

ELECTRONIC EPASS

Revised June 15, 2017

OVERVIEW

The Electronic EPASS (*Extramural Proposal Approval & Submission Summary*) is an online system designed to facilitate EPASS creation and electronic routing of it for internal departmental approval.

ACCESS

New Fund Managers/MSOs/PIs will need to be added to the EPASS system in order to create/approve EPASSes. To request access to the system, email DOM DRA (domdra@mednet.ucla.edu):

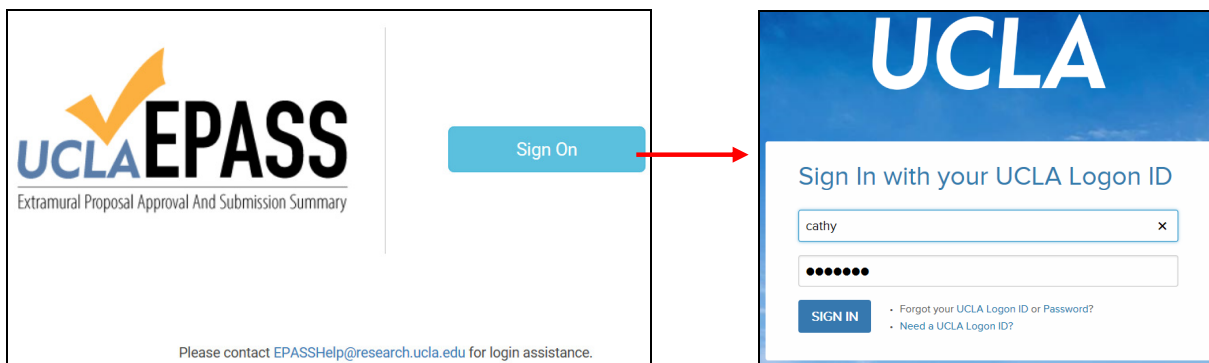
- Full Name
- Email Address
- University ID #
- Division Name & Department Code

Setup can take 1-3 days.

*****NOTE:** EPASS will automatically logout users after ~ 5 minutes of inactivity. Remember to **SAVE!**

TO CREATE NEW EPASS:

1. Login with UCLA Logon ID <http://epass.research.ucla.edu/Account/Login>



2. Click "New Proposal"

3. Search and Select PI

- a. List is pulled from EDB. If a PI does not show up in the list, i.e. PI still in process of transferring to UCLA, use the “Click [here](#) if PI is not on the list” option and manually complete. ****Please note****

4. Enter Sponsor Due Date.

5. Click “Start” and complete all data fields within each tab, as per the general [EPASS instructions](#). See screen shots of each tab below.



Principal Investigators

PI: AGUIAR VALLIM, ELIZABETH JOANNA

- Investigators**
- Department
- Proposal
- Types
- Sponsor
- Checklist
- Forms
- Funds
- Attachments
- Review
- Log

PI

AGUIAR VALLIM, ELIZABETH JOANNA - 603733416 - Cardiology

(Click [here](#) if PI is not in the list)

Other PI/Co-PI #1

Select Co-PI #1 ...

(Click [here](#) if Co-PI #1 is not in the list)

Other PI/Co-PI #2

Select Co-PI #2 ...

(Click [here](#) if Co-PI #2 is not in the list)

Fellow (if Individual Fellowship)

First Name: MI: Last Name:

Employee ID: Email: Work Phone Number:

Save Save and next

Department or Organized Research Unit (ORU)

PI: AGUIAR VALLIM, ELIZABETH JOANNA

- Investigators
- Department**
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Administering Department

MEDICINE-CARDIOLOGY (1553)

Mail Code

173617

Account Number

441357

Cost Center

EJ

Recharge ID

AB12

Department Contact

RUJANURUKS, CATHERINE YEE

Contact Work Phone Number

3102066287

Contact Email

CRUJANURUKS@MEDNET.UCLA.ED

Department/Unit Email (If your department/unit has a single e-mail address for all proposal/award related correspondence, enter it here)

Have the services of any campus center or ORU been used in the development of this Proposal? If Yes, select:

Select affiliated center:

If Other Center/Institute is selected, please specify name, or if multiple Center(s)/Institute(s), please add additional selection(s) here:

Fund Manager (Preparer)

RUJANURUKS, CATHERINE YEE

Save and previous Save Save and next

Proposal Identification

PI: AGUIAR VALLIM, ELIZABETH JOANNA

[Investigators](#) [Department](#) [Proposal](#) [Types](#) [Sponsor](#) [Checklist](#) [Forms](#) [Funds](#) [Attachments](#) [Review](#) [Log](#)

