

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: UCLA David Geffen School of Medicine/Cardiology
* Street1: 10833 Le Conte Avenue Street2: Room 37-120 CHS
* City: Los Angeles County: Los Angeles County * State: CA: California
Province: * Country: USA: UNITED STATES * Zip / Postal Code: 90095-1736
DUNS Number: 092530369 * Project/Performance Site Congressional District: CA-030

Project/Performance Site Location 1

Organization Name: University of Southern California
* Street1: 333 Football Way Street2: 123 Stadium Bldg.
* City: Los Angeles County: Los Angeles * State: CA: California
Province: * Country: USA: UNITED STATES * Zip / Postal Code: 90002-3484
DUNS Number: 072933393 * Project/Performance Site Congressional District: CA-028

Full Performance Site information is required for each Subrecipient. This includes their DUNS # (for both domestic and foreign entities) and their Congressional District (for domestic entities only).

File Name

Additional Location(s)

Proposal Summary

Summary
Documents

Proposal Management

 Permissions
 Electronic Submission

Subrecipient Commitment Form completed & signed by the Subrecipient's OCGA equivalent is required PRIOR to proposal submission. Upload this form with all other UCLA internal forms under the Proposal Summary-Documents section.

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? <input type="radio"/> Yes <input type="radio"/> No
1.a. If YES to Human Subjects
Is the Project Exempt from Federal regulations? <input type="radio"/> Yes <input type="radio"/> No
If yes, check appropriate exemption number
Exemption Number: _ 1 _ 2 _ 3 _ 4 _ 5 _ 6
If no, is the IRB review Pending? <input type="radio"/> Yes <input type="radio"/> No
IRB Approval Date:
Human Subject Assurance Number
2. * Are Vertebrate Animals Used? <input type="radio"/> Yes <input type="radio"/> No
2.a. If YES to Vertebrate Animals
Is the IACUC review Pending? <input type="radio"/> Yes <input type="radio"/> No
IACUC Approval Date:
Animal Welfare Assurance Number
3. * Is proprietary/privileged information <input type="radio"/> Yes <input type="radio"/> No included in the application?
4.a. * Does this project have an actual or potential impact on the environment? <input type="radio"/> Yes <input type="radio"/> No
4.b. If yes, please explain:
4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? <input type="radio"/> Yes <input type="radio"/> No
4.d. If yes, please explain:
5.a. * Is the research performance site designated, or eligible to be designated, as a historic place? <input type="radio"/> Yes <input type="radio"/> No
5.b. If yes, please explain:
6.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? <input type="radio"/> Yes <input type="radio"/> No
6.b. If yes, identify countries:
6.c. Optional Explanation:
7. * Project Summary/Abstract
8. * Project Narrative
9. Bibliography & References Cited
10. Facilities & Other Resources
11. Equipment

If the Subrecipient is a foreign entity, mark "Yes" and answer 6b. 6c is optional.

Each Subrecipient should have a separate Facilities & Other Resources and Equipment section describing the resources available at that specific Institution.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator				
Prefix Dr.	* First Name Alan	Middle Name M	* Last Name Fogelman	Suffix MD
Position/Title: Professor & Chair		Department: Medicine		
Organization Name: Regents of the University of California, Los Angeles		Division: Cardiology		
* Street1: 10833 Le Conte Avenue		Street2: Room 37-120 CHS		
* City: Los Angeles		County: Los Angeles County	* State: CA: California Province:	
* Country: USA: UNITED STATES		* Zip / Postal Code: 90095-1736		
*Phone Number 310-825-6058		Fax Number		* E-Mail afogelman@mednet.ucla.edu
Credential, e.g., agency login: FOGELMAN2				
* Project Role: PD/PI		Other Project Role Category:		
Degree Type:				
Degree Year:				
			File Name	Mime Type
*Attach Biographical Sketch				
Attach Current & Pending Support				

