIRECT COSTS: | \$ 0 | \$ |
| | BASE for F&A Rate (1): | \$ 0 | \$ |
| | BASE for F&A Rate (2): | \$0 | \$ |
| 3.c.vi.3. | BASE for F&A Rate (3): | \$0 | \$ |
| Use calculated values: | INDIRECT COSTS (F&A): | \$0 | |
| B.c.vi.5. | 3.c.vi.4. FEE: | \$0 | \$ |
| Use calculated values: | TOTAL SPONSOR PROPOSED COSTS: | \$0 | |
| | Internal Cost Sharing: | \$0 | \$ |
| | Third-Party Cost Sharing: | \$0 | \$ |
| | TOTAL PROJECT COSTS: | \$0 | |

- vii. Indicate if any Additional Resources will be used (*Note: If you selected an Affiliated Unit, include the details of what resources you will be using.*)
- viii. Select Save.

| dditional Resources |
|---|
| In addition to resources available in the administering unit (generally excluding recharge services), will you be using personnel, space, equipment or other resources? If yes, add them to the Investigator/Research Team page if possible. If not possible to add them there, mark yes and add them below. Yes |
| 3.c.vii. Save Reset |
| 3.c.viii. |

- d. Financial Conflicts of Interest in Research (*Note: Some department contract and grant staff leave this page/tab for the Principal Investigator to complete.*)
 - i. Complete the applicable COI Disclosures.
 - ii. Select Yes to indicate that you have filed or will file the applicable COI Disclosures.
 - iii. Select Save.

| Financial Conflicts of Interest in Research – Disclosure Process |
|---|
| 1. Determine What Disclosure(s) You Must File. Your funding source and type of research determines which disclosure (if any) you must submit. |
| Privately-Funded Research PHS_Funded Research |
| • Gov't-Funded Research (Non-PHS) • Department Funded 3.d.i. |
| Human Subject Research |
| 2. Complete and File Your Disclosure – <u>Click here</u> |
| |
| * Indicates Required Fields |
| * 3. Please answer Yes or No to the items below: |
| I understand that I must complete the financial conflict of interest disclosure requirements for this project, as applicable. |
| • I cer 3.d.ii. ssary human subject, animal subject, and/or Environmental Health & Safety approvals have been obtained prior to conducting work that requires such approvals. |
| I certify that funds will be available to cover the expenditures incurred for this project in the event that the Sponsor does not provide the funds requested. |
| 3.d.iii. |
| |
| Save Reset |
| |

- e. Regulatory Compliance (*Note: Some department contract and grant staff leave this page/tab for the Principal Investigator to complete.*)
 - i. Complete Human Subjects field and enter the IRB protocol numbers, if applicable. (*Note: A text field will appear for protocol number entry as appropriate.*)
 - ii. Complete the Animal Subjects field (*Note: Animal clinical trials are not handled by Clinical Trials Contracts. Such IPFs should be submitted to Sponsored Programs in the Office of Research.*)
 - iii. Complete the Hazardous Research Materials Section. If no Hazardous Materials, check None.
 - iv. Select Save.

| 3.e.i. | * Does this research involve <u>HUMAN SUBJECTS?</u> | | | |
|---------|---|--|--|--|
| | IRB applications must be submitted via IRBNet. Have you submitted an application to the IRB for this project? IRB applications must be submitted via IRBNet. Have you submitted an application to the IRB for this project? | | | |
| | Please provide your IRBNet ID(s) below: | | | |
| | List the application numbers below: (Note: Use commas to separate values) | | | |
| 3.e.ii. | | | | |
| | Animal Subjects | | | |
| | * Does this research involve VERTEBRATE ANIMALS? | | | |
| | ● Yes ◎ No | | | |
| | * Has your research team submitted an application to the IACUC for this project? | | | |
| | Ves No | | | |
| | List the application numbers below: | | | |
| | I ist the species involved with this project: | | | |
| | If multiple species are involved, please use the comma as a separator. | | | |
| | | | | |
| | | | | |
| 3 0 iii | h. | | | |
| J.e.m. | Hazardous Research Materials | | | |
| | * Does the proposal involve research with any of the following? (please check all that apply) | | | |
| | When appropriate, provide the BUA number(s) as an attachment in the Proposal Attachment section. | | | |
| | If you would like more information on Biological Use Authorizations (BUAs), please visit the UC Davis BUA webpage. | | | |
| | Please note that the review process performed by the Biological Safety Office for submitted BUAs can take up to 8 weeks. | | | |
| | If you have any questions or concerns about BUAs, please email the Biological Safety Office at biosafety@ucdavis.edu. | | | |
| | Chemical Hazards (flammable, pyrophoric & water reactive chemicals, oxidizing/reducing agents, poisons, carcinogens, etc.) | | | |
| | Neuroxins/Select Agents (botulinum neurotoxins, botulinum neurotoxin-producing species of Clostridium, or preparations or pharmaceuticals containing botulinum neurotoxins, etc) | | | |
| | Biohazardous Materials (recombinant or synthetic nucleic acids, infectious agents, human or non-human primate cells, tissues, or body fluids) | | | |
| | Nanomaterials | | | |
| | | | | |
| | 3.e.iv. | | | |
| | | | | |
| | Save Keset | | | |

f. Subrecipients

- i. If there is/are a subrecipient(s)
 - 1. Enter the subrecipient(s) in the Subcontractor field. If the subrecipient is not listed, select Miscellaneous Sponsor and type the Subcontractor Name in Submission Notes (last step before routing).
 - 2. Select Add Subcontractor. (*Note: The required documents must be uploaded in the Proposal Attachments tab.*)

| >> Subrecipients | |
|--|-------------|
| If this proposal involves one or more Subaward(s) for which funds are requested, please add the Subaward entity(ies) below, and provide the following items with your propos | sal. |
| These items should be attached to your proposal (see Proposal Attachments page). | |
| 1. Subawardee's Statement of Work 2. Subawardee's Budget (including Budget Justification) 3. Letter of Commitment signed by Subawardee's Authorized Official 4. <u>Commitment Form</u> : | |
| Subrecipient Commitment Form; or FDP Subrecipient Pilot – Supplemental Project Information Sheet; or Multiple Campus (MCA) Commitment Form | |
| 5. For each anticipated subawardee, answer the following questions and include the responses in your documentation attachments for that subawardee: | |
| • What was the basis for selection of this subawardee? (competitive solicitation or sole source based on unique qualifications, equipment, know how, or integral part of a collaborative research team) | |
| Will any of these subaward/subcontract relationships result in an agreement between the University and a current University employee or a current employee's near relative (i.e., spouse or registered domestic partner, or dependent children) or an entity in which you or your near relative owns or controls or possesses a financial interest? a former University employee? If the response to any question 1-4 is "yes", please complete the <u>conflict of interest form</u> and submit approved form to Sponsored Programs (applicable policy: UCD F | PPM 350-90) |
| NOTE: If no subawards are proposed, please click the No Subcontractors button to complete this section. 3.f.i.1. | |
| Add Subcontractor 3.f.i.2. | |
| Subcontractor: Add Subcontractor | ٩ |
| List of Subcontractors: (to edit the list, remove the entry and re-select) | |
| There are no subcontractors added to the proposal | |
| No Subcontractors Reset | |