Proposal Title

Enter Title Here

Project Begin Date

4/1/2018

Project End Date

3/31/2023

Award / Proposal / Program Type

PI: AGUIAR VALLIM, ELIZABETH JOANNA

[Investigators](#) [Department](#) [Proposal](#) [Types](#) [Sponsor](#) [Checklist](#) [Forms](#) [Funds](#) [Attachments](#) [Review](#) [Log](#)

Award Type

Grant

Proposal Type

New

Program Type

Basic Org Research

Special Program Type

Select a special program type:

If this EPASS relates to an existing Award or Master Agreement, select an Action Type:

Select an action type:

Current Sponsor Award/ID #

N/A

Sponsor Information

PI: AGUIAR VALLIM, ELIZABETH JOANNA

[Investigators](#) [Department](#) [Proposal](#) [Types](#) **Sponsor** [Checklist](#) [Forms](#) [Funds](#) [Attachments](#) [Review](#) [Log](#)

Sponsor Information *(entity which will provide funding directly to UCLA)*

Select a sponsor

NIH-NHLBI NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

(Click here if sponsor is not in the list)

Contact *(if known)*

Email Address

Phone Number

URL

Sponsor Due Date

6/5/2017

Time (Pacific)

5:00pm

Deadline Type

Electronic

Name/No #

NOTE: Enter Funding Opportunity Announcement (FOA) here

Prime Sponsor Information *Complete this section when UCLA is a subrecipient*

Select a prime sponsor

Select a prime sponsor ...

(Click here if prime sponsor is not in the list)

Prime Sponsor Due Date

Time (Pacific)

Name/No #

Save and previous

Save

Save and next

Proposal Checklist

PI: AGUIAR VALLIM, ELIZABETH JOANNA

[Investigators](#)
[Department](#)
[Proposal](#)
[Types](#)
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PI Exception Required? (Check Requirements and Look up Eligibility). If yes, attach approval form (Sample Approval Form).

Yes No

On campus space?

Yes No Indicate Location

Building: If other: Room:

Off campus space?

Yes No

Location:

Outgoing Agreements? If yes, provide entity names in Attachments Section, and attach Sub-recipient Commitment Form(s) or FDP Expanded Clearinghouse Subrecipient Letter(s) of Intent for each entity. PI signature indicates review and approval of cost reasonableness. (See Subaward Initiation and Management).

Yes No

Does this project involve activities outside the US or partnership with International Collaborators?

Yes No

Is any Cost Sharing/Matching proposed in this application? (Cash, unfunded effort, or in-kind contributions - do not include salary cap differential.)

Yes No If yes, required by sponsor? Yes (mandatory committed) No (voluntary committed)

Cost share amount: Source/FAU #:

Is any unfunded effort proposed in this application? In accordance with UC Policy, "unfunded effort", must be reported in ERS. (Do not include salary cap differential here)

Yes No Source/FAU #:

Do you anticipate program income?

Yes No If yes, specify:

Does this proposal involve the use of significant IT resources (beyond basic academic infrastructure); the generation of datasets or digital assets; or a budget with over \$10,000 in IT-related hardware, software, or staff expenditures? (Check additional requirements.)

Yes No ITS #:

Human subjects?

Yes No If yes, indicate "Pending" or IRB# or Exemption #: Delayed onset

Are study related patient care costs to be billed to the award OR to a third party payor (i.e. medical insurance/Medicare)? If yes, then a Policy 915 Coverage Analysis is required (contact coverageanalysis@mednet.ucla.edu).

Yes No

Animal subjects?

Yes No If yes, indicate "Pending" or ARC#: Delayed onset

Human Embryonic Stem Cell Research? If yes, refer to the [Stem Cell Policy and Procedures](#).

Yes No

Non-UCLA materials/equipment to be used?

Yes No If yes, indicate type: Source:

Human or primate cells, tissue, or fluids; recombinant or synthetic nucleic acids; potentially infectious materials; exotic plants or plant pathogens; select agents or toxins? For more information, see [IBC website](#).

Yes No

Use of UC Intellectual Property?

Yes No If yes, specify the case number:

Export Control (see [RPC Website](#)) – Does the project involve the following:

Shipping or carrying any tangible object or item to a foreign country?

Yes No If yes, specify:

Conducting research or other activities in, taking money to, or planning to have money transferred to a foreign country?

Yes No If yes, specify:

Training foreign persons in using equipment, technology, or technical data?

