University of Southern California  
Department of Contracts & Grants (DCG)  
Proposal Approval Record (PAR)  

For Dept. of Contracts & Grants Use Only  
USC Proposal #____________________  
Date Received____________________  
Deadline Date____________________  

Principal Investigator Data

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(Insert additional Principal Investigators in the Comments section.)

Co-Investigator Data

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(Insert additional Co-Investigators in the Comments section.)
### Other Key Personnel Data

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(Insert additional Other Key Personnel in the Comments section.)

Academic Unit to Administer Award: _____

Dept/Div Administrator: _____ Email: _____ Phone: _____

DCG Administrator: _____ Email: _____ Phone: _____

Title of Proposal: _____

Sponsor: _____

Funding Opportunity Announcement (FOA):  □ Yes  □ No

FOA Number: _____

Sponsor Address: _____

Additional Address: _____

City: _____ State: _____ Zip Code: _____

Sponsor Due Date: _____ Number of Copies Plus Original: _____

First Period Start Date: _____ First Period End Date: _____
Total Period Start Date: _____ Total Period End Date: _____ Durations in Months: _____

Project Costs:

F&A Rate(s): _____ □MTDC □TDC □S&W □Other
Special F&A Rate: _____
Fringe Benefit Rate(s): _____
First Budget Period Direct Cost: _____ Total Project Direct Cost: _____
First Budget Period F&A Base: _____ Total Project F&A Base: _____
First Budget Period F&A Cost: _____ Total Project F&A Cost: _____
First Budget Period Total Cost: _____ Total Project Cost: _____

Project Type: □ Clinical Trial □ Conference □ Construction □ Equipment
□ Fellowship □ Other □ Public Services □ Renovation □ Research (applied)
□ Research (basic) □ Research (development) □ Student Aid □ Training □ Tuition

Proposal Type: □ Continuation □ New □ Renewal □ Revision □ Supplement

Award Type: □ Contract □ Cooperative Agreement □ Grant □ Subaward/Subcontract
If Subaward/Subcontract, the Primary Funding Source is: _____

Fellows Name (if applicable): _____ Fellow’s Citizenship: _____
Equipment Value Threshold Amount: _____ NIH Salary Cap Amount: _____
Previous USC Account#: _____ Previous Agency Award#: _____

Project Descriptors: Key Words (please enter)

□ □

Project Descriptors (please select):
DARPA – Defense Advanced Research Projects Agency
EPT – Electronic Proposal Transmission
FF – Foreign Funded
IF – International Focus
SBIR – Small Business Innovation Research
STTR – Small Business Technology Transfer Program
Other – (please enter)

MPI – Multiple PI Submission
CAP – DOD CAP Rate
EC – Export Control
EVS – E – Verify System
STI – ARRA 2009

ANSWER THE FOLLOWING QUESTIONS:

1. Does the project involve research using human subjects?  □ Yes  □ No

“Research” means a systematic investigation, including research, development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research whether or not they are conducted or supported under a program which is considered
research for other purposes. For example, some demonstration and service programs may include research activities.

“Human subject” means a living individual about whom an investigator (whether professional or student) conducting research obtains:

- data through intervention or interaction with the individual, or
- identifiable private information (for example, medical record reviews, surveys or observational research)

The regulations governing the inclusion of human subjects in research extend to the use of human organs, tissues, and body fluids from individually identifiable human subjects as well as to graphic, written or recorded information derived from individually identifiable human subjects.

If you responded yes to any of these questions, then you must obtain Institutional Review Board (IRB) approval of this project or an IRB Claim of Exemption before you will be given a USC research account number. Submit the IRB application as soon as possible to the appropriate IRB. Contact the appropriate IRB for application and further information.