3. Select Authorize Subcontractor List.

| Add | I Subcontractor | |
|------|---|--------|
| | Subcontractor: Add Subcontractor | ٩ |
| List | t of Subcontractors: (to edit the list, remove the entry and re-select) | |
| | | |
| | Subcontractor 3.f.i.3. | |
| | Agricultural Labor Relations Board | Remove |
| | | |
| | Authorize Subcontractor List Reset | |

ii. If no subrecipients, select No Subcontractors.

| >> Subrecipients | |
|---|-------------|
| If this proposal involves one or more Subaward(s) for which funds are requested, please add the Subaward entity(ies) below, and provide the following items with your proposal These items should be attached to your proposal (see Proposal Attachments page). 1. Subawardee's Statement of Work 2. Subawardee's Budget (including Budget Justification) 3. Letter of Commitment signed by Subawardee's Authorized Official 4. <u>Commitment Form</u> : • Subrecipient Commitment Form; or • FDP Subrecipient Pilot – Supplemental Project Information Sheet; or • Multiple Campus (MCA) Commitment Form | sal. |
| 5. For each anticipated subawardee, answer the following questions and include the responses in your documentation attachments for that subawardee: What was the basis for selection of this subawardee? (competitive solicitation or sole source based on unique qualifications, equipment, know how, or integral part of a collaborative research team) Will any of these subaward/subcontract relationships result in an agreement between the University and (1) a current University employee or (2) a current employee's near relative (i.e., spouse or registered domestic partner, or dependent children) or (3) an entity in which you or your near relative owns or controls or possesses a financial interest? (4) a former University employee? If the response to any question 1-4 is "yes", please complete the <u>conflict of interest form</u> and submit approved form to Sponsored Programs (applicable policy: UCD I NOTE: If no subawards are proposed, please click the No Subcontractors button to complete this section. | PPM 350-90) |
| Add Subcontractor | |
| Subcontractor: Add Subcontractor | ٩ |
| List of Subcontractors: (to edit the list, remove the entry and re-select) 3.f.ii. There are no subcontractors added to the proposal | |
| No Subcontractors Reset | |

- g. Foreign Activity (Note: Some department contract and grant staff leave this page/tab for the Principal Investigator to complete.)
 - i. Answer the Foreign Activity questions and complete any associated text fields and drop-down lists. (*Note: A text field and/or drop-down list will appear as appropriate.*)
 - 1. If the project will involve export control but the foreign location is unknown at the time of IPF, select To Be Determined for the foreign location. (*Note: Select control and the country simultaneously to select multiple countries.*)
 - ii. Select Save.

| * 1. Does the project involve conducting proprietary research with a potential military application? 3.g.i. | | | |
|--|--|--|--|
| 2 Does the project involve: | | | |
| * a. Sending, transporting, transmitting, or carrying any material or equipment outside the United States (examples include: computers, GPS, biologicals, diagnostic kits, reagents, or data)? | | | |
| Yes No | | | |
| * i. Please provide the following information about the material or equipment: (1) Export Method; (2) Description; (3) Recipient; (4) Intended End Use; and (5) Anticipated Export Date. | | | |
| * ii. To which countries are you shipping? 3.g.i.1. Afghanistan Albania Algeria Algeria American Samoa Andora Image: Constraint of the second | | | |
| Andorra | | | |
| b. Travel outside the US by any research personnel? If the answer is yes, please attach a list of destination countries at the attachments tab on your proposal. Yes No | | | |
| * c. Importing, exporting, or transmitting any goods, services, technology, or funds to or from (or travelling to) any of the countries from the OFAC list (including, but not limited to Iran, North Korea, Syria, Libya, and Cuba)? | | | |
| ● Yes ◎ No | | | |
| * 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: | | | |
| * a. Non-commercial encryption or information security software? | | | |
| | | | |
| b. Any equipment, technology, materials or software specifically designed, modified, or adapted (even slightly) for a military purpose or that may involve national security? Yes O No c. Any classified materials, equipment, technology or data? Yes O No | | | |
| Save Reset | | | |

i. Special Interest

- i. Answer the questions, entering protocol numbers as applicable. (*Note: A text field will appear for protocol number entry as appropriate.*)
- ii. Question 5 should be answered yes as this refers to the sponsor agreement.
- iii. Select Save.

| >> Special Interest | | | |
|--|--|--|--|
| * Indicates Required Fields 3.i.i. | | | |
| * 1. Are <u>Human Stem Cells</u> involved in this proposal? | | | |
| © Yes | | | |
| * 2. Does this project involve scuba diving? | | | |
| © Yes | | | |
| * 3. Does this project involve operation of a boat? | | | |
| © Yes ● No | | | |
| * 4. Does your proposal require acquisition of an HPC cluster or similar servers? If yes, please add a description on the Budget page under Additional Resources. | | | |
| * 5. Has the sponsor provided a draft agreement to fund this project? If so, please attach it on the Proposal Attachments page. | | | |
| © Yes ● No | | | |
| * 6. Does this project involve Sustainability Research? | | | |
| © Yes | | | |
| * 7. Is this proposal an SBIR (Small Business Innovative Research Program) or an STTR (Small Business Technology Transfer Program) or an STTR (Small Business Technology Technolog | | | |
| Save Reset | | | |

- j. Additional Questions
 - i. Answer all required Additional Questions (indicated by a red *).
 - ii. If this is a <u>Limited Submission</u>, upload the selection notification email in the Proposal Attachments tab.
 - iii. All Clinical Trial Contracts should state "Human Health" in the dropdown under "Health Relatedness".
 - iv. Select Save.

| >> Additional Questions | | |
|---|--|--|
| 3.j.ii. | | |
| | | |
| * Indicates Required Fields | | |
| * 1. Is this Proposal in response to a Limited Submission call? | | |
| © Yes | | |
| * 2. Do you anticipate having to lease new space to complete the activity described in this proposal? If so, please include in the Additional Resources on the Budget page. | | |
| © Yes 	◎ No | | |
| * 3. Does this Proposal anticipate use of a Garamendi facility? | | |
| © Yes ● No | | |
| * 4. Did this Proposal benefit from RISE and/or IFHA support? | | |
| © Yes ● No | | |
| * 5. Did this Proposal benefit from research generated from Academic Senate Faculty Grants (New Research Initiatives and Small Grants in Aid)? | | |
| O Yes O No | | |
| 6. Health Relatedness 3.j.iii. | | |
| Please indicate the primary area of health relatedness that applies to your proposal. | | |
| | | |
| Human Health | | |
| 7. Please select additional areas that also describe your activity (check all that apply). | | |
| If you choose the primary area again in the drop-down list, that will be treated as "other". | | |
| | | |
| Companion Animal Health | | |
| V Food Animal Health | | |
| Environmental Health Environmental Health | | |
| Equine Health | | |
| Human Health | | |
| Wildlife Health | | |
| | | |
| Save Reset | | |
| | | |

k. Location of Sponsored Activities

- i. Indicate all locations where the work under this project will be performed and the Percent of Work at each location. Do not enter location of Subawardee(s). (*Note: This list should match the 1572.*)
- ii. Select Add. (*Note: The location will appear under the appropriate listing. An error will display until the total Location of Sponsored Activities equals 100%.*)