Yes No If yes, specify:

Traveling to or doing research in a country currently under a US Trade or Economic Embargo (see [OFAC website](#))?

Yes No If yes, specify:

Additional Forms Required

PI: AGUIAR VALLIM, ELIZABETH JOANNA

Investigators Department Proposal Types Sponsor Checklist **Forms** Funds Attachments Review Log

COI (Disclosure Requirements)

Sponsor/Prime Sponsor is Federal Public Health Service (PHS) or agency that has adopted the PHS regulations?

Yes No If yes, provide names of other investigators in Project Personnel below (See UCLA Policy 926.)

Sponsor/Prime Sponsor is Federal (other than PHS), CIRM or special research programs managed by the UC Research Grants Program Office (RGPO)?

Yes No If yes, attach in Attachments Section COI Form 740 & Supplement to Form 740 (if applicable). See UCLA Procedure 925.3.

Non-Government Sponsor/Prime Sponsor?

Yes No If yes and project is Research, attach in Attachments Section Form 700-U, 700-U Addendum and 700-U Supplement, as applicable, unless sponsor is exempt. See UCLA Procedure 925.2.

Industry Sponsored Research

Industry Sponsored Non-Clinical Proposal?

Yes No If yes, attach Industry Sponsored Research Checklist.

Industry Sponsored Clinical Trial?

Yes No If yes, view the Clinical Trials Contract & Strategic Relations Checklist to determine additional required attachments.

Project Personnel

Complete the information below for all project personnel responsible for the design, conduct, or reporting of research.

No other project personnel responsible for the design, conduct, or reporting of research.

| First Name | MI | Last Name | Email | |
|------------|----|-----------|------------------------|--------|
| Tisha | | Wang | tiwang@mednet.ucla.edu | Delete |

+ Add Personnel

Save and previous Save Save and next

Funds Requested

PI: AGUIAR VALLIM, ELIZABETH JOANNA

Investigators Department Proposal Types Sponsor Checklist Forms **Funds** Attachments Review Log

1st Budget Period

Direct Costs (\$)

250000

Excluded Direct Costs (\$)

0

F&A Costs (\$)

135000

Total Costs (\$)

385,000

All Project Periods *(complete only when multiple budget periods are involved)*

Direct Costs (\$)

1250000

Excluded Direct Costs (\$)

0

F&A Costs (\$)

675000

Total Costs (\$)

1,925,000

F&A:

F&A Rate (%)

54

NOTE: Can only list one rate. If more than one rate is necessary, enter in Remarks section with details.

F&A Base Type

MTDC

If Other, specify:

Save and previous Save Save and next

Remarks / Attachments

PI: DEMER, LINDA L

Investigators Department Proposal Types Sponsor Checklist Forms Funds Attachments Review Log

Remarks (optional)

Submitted via DOM DRA. Year 1 F&A rate split 55% (3 mon) / 56% (9 mon). Year 2 = 100% 56%.
[Subaward](#) with Stanford University.

Attachments

No files have been uploaded.

Upload New Attachments

File Type: .csv, .xls, .xlsx, .doc, .docx, .ppt, .pptx, .pdf, .txt.
 The individual file sizes cannot exceed 25 MB.

Click the button below to attach a new file.

+ Attach file

Save and previous Save Save and next

NOTE: Enter PATS # here whenever available, even after EPASS approval.

NOTE: Upload final proposal submission, guidelines, other internal documents, etc. here.

Review EPASS

PI: AGUIAR VALLIM, ELIZABETH JOANNA

Investigators Department Proposal Types Sponsor Checklist Forms Funds Attachments Review Log

Errors (fix before submitting)

- Step 6: "Unfunded effort?" is required
- Step 6: "Do you anticipate program income?" is required
- Step 6: "ITS required?" is required
- Step 6: "Human subjects?" is required
- Step 6: "If applicable, will any patient care costs be billed to a 3rd party payer?" is required
- Step 6: "Animal subjects?" is required
- Step 6: "Human embryonic stem cell research?" is required
- Step 6: "Non-UCLA materials/equipment to be used?" is required
- Step 6: "Biological materials?" is required
- Step 6: "Use of UC IP?" is required
- Step 6: "Involves shipping or carrying ... to a foreign country?" is required
- Step 6: "Involves conducting research in ... a foreign country?" is required
- Step 6: "Involves training foreign persons...?" is required
- Step 6: "Involves traveling to ... a country currently under a US Trade?" is required
- Step 7: "Sponsor is Federal Public Health Service (PHS), ...?" is required
- Step 7: "Sponsor is Federal, CIRM, or Designated University Managed Programs?" is required
- Step 7: "Non-Government Sponsor?" is required
- Step 7: "Industry Sponsored Non-Clinical Proposal?" is required
- Step 7: "Industry Sponsored Clinical Trial?" is required

SYSTEM REVIEW FOR ERRORS

Click on the "Review" tab when all other tabs are complete. The system will complete an automatic error check and display errors. Errors must be rectified prior to routing for approvals. Please keep in mind the system does *not* catch *all* errors so review your EPASSes carefully.