HSC: (323) 223-2340  http://www.usc.edu/admin/provost/oprs/hsirb/
UPC: (213) 821-5272   http://www.usc.edu/admin/provost/oprs/upirb/

Approval Date: _____

Protocol Number (required for all proposals except new proposals). _____

\[2. \text{For sponsored research involving human subjects, regardless if funding source, have the principal investigator and all key personnel completed required education regarding the protection of human subjects in research?} \]

- [ ] Yes
- [ ] No

"Key Personnel" are any individuals responsible for the protocol development or design, conduct, or reporting of research. These include but are not limited to: Principal Investigators (PIs), Co-PIs, faculty advisors, study coordinators, recruitment staff, and anyone else performing study procedures or interventions. Please contact the Office for the Protection of Research Subject at (213) 821-1154 or oprs.usc.edu for further information.

\[3. \text{Will this project involve Human Embryonic Stem Cells?} \]

- [ ] Yes
- [ ] No

If yes, it requires the approval of the Embryonic Stem Cell Research Oversight Committee (ESCRO). For information and forms contact the ESCRO at (323)442-1607 or gpetrov@usc.edu.

\[4. \text{Is this project a clinical trial?} \]

- [ ] Yes
- [ ] No

Does the budget include laboratory and procedure costs to be performed through or by Norris Cancer Hospital or USC University Hospital? If yes, the proposed laboratory and procedure costs must be reviewed and approved by Health Research Association (HRA) prior to the proposal submission. Please contact Kathleen Hurtado (Telephone: (323) 223-4091 FAX: (323) 342-0947 E-Mail: khurtado@health-research.org).

\[5. \text{Is the project involve the use of animals?} \]

- [ ] Yes
- [ ] No

If yes, the approval of the Institutional Animal Care and Use Committee (IACUC) is required before this project will be funded. Submit the Animal Resource Protocol Synopsis Form as soon as possible to the IACUC. Contact the IACUC at (323) 442-1689 or http://www.usc.edu/hsc/dar/iacuc/forms/ for
applications and further information.

Approval Date: _____

Protocol Number (required for all proposals except new proposal). _____

6. Does this project involve any imaging procedures to be done at the Small Animal Imaging Lab, USC PET Imaging Center, or HCCI? □ Yes □ No

If yes, contact the Radiology Research Office at (323) 442-6069 to obtain pricing and availability of imaging services prior to submission of the budget.

7. Does this project involve: □ Yes □ No

- the handling of blood, blood products, or body fluids; or
- material biological agents, known carcinogens, non-human primates (whole animal or cells), human material (not rDNA)?
- recombinant DNA involving vectors or human material
- human gene therapy?

If yes, the project requires approval from the Institutional Biosafety Committee (IBC). Contact the IBC at URL http://capsnet.usc.edu/LabSafety/BioSafety/IBCSection/index.cfm or (323) 442-2200 for information and to obtain copies of IBC forms.

8. Does this project involve: □ Yes □ No

- radioactive material or
- X-rays?

If yes, contact the Radiation Safety Office at URL http://capsnet.usc.edu/LabSafety/BioSafety/RAD/index.cfm or (323) 442-2220 for information and to request forms.

9. Will this project require Select Agents? □ Yes □ No

Viable select agents (including genetic elements), regardless of quantity, and select agent toxins in volumes over the exclusion limits, are subject to strict federal regulations that require:

- background checks of individuals with access to any select agents;
- laboratory registration with DHHS (or USDA, as applicable); and
- individual and institutional compliance with laboratory and container security, agent/toxin inventory, emergency, safety, training, and other requirements.

Failure to comply with these regulations is subject to individual and institutional criminal and civil liabilities. Go to http://www.cdc.gov/od/sap/docs/salist.pdf to see the list of regulated agents (including genetic elements) and toxins.

ALL SELECT AGENTS MUST BE OBTAINED THROUGH THE LABORATORY SAFETY OFFICE.
If this project will require Select Agents, contact the Laboratory Safety Office at (323) 442-2200.