| >> Location of Sponsored Activities | | |
|---|--|--|
| Please indicate the location(s) where your research will occur and assign a percentage to each location. Percentages should reflect the portion of budgeted salaries that will be expended in that location. Enter as many as apply in each quadrant below. Do not include subawardee locations on this page. Note: If activities occur in a Davis or Sacramento campus facility, do not also add the state and country as separate locations are sum of percentages in all locations must equal 100%. It currently adds up to 0.00%. Please add or remove locations are supported by the state and country as separate locations. | s. ccordingly. | |
| Campus Locations | Use of ORUs, SRPs, Core Facilities, and ANR | |
| If any sponsored activities occur on campus, please ent be done there. 3.k.i. Click Add after each entry. | Select below if proposal activities require use of or access to one or more Organized Research Units (ORU), Strategic Research Programs (SRPs), core facilities or ANR facilities (and ANR is not a subawardee). Provide the % of the project that will be physically conducted at each of these locations. If there will be no physical access or use, but the project or PI is affiliated with one or more of these unit(s), please identify these units and select 0%. Location: Select Percent of Work: % Add There are no ORUs, SRPs, Core Facilities, or ANR resources added to this proposal. | |
| Demostic Off Campus Locations | Out of Country Locations | |
| If any sponsored activities occur within the United States but in buildings/locations not owned or leased by UC Davis, please enter each state and the percentage of work that will be done there. • Subaward locations should not be entered here. • Click Add after each entry. Location: Select Percent of Work: % Add There are no Domestic Off-Campus Locations added to the proposal. | If any sponsored activities occur outside the United States, please enter each country from the list below and the percentage of work that will be done there. Subaward locations should not be entered here. Click Add after each entry. Location: Select. Percent of Work: % Add There are no Out-of-Country Locations added to the proposal. | |
| Re | iset | |

I. Proposal Abstract

- i. Indicate "No" under question 1.
- ii. For Abstract details, type N/A.
- iii. Under Field of Science, no selection is needed.
- iv. Select Save.

| >> Proposal Abstract | |
|---|----|
| * Indicates Required Fields | |
| 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. | |
| It may also be used to search key words in order to provide reports to UC Davis administrative offices regarding research on specific subjects. | |
| The abstract should be plainly written and in sufficient detail to summarize the proposed activity. There is no need to write a special abstract for this purpose. The abstract or proposal summary for your proposal will be sufficient. | |
| The abstract should not contain ANY institutional or sponsor proprietary information, such as description of a potentially patentable invention (e.g., a new and useful process, machine, article of manufacturing, composition of manufacture, or related improvements). | 30 |
| If so indicated below, a. 1.1 give permission termake Yes No 2. Abstract: N/A A | |
| 3. Animal Categories: Please indicate the applicable animal category in this proposal. Select one Save Reset | |

- m. Proposal Attachments
 - i. Upload applicable documents. See the <u>Necessary Documents section</u> if you are unsure of what to upload. (*Note: UBT's will need to include "internal budget" in the file name, sponsor budget's will need to include "sponsor budget" in the file name.*)
 - 1. Browse your computer and select the document to upload.
 - 2. Select the Document Type.
 - 3. Select Add.
 - 4. Repeat the Upload Process until all documents are loaded.
 - 5. When uploading the Exception to Policy for Clinical Study Contracts, select "Other" in the dropdown.

| >> Proposal Attachments | | |
|--|--|-----------|
| When applicable, please attach the following docun Proposal Announcement Guidelines (RFP, I Budget (in Excel) Form 800 Subcontractor documentation (letter of com Representations & Certifications For industry-sponsored clinical trials, please attach | nents: RFA, etc.) imitment, budget, budget justification, scope of work) the following documents: | |
| Sponsor Protocol Final Sponsor Budget Final Internal Budget | 2 m i 1 | |
| Add Attachment | 5.111.1.1. | 3.m.i.3. |
| Click Browse to select a file: Document Type | Browse quick_reference_card.pdf Proposal Announcement Guidelines (RFP, RFA, etc.) | Add Reset |
| No attachments have been added. | | |
| | No Attachments | |

- n. Approving Units
 - i. Check the Approving Units that auto-populate for accuracy. (*Note: Contact* <u>ORCayuseHelp@ucdavis.edu</u> if a Unit name is blank. If a Non Admin unit is listed, ensure is it a rollup unit from one of the other units listed. Rollup will display under Role(s).)
 - ii. Add other Units if appropriate. (*Note: Do not add the Clinical Trials Contracts Office. The IPF will route to the Clinical Trials Office after all department/school level approvals have been obtained.*)
 - Re-order the Routing if needed. (Note: If the IP is being routed to the School of Medicine, recorder it to after all School of Medicine units. If the IPF is being routed to the School of Veterinary Medicine, reorder it to after all School of Veterinary Medicine units.)
 - iv. Select Authorize Unit Listing.

| >> Approving Units | | | | | | | | | |
|--|---|--------------------------------|---------|-----------------------------|--|--|--|--|--|
| The units listed below will be notified to authorize this proposal record. Please be certain every unit and/or campus resource involved with or used by this proposal is listed on this screen before submitting the proposal record for routing. Failure to include all affected resources/units may result in the necessity of rerouting for approvals. | | | | | | | | | |
| OR | | | | | | | | | |
| One of the following offices will authorize this proposal on behalf of the University. Do not add them as approving units. | | | | | | | | | |
| Sponsored Programs Office Office of Clinical Trials, School of Medicine Office of Graduate Studies 3.n.ii. | | | | | | | | | |
| Add Approving Unit | | | | | | | | | |
| Unit: | Add Unit | 3.n.i. | | | | | | | |
| List of Approving Units: (f | to edit the information, remove fire | st, then add back) | | | | | | | |
| Routing Order | Unit Code | Unit | | Roles(s) | | | | | |
| 1 | 0 | Betty I Moore Nursing School | | Admin Unit | | | | | |
| 2 🗸 | 3.n.iii. 🧧 | Med Int Med - Hematology/Oncol | | Lead Principal Investigator | | | | | |
| 2 - | LU | Med Int Med (do not use) | 3.n.iv. | Rollup From - 049227 | | | | | |
| 3 - | 3 · 43 School of Medicine (do not use) Rollup From - 20 | | | | | | | | |
| Authorize Unit Listing | | | | | | | | | |

- o. Submission Notes
 - i. Add any notes regarding this IPF in the Notes field, such as:
 - 1. If you selected "Miscellaneous Sponsors" for either the Sponsor or Subcontractor(s), enter the name, address and contact information (person's name and phone number) of Sponsors or Subcontractor(s). (*Note: You would have selected Miscellaneous Sponsors*.)
 - 2. Add the contact person from the Sponsor who is responsible for negotiating the agreement and their contact information, including an email address AND phone number.
 - 3. If a CRO is involved, enter the name of the CRO, their address, the contact person from the CRO who is responsible for negotiating the agreement and their contact information, including an email address AND phone number.
 - ii. Select Add Note. (Note: Notes cannot be edited or deleted.)

| Plea | se add any additional information that may be pertinent to processing this proposal. | | |
|------|--|----------|---------|
| | Submission Note: 3.o.i. This is a note. | Add Note | 3.o.ii. |
| | No notes have been added. | | |

- p. Submit for Routing
 - i. Ensure green checkmarks are indicated for all tabs.
 - ii. Select Submit for Routing. (*Note: The Principal Investigator should complete this step as the IPF can no longer be edited after it is submitted for routing.*)
 - iii. Select Yes when asked "Are you sure you wish to submit this Proposal Record?".
- 4. If you selected Miscellaneous Sponsor for a Sponsor or Subaward, email <u>ORCayuseHelp@ucdavis.edu</u> and request the Sponsor or Subawardee be added.