PROFILE - Senior/Key Person				
Prefix Dr.	* First Name Tommy	Middle Name	* Last Name Trojan	Suffix MD
Position/Title: Professor		Department: Medicine		
Organization Name: University of Southern California		Division: Cardiology		
* Street1: 333 Football Way		Street2: 123 Stadium Bldg.		
* City: Los Angeles		County: Los Angeles	* State: CA: California Province:	
* Country: USA: UNITED STATES		* Zip / Postal Code: 90002-3484		
*Phone Number 323-648-6874		Fax Number 323-648-6688		* E-Mail ttrojan@usc.edu
Credential, e.g., agency login: TROJAN				
* Project Role: Co-Investigator		Other Project Role Category:		
Degree Type:				
Degree Year:				
			File Name	
*Attach Biographical Sketch				
Attach Current & Pending Support				

A complete profile is required for all Subrecipient Senior/Key Personnel, including Other Significant Contributors. In S2S, use the "Non-UCLA PI #" when creating profiles for Subrecipient KP. Do NOT set up new profiles in the People Tab in S2S. Profiles are for UCLA personnel only. A NIH biosketch is required.

Role should be consistent with role in the research project. Common Subrecipient PI roles are: "Other - Consortium PI" or "Co-Investigator" or "PD/PI" *only if they will be perform the role as part of a multiple PI project.*

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: 092530369

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: Regents of the University of California, Los Angeles

* **Start Date:** 04-01-2012

* **End Date:** 03-31-2013

Budget Period: 1

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		20,000.00
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		61,805.00
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Technology Infrastructure Fee		248.00
Total Other Direct Costs		82,053.00

Detailed Budget - Make sure to check "RR Subaward Budget Attachment" in S2S to include the Subrecipients Budget & Justification with submitted proposal material. See S2S navigation panel screen shot below. This figure will auto-populate from the RR Subaward Budget Attachment created in S2S.

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	108,116.00

H. Indirect Costs		Funds Requested (\$)
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$) * Funds Requested (\$)
1. Research On Campus	54	87,257.00 47,119.00
Total Indirect Costs		47,119.00
Cognizant Federal Agency		
(Agency Name, POC Name, and POC Phone Number)		
	DHHS, Wallace Chan, 415-437-7820	

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	155,235.00

J. Fee	Funds Requested (\$)

K. * Budget Justification	File Name:	Mime Type:
	(Only attach one file.)	

RESEARCH & RELATED Budget {F-K} (Funds Requested)

S2S navigation panel screen shot. For Detailed Budgets, make sure this is checked. For Modular Budgets, make sure this remains UNchecked.

<input checked="" type="checkbox"/>	RR Budget
	1
	2
	3
	4
<input type="checkbox"/>	PHS 398 Modular Budget
	1
<input checked="" type="checkbox"/>	RR Subaward Budget Attachment
	1

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)
Section A, Senior/Key Person	24,563.00
Section B, Other Personnel	
Total Number Other Personnel	
Total Salary, Wages and Fringe Benefits (A+B)	24,563.00
Section C, Equipment	
Section D, Travel	1,500.00
1. Domestic	1,500.00
2. Foreign	
Section E, Participant/Trainee Support Costs	
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
6. Number of Participants/Trainees	
Section F, Other Direct Costs	82,053.00
1. Materials and Supplies	20,000.00
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	61,805.00
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Other 1	248.00
9. Other 2	
10. Other 3	
Section G, Direct Costs (A thru F)	108,116.00
Section H, Indirect Costs	47,119.00
Section I, Total Direct and Indirect Costs (G + H)	155,235.00
Section J, Fee	

← Leave auto-calculated figures in the Cumulative Budget.

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Period	Subaward Direct Costs	Subaward Indirect Costs	Subaward Costs	Subaward IDC Ceiling: 25,000 Allocated To IDC Base
1. USC Sub				
1	37,743	24,062	61,805	25,000
All	37,743	24,062	61,805	25,000
All Subawards				
1	37,743	24,062	61,805	25,000
All	37,743	24,062	61,805	25,000

For UC Subrecipients, change the \$25,000 to \$0. MTDC F&A calculates F&A only on the 1st \$25,000 of each subaward. But since the NIH considers the whole UC System as a single entity, UCs are not allowed to charge additional F&A on *any* portion of the subrecipients expenses. Therefore the full UC subaward costs are excluded from the F&A calculation.