10. Will additional space or renovation on existing space be required for this project? If yes, describe concisely what is required, the estimated cost and source of the estimate, and the source of funds to be used in a letter to the appropriate Dean.

11. Does this project include subcontracts to other institutions? If yes, evidence of institutional approval by the subcontractor of its proposed work and level of support should be included in the proposal.

12. Does this project involve cost sharing or matching funds? If yes, provide the following information:
   - Cost Sharing Category: (If there are multiple categories, list in the "Comments" Section.)
   - USC Account Number: (If there are multiple account numbers, list in the "Comments" section.)

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13. Does the Principal Investigator or any other investigator who will be involved in proposing or conducting the research or reporting the results of the research have a conflict of interest as defined in USC's Conflict of Interest in Research policy ("Policy") at http://policies.usc.edu?

Summary Definition of "Conflict of Interest": a situation in which financial or other personal considerations (e.g., receiving consulting fees, holding equity in a company, having a managerial position in a company, etc.) of the investigator or his Close Relations (as defined in the Policy) compromise, or have the appearance of directly and significantly compromising an individual's professional judgment in proposing, conducting or reporting research.

If yes, the investigator(s) having the conflict of interest must complete the Statement of Outside Interests Related to Research form at http://dcg.usc.edu/Propprep/Forms.cfm and submit it to the Office of the Vice Provost for Research Advancement, CUB 325/UPC, to be reviewed by the Financial Disclosure Review Committee.

14. Are there any export control issues that may be associated with this project? For example:
   - Are restrictions placed on publication, disclosure, dissemination or participation in this program by the sponsor?
   - Is the receipt of export controlled information expected to be furnished by others for use in this project?
   - Have any issues regarding export control been mentioned by the sponsor?
   - Is the export of controlled information, technology or items expected?
15. Have the individuals named in this PAR (PI, Investigators and Administrators) taken and completed the Grants Management Education Course (online or live)? (See memo dated March 26, 2004 from Dr. Lloyd Armstrong and Mr. Dennis Dougherty).

If No, go to the Office of Compliance website http://www.usc.edu/admin/compliance/ to see the schedule of classes and to register.

APPROVALS / ASSURANCES / CERTIFICATIONS:

Multiple Departments/Schools:
Does the project involve faculty from more than one department or than one department or school? If yes, signatures must be obtained from each department and school involved. Signatures must be included in the Comments section.

If yes, will funding and effort be tracked via a satellite account.  

NOTE: If there are multiple Principal Investigators, EACH PI is required to sign this certification.

Principal Investigator:

I represent and warrant that I am the Principal Investigator (PI) or Co-Principal Investigator (Co-PI) on this project and certify to the following. I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. I agree to and will require all those under my supervision to assign any inventions made in the performance of this project to the University.

Signature____________________________________________  Date_______________
Signature____________________________________________  Date_______________
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(Insert additional signatures in the Comments section.)
Division Chief (only for Keck School of Medicine): Commitments to this project are acceptable. This proposal is approved.

Signature____________________________________________  Date_______________
Signature____________________________________________  Date_______________

Department Chair: I certify that the Principal Investigator is a faculty member and does not exceed 100% effort for his/her combined duties. Salaries, space and other commitments to this project are acceptable. (Keck School of Medicine only: I accept responsibility for all personnel expenses connected with this project prior to proper notification of termination and any overdrafts which may arise). The proposal is approved.

Signature____________________________________________  Date_______________
Signature____________________________________________  Date_______________
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Dean, Associate Dean, Director: Commitments to this project are acceptable. The proposal is approved.

Signature____________________________________________  Date_______________
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Contracts & Grants: The proposal is approved.

Signature____________________________________________  Date_______________
Signature____________________________________________  Date_______________
Off Campus Name: ________________________________
Off Campus Address: ________________________________
Off Campus Additional: ________________________________
City: ________________________________
State: ________________________________
Zip Code: ________________________________
Comments (use additional sheet, if necessary):

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