| Item List 17-0043 🛫 💋 | >> Submission Confirmation |
|--|---|
| View or Edit completed sections by clicking the name next to the check. | 3.p.i. you wish to submit this Proposal Record? |
| ✓ General Information | Clicking YES will do four things: |
| Canadian 424 Proposal | The Proposal Record will be locked and can no longer be edited (except by the Admin Unit); The Proposal Record will be routed to all alliliated units for review and concurrence: should any of these units react the Proposal Record you will be notified by email of the relaction and for |
| V Investigators/Research Team | what reason(s); 3. The PI(s) will be notified by email that they must certify the Proposal Record in Cayuse Sponsored Projects; and 4. (Intraceb: the Pronead Record will antee in SPC) for final means and anomoal |
| Pudget | Throughout these tapes you your PL and any other contribution members loted on the Proposal Record will be shie to track its review and anomal status in Causes Sponsored Projects |
| Enancial Conflicts of Interest in Research | Once all efficient units have approved the Descent Descent we will receive an analyside after that it are out the rest of the rest and in CDO. If the rest and in CDO if the rest and in CDO. |
| Regulatory Compliance | then no fuller action is required on the regotate record plan where an email reaction are made to the proposal be as be forwarded to SPO for a complete submission to be accomplished. |
| ✓ <u>Subrecipients</u> | |
| Exreign Activity | Yes No |
| Special Interest | |
| Additional Questions | |
| Location of Sponsored Activities | |
| Proposal Abstract | |
| Proposal Attachments | |
| ✓ Approving Units | 3.p.ii. |
| Submission Notes | |
| Submit for Routing | |

Editing an Internal Processing Form that has been Submitted for Routing

Once an IPF/Proposal has been Submitted for Routing, it may no longer be edited. If you need to make revisions, please follow the appropriate instructions below.

- Revisions that <u>require re-approval</u> from the IPF Approvers are:
 - o Budget Cost Share, Incorrectly Applied (match/in-kind) (not applicable to Clinical Trial Contracts)
 - Effort Changed from Direct Charge to Cost-Share
 - o Key-personnel added to the project after routing to Clinical Trials Contracts Office
 - Subawards added to the budget after routing to Clinical Trials Contracts Office
 - o Incomplete IPF/proposal (refer to <u>Necessary Information and Documents</u>)
 - Other revisions representing a significant change in commitment of departmental and/or campus resources
- Minor revisions that <u>do not require re-approval</u> from IPF Approvers include, but are not limited to:
 - Change in project title
 - Change in project dates
 - o Edits to the abstract field
 - Minor budget edits

Does Not Require Re-approval by IPF Approvers

- 1. Find the IPF from My Proposals or Proposals in My Unit.
 - a. Select the Proposal Number.

| > | >> My Proposals | | | | | | | | | | | | | | | | | |
|---|-----------------|-----------|--------|----------------|------|------------------|-------------|---------------|-------------|--|----------------|------------|---------|---|-----------------------------|-----------|------|---|
| | Uns | submitte | d Pr | oposals | s | ubmitted Proposa | IIS | | | | | | | | | | | |
| | Be | elow is a | a list | of submi | tted | proposals you | initiated o | r on which yo | u are liste | d. | | | | | | | | |
| | s | ubmitte | d | | | | | | | | | | | | | | | |
| | D | ate | | Prop No | | Lead PI | Project | Name | | Sponsor | | Deadline | My Role | | Status | | | |
| | S | earch | x | Search | x | 1.a. | x Search | | x | Search | x | Search x | Search | x | Search | x | | |
| | 11 | 1/07/2017 | 7 | <u>18-1140</u> | _ | Kassie Obelleiro | 120117 0 | belleiro NIH | | NIH National Institutes of Health Center for Scientific Review (Proposals Only-No Awards) | o ¹ | 12/01/2017 | Owner | | Dept Approval In Process | <u>Co</u> | py ' | 2 |

2. Go to the Notes tab.

- a. Enter Note in the text box that you request this proposal/IPF be returned to Unsubmitted status
- b. Select Add Note.

| >> Proposal Routing | g Status | | | | | |
|---------------------|---------------------|----------------------|------------------------------|-----------------------|----------------------|------------|
| | | | | | | |
| Proposal No: | <u>18-1140</u> 🛃 | | | | Submission Deadline: | 12/01/2017 |
| Project No: | | | | | Proposal Specialist: | |
| Lead Investigator: | Kassie Obelleir | <u>0</u> | | | Contract Specialist: | |
| Sponsor: | NIH National Instit | utes of Health Cente | r for Scientific Review (Pro | posals OnlyNo Awards) | Account Manager: | |
| Project Title: | Actual title of the | project | | | | |
| View IPF Approvals | Compliance | Status History | Advance Account | Awards | 2. | |
| Please return | this proposal to U | nsubmitted status so | the department may revise | e. 2.a. | 2.b. | |
| No notes ha | ave been added. | | | | | |

c. The added Note will display under Note.

| >> Proposal Routing | Proposal Routing Status | | | | | | | | | | |
|---------------------|--|--------------------------------------|----------------|----------------|------------|-------------|---------------|------------|--------------|------------|-----------------------------|
| | | | | | | | | | | | |
| Proposal No: | <u>18-1140</u> | 7 | | | | | | Submissi | on Deadline: | 12/01/2017 | |
| Project No: | | Proposal Specialist: | | | | | | | | | |
| Lead Investigator: | Kassie Ob | assie Obelleiro Contract Specialist: | | | | | | | | | |
| Sponsor: | NIH National Institutes of Health Center for Scientific Review (Proposals OnlyNo Awards) Account Manager: | | | | | | | | | | |
| Project Title: | Actual title | of the pro | oject | | | | | | | | |
| Approvals | Compliar | nce | Status Histor | / Advand | ce Account | Award | is Add Not | e | | Catagori | |
| Note | | | | | | Recorded By | | Date | Note Area | Category | Access |
| Please return t | this proposa | il to Unsu | bmitted status | so the departm | ent ma | Amie Admin | | 11/09/2017 | Proposal | General | Admin Office All Parties |

- 3. Email <u>ORCayuseHelp@ucdavis.edu</u> and request the proposal/IPF be returned to Unsubmitted status and state reason, indicating that this does not require re-approval by the IPF Approvers.
- 4. Make necessary edits in the proposal/IPF.
- 5. Email <u>ORCayuseHelp@ucdavis.edu</u> and request the IPF be returned to Admin Office in Process status, or Dept Approval In Process status (if the IPF Approval process was incomplete). (*Note: Do not Submit for Routing again. If Submit for Routing is selected, all IPF Approvals already obtained will need to be re-obtained).*

Certifying/Signing an Internal Processing Form

1. Go to My Proposals under My Dashboard.



2. Select the PI Certification Inbox.

| но | ME MY DASHBOARD REPORTING | LOG OUT |
|----|-------------------------------|---------|
| Pr | oposal Dashboard | |
| | Start New Proposal | |
| | My Proposals | |
| | Proposals In My Unit | |
| | Advance Account Inbox | |
| Av | vard Dashboard | |
| | My Awards | |
| | Awards In My Unit | |
| Ce | ertifications/Approvals 2 | |
| 2 | PI Certification Inbox | |
| | Unit Approval Inbox | |

3. Select the appropriate Proposal Number.

| To be Certified | Previously Reviewed | | | |
|-------------------------|---------------------------|-------------------------------------|--------------------------------------|--------------|
| Below is a list of prop | oosals that require your | 3 s Lead or Principal Investigator. | | |
| Date Submitted | Proposal No. Project Na | ne | <u>Sponsor</u> | Deadline PDF |
| | <u>17-0170</u> 04/24/2017 | Test kmo | Almond Board of California (Federal) | 04/24/2017 📩 |
| | | | | |