*For Detailed Budgets, these worksheet rows are provided only as a double check of the IDC Base calculations. The Subrecipient's entire detailed budget and justification must be included in the proposal submission.

*For Modular Budgets, these worksheet rows are provided as a double check of the IDC Base calculations *as well as* provides the auto-fill information into the Prime/UCLA's Modular Budget page, Section A. See following page. No portion of the Subrecipient's detailed budget is included with the proposal submission.

PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001
Expiration Date: 9/30/2007

Budget Period: 5	Start Date: <input style="width: 80%;" type="text"/>	End Date: <input style="width: 80%;" type="text"/>
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A. Direct Costs	Funds Requested (\$)
* Direct Cost less Consortium F&A	<input style="width: 80%;" type="text"/>
* Consortium F&A	<input style="width: 80%;" type="text"/>
* Total Direct Costs	<input style="width: 80%;" type="text"/>

Modular Budget -

This figure is auto-populated from the previous page's worksheet rows. Do NOT overwrite this field.

B. Indirect Costs		Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
#	Indirect Cost Type			
1.	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
3.	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
4.	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B) Funds Requested (\$)

Cumulative Budget Information

1. Total Costs, Entire Project Period

* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input style="width: 80%;" type="text" value="100,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input style="width: 80%;" type="text" value="24,062.00"/>
* Section A, Total Direct Costs for Entire Project Period	\$ <input style="width: 80%;" type="text" value="124,062.00"/>
* Section B, Total Indirect Costs for Entire Project Period	\$ <input style="width: 80%;" type="text" value="47,119.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input style="width: 80%;" type="text" value="171,181.00"/>

2. Budget Justifications

Personnel Justification

Consortium Justification

Additional Narrative Justification

- List the name of the Subrecipient institution at the top of the page.
- Indicate whether the collaborating institution is foreign or domestic.
- Provide project period for subaward.
- Provide an estimate of TOTAL COST (direct + F&A) for each year, rounded to the nearest \$1,000.
- Justify ALL personnel, including level of effort (in person months) and roles on the project. No other categories justified.

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

*Type of Application:

- New Resubmission Renewal Continuation Revision

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application
(for RESUBMISSION or REVISION only)
2. Specific Aims
3. Research Strategy
4. Inclusion Enrollment Report
5. Progress Report Publication List

Human Subjects Sections

6. Protection of Human Subjects
7. Inclusion of Women and Minorities
8. Targeted/Planned Enrollment Table
9. Inclusion of Children

If the **Subrecipient PI has the Project Role of PD/PI** along with the UCLA PD/PI (as Contact PI), this attachment must be included. A rationale for choosing a multiple PD/PI approach should be described. The governance and organizational structure of the leadership team and the research project should be described, including communication plans, process for making decisions on scientific direction, and procedures for resolving conflicts. The roles and administrative, technical, and scientific responsibilities for the project or program should be delineated for the PD/Pis and other collaborators. If budget allocation is planned, the distribution of resources to specific components of the project or the individual PD/Pis should be delineated in the Leadership Plan.

Other Research Plan Sections

10. Vertebrate Animals
11. Select Agent Research
12. Multiple PD/PI Leadership Plan
13. Consortium/Contractual Arrangements
14. Letters of Support
15. Resource Sharing Plan(s)

- Explain the **programmatic (statement of work), fiscal, and administrative** arrangements to be made between the applicant organization and the consortium organization(s). If consortium activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the grantee.
- Do NOT upload the Statement of Intent letter, PHS 398 Face Page, or Subrecipient Commitment Form here.

16. Appendix

It is recommended to include a Letter of Support from each subrecipient PI.

- This file should include the following information for each Sub:
 - Name of Subaward Institution
 - Name of Subaward PI
 - Project period dates for Subaward
 - Total Cost for each year
 - Scope of Work