- 4. Review the IPF. (Note: You may view the electronic IPF/proposal or a PDF.)
- 5. Select Certify Proposal when ready to "sign".

| | >> Proposal Routing Status 4 | | | | | |
|---|---|--|--|--|--|--|
| | Proposal No: <u>17-0170</u> | Submission Deadline: 4/24/2017 | | | | |
| | Project No: A17-0014 | Proposal Specialist: | | | | |
| | Lead Investigator: Kassie Obelleiro | Contract Specialist: Grace Liu | | | | |
| | Sponsor: Almond Board of California (Federal) | Account Manager: | | | | |
| 4 | Project Title: Test kmo 5 | | | | | |
| | View IPF Certify Proposal | | | | | |
| | Approvals Compliance Status History A | dvance Account Awards | | | | |
| | The above proposal has been successfully submitted. All lea this proposal before it is received by the UC Davis Sponsore | d/principal investigators and approving units listed below have been notified an d Programs Office. | | | | |
| | | Role | | | | |
| | | | | | | |
| | Kassie Obelleiro | Lead Principal Investigator | | | | |
| | Unit(s) that must authorize this proposal | | | | | |
| | Order Unit | Authorizing Person(s) | | | | |
| | 1 Academic Assessment | | | | | |
| | 2 Interdiscplinary Research Sup | | | | | |
| | 3 UC Davis Sponsored Programs Office | Admin Office | | | | |

- 6. Review the Certifications.
- 7. Select Submit Certification.

| >> Proposal Certification | 6 |
|---|---|
| In my role as an investigator, I understand and certify that: 🦯 | |
| The information submitted within this application is true, cor administrative penalties. | nplete and accurate to the best of my knowledge. Any false, fictitious, or fraudulent stat |
| • I have the responsibility for the scientific, fiscal and ethical c | onduct of the project and to provide the required progress reports if an award is made. |
| I will comply with all relevant state and federal regulations, U | Iniversity policies and contractual obligations, in administering the resultant award, inclu |
| I have reviewed applicable U.S. Export Control requirements If this is an NIH application, I will comply with the NIH Policy | s and University policy on Export Controls and will comply with the export control require on Public Access. |
| I will work to anoura that my relationship with the anonar of | |
| • I will work to ensure that my relationship with the sponsor of | this project is either free of conflict of interest or consistent with a previously disclosed |
| Please enter any comments or additional information you might | this project is either free of conflict of interest of consistent with a previously disclosed thave regarding this proposal . |
| Please enter any comments or additional information you migh | It have regarding this proposal. |
| Please enter any comments or additional information you migh | It have regarding this proposal. |
| Please enter any comments or additional information you migh | It have regarding this proposal. |
| Please enter any comments or additional information you migh | It have regarding this proposal. |
| Please enter any comments or additional information you migh | nt have regarding this proposal. |

8. The IPF will now show as Certified within the Approvals tab.

| Approval | ls Compliance | Status History | Advance Account | Awards | | Û | | |
|---|---------------------------|----------------|-----------------|----------------------|------------|----|----------------------------------|--|
| The above properties has been successfully submitted. All lead/principal investigators and approving units listed below have been notified and should electronically authorize (in routing order for units) this is received by the UC Davis Sponsored Programs Office. | | | | | | | | |
| Investi | igator | | R | le | | | Decision | |
| Kassie | Obelleiro | | Le | ad Principal Investi | gator | | Certified on 05/04/2017 11:52 AM | |
| Unit(s) | that must authorize this | proposal | | | | | | |
| Order | Unit | | | Authorizin | ig Person(| 5) | Authorizing Decision | |
| 1 | Academic Assessment | | | | | | Not Yet Reviewed | |
| 2 | Interdiscplinary Research | Sup | | | | | Not Yet Reviewed | |
| 3 | UC Davis Sponsored Prog | grams Office | | Admin Off | ice | | | |

Checking the Status of a Routed IPF

Internal Processing Form Status Definitions

| Status | Definition |
|--------------------------|--|
| Unsubmitted | Not submitted for routing |
| Dept Approval in Process | Pending IPF approvals; submitted for routing |
| Admin Office in Process | Received by Clinical Trials Contracts Office but not |
| | assigned |
| Under Award Negotiation | Under analyst review and/or contract negotiation |
| Pending Award | Negotiation of CTA finalized |
| Reopened | IPF reopened for department to edit |
| Withdrawn | IPF withdrawn by the Principal Investigator |
| Not Funded | IPF not funded by the sponsor |
| Funded | Awarded |

For Internal Processing Forms You Initiated

The following instructions also apply if you are listed in the Investigators/Research Team tab in any role.

- 1. From the Proposal Dashboard, open the My Proposals tab.
- 2. Select the Submitted Proposals tab if the IPF has already been submitted to the Clinical Trials Contracts Office.
- 3. Search for the IPF by date created, Proposal Number, Principal Investigator's name, Project Name, Sponsor Deadline or your role.
- 4. The IPF status will display in the last field (to the right).
- 5. To view the detailed status, open the relevant IPF by selecting the Proposal Number.

| Proposal Dashboard | My Proposals | |
|--------------------------|--|--------------------|
| Start New Proposal 1 | | |
| 1 My Proposals | Unsubmitted Proposals Submitted Proposals | |
| Proposals In My Unit | Below is a list of submitted proposals you initiated or on which you are listed. | |
| Advance Account Inbox | Submitted Date Prop No Lead PI (* Project Name Sponsor Deadline My Role | Status |
| Award Dashboard | Conrob y Conrob y Conrob y Conrob y Conrob y Conrob | Search |
| My Awards | Search A | Search |
| Awards In My Unit | 05/10/2017 17-0009 Kassie Obelleiro 050917 Test KMO NIH National Database for 05/31/2017 Lead Principal Investigator | Funded Copy 📩 |
| Certifications/Approvals | 05/10/2017 17-0014 Kassie Obelleiro 050917 Test KMO NIH National Database for 05/31/2017 Lead Principal Investigator Autism Research | Funded <u>Copy</u> |
| 1 PI Certification Inbox | 17-0015 050917 Test KIMO NIH National Database for 05/31/2017 Lead Principal Investigator Autism Research | Funded Copy 📩 |
| 2 Unit Approval Inbox | 05/22/2017 17-0043 💋 D 052217 Obelleiro NIH TEST NIH National Database for 05/31/2017 Lead Principal Investigator Autism Research | Funded Copy 📩 |

6. View the bottom of the Approvals tab.

| Approv | als Compliance | Status History | Advance Account | Awards | Ē | Q | | | |
|--------------|---|------------------|-----------------|-----------------------------|----------|----|-----------|----------------------|--|
| The a this p | The above propo 6 ccessfully submitted. All lead/principal investigators and approving units listed below have been notified and should electronically authorize (in routing order for units this proposal before the UC Davis Sponsored Programs Office. | | | | | | | | |
| Inves | stigator | y this r toposal | Ro | le | | | Deci | sion | |
| Kass | ie Obelleiro | | Lea | ad Principal Investig | ator | | Not Y | 'et Reviewed | |
| Unit(s |) that must authorize this | proposal | | | | | | | |
| Orde | r Unit | | | Authorizing | Person(s | ;) | | Authorizing Decision | |
| 1 | Academic Assessment | | | | | | | Not Yet Reviewed | |
| 2 | OVCR - Sponsored Prog | rams | | Dean Appro | ver | | | Not Yet Reviewed | |
| 3 | UC Davis Sponsored Pro | grams Office | | Admin Offic | e | | | | |
| Status | s History | | | | | | | | |
| Statu | s | | Perso | on | | | Date | | |
| Chang | ed to: Under Award Negotia | tion | Chang | ed by:Bridget Strong | 1 | | 4/28/2017 | 12:34 PM | |
| Chang | ed to: Submitted to Sponso | r | Chang | ed by:Bridget Strong | 1 | | 4/28/2017 | 12:32 PM | |
| Chang | ed to: Submitted for Routing | 1 | Chang | ed by: <u>Kassie Obelle</u> | eiro - | | 4/28/2017 | 12:31 PM | |
| | | 6 | | | | | | | |

7. View the Notes tab to see if there are any outstanding items.

| | | | 7 | | |
|--|-------------|------------|-----------|----------|---------------------------|
| | | | / | | |
| | | | | | |
| Add Note | | | al. | | |
| | | | | | |
| lotes List | | | | | |
| Note Area Filter: Award • | | | | | |
| Note | Recorded By | Date | Note Area | Category | Access |
| Received A, B, C and D. Received concurrence on E. | Grace Liu | 04/26/2017 | Award | General | Admin Office, All Parties |
| I request A, B, C and D. I need concurrence on E. | Grace Liu | 04/26/2017 | Award | General | Admin Office, All Parties |

For Internal Processing Form Initiated by Someone Else

If you are a Principal Investigator, key personnel or another contributing member in any role listed on the Investigators/Research Tab, you will have access to IPFs started on your behalf. However, if you are not key personnel, this will require the appropriate level of access. See the Role Manager in your department if you need access but do not have it.

- 1. From the Proposal Dashboard, open the Proposals in My Unit tab
- 2. Search for the IPF by date submitted, Proposal Number, Lead Principal Investigator, Project Name, Sponsor, Admin Unit or Status. (*Note: This list may be filtered by multiple fields simultaneously.*)
- 3. Follow <u>Steps 4 to 7 above</u>.

| Proposal Dashboard | >> Proposals I | n My Unit | | | | | | | |
|---|---------------------------------------|-----------------|-----------------------|---|--|------------------------------|-------------------|-------------|---|
| Start New Proposal 1 My Proposals | w is a list See <u>Research Co</u> | of proposals fo | or units where you ha | ve been assigned Proposal Da | 2 | | | | |
| Proposals In My Unit >> | Submitted | | | | | | | | |
| Advance Account Inbox | Date | Prop No 🜲 | Lead Pl | Project Name | Sponsor | Unit | Status | | |
| Award Dashboard | Search x | Search | Search x | Search X | Search x | Search X | Search x | | |
| My Awards | | <u>17-0190</u> | | 050117 Young NCI kmo-test | NIH National Cancer Institute (NCI) | Betty I Moore Nursing School | Unsubmitted | Copy | 1 |
| Awards In My Unit | | <u>17-0188</u> | | ATF - A18-0020-001- Trageting RORgamma | Prostate Cancer Foundation | Betty I Moore Nursing School | Unsubmitted | Copy | ₹ |
| PI Certification Inbox | | <u>17-0186</u> | | ATF - Gabapentin for pain control after osmotic dialator insertion | Society of Family Planning | Betty I Moore Nursing School | Funded | Copy | * |
| Unit Approval Inbox | 03/17/2017 | <u>17-0143</u> | Theresa Harvath | Family Caregiving Institute | Gordon and Betty Moore Foundation | Betty I Moore Nursing School | Proposal Approved | <u>Copy</u> | 1 |

Awards

Quick Reference

- 1. View the status of an Award for a <u>IPF you initiated</u> or on which you are key personnel.
- 2. View the status of an Award for a <u>IPF initiated by a Principal Investigator or another department administrator</u> in your unit.

| | HOME MY DASHBOARD REPORTING LOG O |
|---------------|---|
| | Proposal Dashboard |
| | Start New Proposal |
| | My Proposals |
| | Proposals In My Unit |
| 1 | Advance Account Inbox |
| $\overline{}$ | Award Dashboard |
| 2 | My Awards |
| | Awards In My Unit |
| | Certifications/Approvals |
| | 2 PI Certification Inbox |
| | Unit Approval Inbox |

Submitting Award Modifications and Supplemental IPFs

For any Award modification (e.g., amendment, change in internal budget not requiring amendment, change in end date), send the e-mail request to the amendments analyst in the Clinical Trials Contracts Office with the following:

- 1. For Amendments after final budget is negotiated with sponsor, e-mail the fullyeditable amendment agreement and revised and approved UBT along with any e-mail chain identifying the sponsor contact for contract analyst to negotiate the amendment language (ensure the 700-U is updated in the eCOI system if there is an increase or any change to sponsor information)
- 2. For time extension/closeout e-mail the new end date to the amendments analyst so that the analyst can advise if amendment is required
- 3. For an internal budget change only that does not require an amendment e-mail the approved UBT to the amendments analyst (ensure the 700-U is updated in the eCOI system if there is an increase)

If an Award modification includes either of the following then a new Internal Processing Form (IPF) must be submitted for new approvals of the department chair and Dean.

- 1. Change in Principal Investigator
- 2. Change in Administrative Unit of the award (e.g., from Pediatrics to Internal Medicine)

Follow the steps above for <u>Creating and Submitting IPFs</u> with the following differences.

- 1. General Information (Note: Variation from Creating and Submitting IPFs)
 - a. Short Title: Begin with [Action] instead of the submission deadline (e.g., "Change in PI" [Principal Investigator Last Name] [Sponsor])
 - b. Proposal Type: New UC Davis Health
 - c. Select Save.
- 2. Budget
 - a. Unless there is also a budget amendment, the budget should be \$0.
- 3. Required documents
 - a. Signed Clinical Trials Exception to Policy from new PI
 - b. Editable amendment
 - c. Signed UBT approved by Julie
 - d. COI disclosures
 - e. Please note, updated IRB approval will be required prior to award

| * Sponsor: | | | 9 | |
|--------------------------------------|--------------------------|-----------------|--------------------------|-----------|
| Funding Opportunity/Sponsor ap | oplication No: | | | |
| Sponsor Program Name: | | | | |
| Proposal Guideline URL: | | | | |
| | | | 0 | |
| Prime Funding Agency: | 2 | | ~ | |
| General Proposal Information | | | | |
| * Admin Unit | (| ٩ | | |
| * Primary Administrative Contact | = | 9 | 1.a. | |
| Project No: | | | | |
| Short Project Name | 194 ₁ | | (internal reference nat | ne) |
| * Project Start Date: | 1 | lear | | |
| * Project End Date: | | lear | | |
| * Activity Code: | Click Here to Choose | Activity Code | | |
| • Proposal Type: Instrument Type: | Select One Select One | • | - 1. | b. |
| How will this proposal be submit | tted? | | | |
| Select Submission Method | • | | | |
| Affiliated Unit(s) (if applicable): | | Click Here to C | hoose Affiliated Unit(s) | |
| * Sponsor Deadline: | | | Clear Time: | Eastern - |
| | | Postmark: () | Receipt | 1 |
| * Title of Project: | | | | |
| Create a Paired Proposal 💿 | Pair with a 4 | 24 Proposal 🔘 | Un-Pair with 424 | Pro 1.c. |
| | | | Save | |
| | | | | |

Checking the Status of an Award

Award Status Definitions

| Status | Definition |
|---------|---|
| Pending | The award is not fully executed |
| Active | The award has been fully executed and routed to |
| | Contracts and Grants Accounting |

For Key Personnel and Others Listed on the Investigators/Research Team tab

- 1. From the Award Dashboard, open the My Awards tab.
- 2. Search for the Award by Project Number, Project Title, Lead Principal Investigator, Sponsor, etc. (*Note: Filter this list by multiple fields simultaneously.*)
- 3. The Award status is shown to the far right side of the screen.



4. Open the relevant Award by selecting the Award Number.

- 5. View the Notes tab to see if there are any outstanding items.
- 6. View the Documents tab to see the Award documents.

| Add a Note | | | | | | | |
|--|-------------|------------|-----------|----------|---------------------------|--|--|
| Add Note | | | .11 | | | | |
| Note Area Filter: Award | | | | | | | |
| Note | Recorded By | Date | Note Area | Category | Access | | |
| Received A, B, C and D. Received concurrence on E. | Grace Liu | 04/26/2017 | Award | General | Admin Office, All Parties | | |
| | | | | | | | |

For Users with Award Data Access

If you are a Principal Investigator or key personnel, you will have access to IPFs started on your behalf and the associated Awards. However, if you are not a Principal Investigator this will require the appropriate level of access. See the Role Manager in your department if you need this access but do not have it.

- 1. From the Award Dashboard, open the Awards in My Unit tab.
- 2. Follow <u>Steps 2 to 6 above.</u>

| Proposal Dashboard | >> Awards In My Unit |
|--------------------------|--|
| Start New Proposal | Awards Active Projects Inactive Projects |
| My Proposals | |
| Proposals In My Unit | v is a list of obligated awards in units to which you have been granted Award Data Access. |
| Advance Account Inbox | Award Award Award Award Award Award Award Award Award Notice Begin Award Account |
| Award Dashboard | Award No. 🗣 Project Title Lead PI Sponsor Amount Received Date End Date Admin Unit Numbers Status |
| My Awards | Search x Sea |
| Awards In My Unit >> | No records found. |
| Certifications/Approvals | |
| 2 PI Certification Inbox | |
| Unit Approval Inbox | |

Subawards/Subcontracts

Quick Reference

- 1. View the status of a Subaward/Subcontract for <u>users listed on the Investigators/Research Team tab</u> or on which you are key personnel.
- 2. View the status of a Subaward/Subcontract for <u>users with Award Data Access.</u> in your unit.



Checking the Status of a Subaward/Subcontract

Subaward/Subcontract Status Definitions

| Status | Definition | | |
|------------------------------|---|--|--|
| (Awaiting) Admin Dept | Action is required by the Principal Investigator | | |
| | /department | | |
| (Awaiting) Award Mgr/Analyst | Action is required by the Award Analyst | | |
| (Awaiting) Subcontractor | Action is required by the Subcontractor/Subawardee | | |
| Fully Executed | The Subaward/Subcontract is fully executed and has been | | |
| | sent to CGA | | |

For Key Personnel and Others Listed on the Investigators/Research Team Tab

- 1. From the Award Dashboard, open the My Awards tab.
- 2. Go to the Active Projects tab.
- 3. Search by Project Number, Project Title, Lead Principal Investigator, Sponsor, etc. (*Note: Filter this list by multiple fields simultaneously.*)

| Proposal Dashboard | >> My Awards |
|--------------------------|--|
| Start New Proposal | |
| 1 My Proposals | Awards Active Projects Inactive Projects |
| Proposals In My Unit | Below is a list of projects on w 2 is a member of the 3 |
| Advance Account Inb 1 | Project No : Project Title Lead PI Sponsor Amount Begin Date End Date Admin Unit Numbers Status |
| Award Dashboard | Frank a Frank |
| My Awards >> | Sealch & Sealch |
| Awards In My Unit | A18-0020 060117 Test KIMO Kassie Obelleiro NIH National Database for Autism Research for Autism Research (ICER024) |
| Certifications/Approvals | A18.0013 Test A Kassia Obaliarin National Science S4 658 750 00 05/01/2018 04/30/2019 Academic Active |
| 1 Pl Certification Inbox | Foundation (NSF) (068024) |
| 2 Unit Approval Inbox | View 1 - 2 of 2 |

4. Select the Project Number associated with the Subaward/Subcontract.

5. Go the Subcontracts tab.

| roject Administration | | | |
|-----------------------|---|------------------------------------|-------------------------------------|
| Project No: A18 | -0020 (Prime Acct:) Lead PI: K | assie Obelleiro Pi | roject Dates: 7/01/2017 - 6/30/2018 |
| Account Manager: | | Total | Anticipated: \$0.00 |
| Project Title: 060 | 117 Test KMO | 5 Tota | I Obligated : \$0.00 |
| General Awards | Budget Overview Accounts Personnel Ev | vents Proposals Subcont | tracts |
| * Project Title: | 060117 Test KMO | * Project Status: | Proposed - |
| * Admin Unit: | Academic Assessment | Confidential: | |
| * PI: | Kassie Obelleiro | Primary Administrative Contact: | Q |
| * Project Begin Date: | 07/01/2017 📰 <u>Clear</u> | * Project End Date: | 06/30/2018 📰 <u>Clear</u> |
| * Sponsor: | NIH National Database for Autism Research | Prime Sponsor: | ٩ |
| Cfda No: | | Instrument Type: | Grant - |
| F&A Activity Type | OR - Organized Research (110) | Agency Program Designation | |
| | | External System ID | |

- 6. Select the Subcontract Number to view Subaward/Subcontract details.
 - a. The Status is shown in the Subcontracts list.

| oject Admir | nistration | | | | | | | | | |
|--|---|-----------------|--------------------------|-----------|---------------------------|-----------------|--|------------|------------|--------------|
| Project No: A18-0020 (Prime Acct:) Lead PI: Kassie Obelleiro Project Dates: 7/01/2017 - 6/30/2018 | | | | | | | | | | |
| Account Manager: | | | | | Total Anticipated: \$0.00 | | | | | |
| Projec | t Title: 0601 | | Total Obligated : \$0.00 | | | | | | | |
| General | Awards | Budget Overview | Accounts | Personnel | Events | Proposals | Subcontracts | |) | |
| Subcontra | Subcontracts for this project Add New Subcontract | | | | | | | | | |
| Subcontra | ast No. 🔺 | Account No. | Admin Unit | Status | | FFATA Report | Organization | Sont Data | Execution | Total Dist |
| A18-0020 | <u>-5001</u> | | Academic Assessment | Fully | xecuted | Yes | Agricultural Labor Relations Board | 07/11/2017 | 07/19/2017 | \$200,000.00 |
| View 1 - | 1 of 1 | 6 | | | | 6.a. | | | ra « Page | 1 of 1 🕨 💵 |

7. View the Notes section for status updates from the Subawards team, including the name of the assigned analyst.

| >> Subcontract Administration | | | | | | | | | | |
|-------------------------------|-----------------------------------|---|----------|---|-----------|----------------|----------|-----------------------------|--|--|
| Subcontract No: | A18-1255-S002 | (View Project) | | | FDP Tem | plates: | | | | |
| Subcontract Type: | Subcontract Type: Original | | | | | Amount: \$0.00 | | | | |
| Status: | (Awaiting) Subco | ntractor | | Last Updated: 2/15/2018 12:00 AM - Kimberly Smith | | | | | | |
| Project Title: | Preventing Firear Communities. | m Violence: An Evaluation of U | h Risk F | Primary Admin Contact: Pamela Keach | | | | | | |
| General Eve | ents | ٥ | | | | | | | | |
| | | 7 | | Add Note | | | | | | |
| Note | | | Recorde | ed By Da | ate I | Note Area | Category | Access | | |
| <u>03/01/2018 - Initi</u> | <u>al Sub at Case pen</u> | <u>ding signature - follow up query</u> | Kimberl | y Smith 03 | 3/01/2018 | Subcontract | General | Admin Office All Parties | | |
| 02/15/2018 - Initi | al Sub sent to Case | <u>- pending signature</u> | Kimberl | y Smith 02 | 2/15/2018 | Subcontract | General | Admin Office All Parties | | |
| 02/01/2018 - Sub | award in queue/pro | ocess/drafting | Kimberl | y Smith 02 | 2/01/2018 | Subcontract | General | Admin Office All Parties | | |
| 02/01/18 - Assigr | ned K. Smith | | Paula N | loble 02 | 2/01/2018 | Subcontract | General | Admin Office All Parties | | |

8. Go to the Documents tab to retrieve the fully executed Subaward document(s).

| Subcontract Administration | | | | | |
|--|--|------------------------|-------------------|----------------------|------------|
| Subcontract No: A18-0020-S001 (View Project) | | FDP Templates: | | | |
| Subcontract Type: Original | | Amount: | \$200,000.00 | | |
| Status: Fully Executed | | Last Updated: | 7/08/2017 11:24 A | M - Kassie Obelleiro | |
| Project Title: 060117 Test KMO General Events | 8 | Primary Admin Contact: | | | |
| Add Attachment 7 Click Browse to select a file: Document Type | Browse No file selected. Select Document Type | | | >> Next | Reset |
| Attachment | File Type | | Joload Type | Attachment Type | Access |
| Fully Executed Subaward.pdf Uploaded by:Kassie Obelleiro On:07%8/2017 At:11:25 AM | 01 Fully Executed- Sub Initial | A | dmin Office | Award Subcontract | All Partie |
| 8 | | | | | |

For Users with Award Data Accesss

If you are a Principal Investigator or key personnel, you will have access to IPFs started on your behalf and the associated Awards. However, if you are not a Principal Investigator this will require the appropriate level of access. See the Role Manager in your department if you need this access but do not have it.

1. From the Award Dashboard, open the Awards in My Unit tab.

| Proposal Dashboard | >> My Awards | |
|--------------------------|--|--------------------|
| Start New Proposal | | |
| 1 My Proposals | Awards Active Projects Inactive Projects | |
| Proposals In My Unit | Below is a list of projects on which you are listed as a member of the Research Team. | |
| Advance Account Inb 1 | Project Project Project Account | |
| Award Dashboard | Project No : Project little Lead PI sponsor Amount Begin Date End Date Admin Unit Numbers Status | s |
| My Awards | Search x Sea | h x |
| Awards In My Unit | A18-0020 060117 Test KMO Kassie Obelleiro NIH National Database \$0.00 07/01/2017 06/30/2018 Academic Propo for Autism Research Assessment | osed |
| Certifications/Approvals | (00002+) A18-0013 Teet Kassia Malexia Oballaira National Science S4 658 750 00 05/01/2018 04/30/2019 Academic Active | • |
| 1 PI Certification Inbox | Foundation (NSF) (068024) | 2 |
| 2 Unit Approval Inbox | View 1 - 2 of 2 | > > 1 |

2. Follow steps <u>2 to 7 above</u>.

Resources

- 1. Handbook for Industry-Funded Clinical Trial Department Staff, Principal Investigators and Approvers: https://spark.ucdavis.edu/training/cayuse-end-users_ct-specific/
- 2. UC Davis Cayuse Landing Page: <u>http://spark.ucdavis.edu/cayuse/</u>
- 3. UC Davis Cayuse SP Training Schedule, Materials and User Guides: <u>http://spark.ucdavis.edu/training</u>
- 4. UC Davis Cayuse SP FAQs: <u>http://spark.ucdavis.edu/spark-faq/#csp</u>
- 5. UC Davis Cayuse Help Desk: <u>ORCayuseHelp@ucdavis.edu</u>
- 6. UC Davis Cayuse Listserv: <u>https://lists.ucdavis.edu/sympa/subscribe/spark_info</u>
- 7. Cayuse Support and Community: <u>https://support.evisions.com/</u>

Appendix

Clinical Trials Contracts Office Workflow Diagram

Department Actions and Responsibilities

| Not sure which indirect cost rate applies to your study? Send the protocol to the | Have a positive disclosure on your 700-U or Form 800? You may want to submit these online forms to COI prior to submitting the IPF in order to avoid delays in contract execution ² ; we can't sign a contract until positive disclosures are approved by COI. | Please contact the Cayuse team if you have any problems or questions regarding use of Cayuse ³ . | Want to know if we've received your IPF? Just | Want to know the status of contract negotiations? You can check Cayuse. Feel free to reach out to the sponsor directly for updates on the Sponsor's review of the contract. | Review the contract, the payment terms, budget, and any other exhibits. Are the correct budget and payment terms attached to the contract? Has the sponsor made edits you haven't reviewed? | completed, a positive disclosure has not been approved by COI, or if the PI hasn't completed the COIR training, the contract will not be signed. |
|--|---|---|--|---|--|--|
| CTCO to determine whether the study qualifies as a clinical trial ¹ . Submit sponsor budget, CTA, protocol, and draft UBT to Julie. | Negotiate the <u>budget</u> and all <u>budget</u> and al | get and s have been reate an IPF in ect your chair's he UBT, then ayuse proposal hal sponsor sent terms, and Julie. | omplete your F and route r approval rough ayuse. Please the andbook for structions. | You may be asked to confirm acceptance of specific contract language that could affect your obligations or payment rights. | ce the CTA is gotiated, you will asked to review the reement (including budget and yment terms) and nfirm that all partmental and PI ligations are ceptable. Collect th PI's signat and follow any signo instruction provided the CTCC | the contract will not be awarded. All final award documents will be available to download in Cayuse. |
| Julie will provide feedback on the sponsor budget, payment terms, and draft UBT. | Julie will a approver and will r administr the CTCC documen approver | upload the d UBT into Cayuse notify the ative contact in D that the budget nts have been d. | CTCO will send an email informing the department of which contract administrator has been assigned to the study. | After reviewing the protocol and contract, the CTCO will reach out to the sponsor/CRO to request any necessary revisions. | After the CTA is finalized, the CTCO will send the final agreement to the department for the PI's signature. | The CTA is executed and then awarded (forwarded to CGA). |

CT Contracts Office (CTCO) Actions and Responsibilities

- 1. Definition of a Clinical Trial: http://research.ucdavis.edu/proposals-grants-contracts/helpful-links/costs/
- 2. Online COI submission: <u>https://or-forms.ucdavis.edu/</u>
- 3. Cayuse help: <u>ORCayuseHelp@ucdavis.edu</u>

4. Failure to submit a complete and correct IPF in accordance with the Handbook for Department Industry-Funded Clinical Trial Staff, Principal Investigators and Approvers will result in delayed review. Don't forget to upload all required attachments: Clinical Trial: UBT, Sponsor Budget and Payment Terms (if separate from the CTA) CTA, Protocol, and the Exception to Policy for Clinical Study Contracts Service: Internal Budget, Sponsor Budget and Payment Terms, Service Agreement, and Protocol

If COI has not been