REMINDER TO SAVE

When making edits to the tabs, remember to click "Save" or "Save and next" before navigating to another tab otherwise changes will not be saved!

DOM APPROVAL ROUTING PROCESS

EPASSes are automatically set up to electronically route from **PIs → Co-PIs (if applicable) → Division Chief → DRA (Raellen or Cathy)**. You can print the EPASS at any time to obtain hard copy signatures, but electronic signatures must be consecutive in order to route electronically. Once all approvals have been obtained, the Preparer will receive an email that the EPASS is finalized. EPASS approvals should be obtained PRIOR to proposal submission.

See Exhibit A: Sample Approval Request Email. Exhibit B: Sample Final EPASS Email.

Review EPASS

PI: AGUIAR VALLIM, ELIZABETH JOANNA

Investigators Department Proposal Types Sponsor Checklist Forms Funds Attachments **Review** Log

* Adobe Reader or Acrobat is recommended for viewing the proposal PDF.

UCLA RESEARCH
EXTRAMURAL PROPOSAL APPROVAL AND SUBMISSION SUMMARY
"EPASS"

1. **Principal Investigator(s)/Co-PIs (Not Co-Investigators)**

| | First Name | M.I. | Last Name | Employee ID | Email Address | Extension |
|------------------------------------|------------|--------|---------------|-------------|--------------------------|------------|
| PI: | ELIZABETH | JOANNA | AGUIAR VALLIM | 603733416 | etarling@mednet.ucla.edu | 3102068383 |
| Other PI/Co-PI: | | | | | | |
| Other PI/Co-PI: | | | | | | |
| Fellow (if Individual Fellowship): | | | | | | |

2. **Department or Organized Research Unit (ORU)**
 Administering Department Name: MEDICINE-CARDIOLOGY FS Code (Dept. Code): 1553
 Account #: 441357 Cost Center: EJ Recharge ID: YC42
 Dept. Contact Name: RUJANURUKS, CATHERINE YEE Extension: 3102066287 Email Address: crujanuruks@mednet.ucla.edu
 If your department/unit has a single e-mail address for all proposal/award related correspondence, enter it here: _____
 Have the services of any campus Center or ORU been used in the development of this proposal?
 If yes, select Not Applicable
 If "Other Center/Institute" is selected above, please specify name, or if multiple Center(s)/Institute(s) please add additional selection(s) here: _____

3. **Proposal Identification**
 Proposal Title: Role of ABCG1 in Pulmonary Lipid Homeostasis, Immunity and Lung Disease
 Project Begin Date: 4/1/2018 Project End Date: 3/31/2023

4. Award/Proposal/Program Type

Previous **Submit for Review** PI: AGUIAR VALLIM, ELIZABETH JOANNA - Cardiology

Signers Preview

| Group | Signer(s) |
|----------------|--|
| PI | AGUIAR VALLIM, ELIZABETH JOANNA |
| Division Chief | WEISS, JAMES N |
| DRA | RUJANURUKS, CATHERINE YEE MAN, RAELEEN GARIFE |

NOTE: Once all departmental approvals are obtained, the HARD COPY of the EPASS must still be EMAILED to the appropriate Central Office (OCGA, TDG, CTAO) for processing. It does NOT automatically get forwarded electronically to them!

Review Proposal

The proposal has been submitted for review.

Role of ABCG1 in Pulmonary Lipid Homeostasis, Immunity and Atherosclerosis

| | |
|------------------|---|
| PI | AGUIAR VALLIM, ELIZABETH JOANNA |
| Fund Manager | RUJANURUKS, CATHERINE YEE |
| Sponsor | NIH-NHLBI NATIONAL HEART, LUNG, AND BLOOD INSTITUTE |
| Sponsor Due Date | 6/5/2017 |
| Status | In Review |

Documents
[Proposal Form](#)
 * Adobe Reader or Acrobat is recommended for viewing the proposal PDF.

Signatures **Notes** Log

Admin

| Group | Signer(s) | Status | Approval Action |
|----------------|--|--------|-----------------|
| PI | AGUIAR VALLIM, ELIZABETH JOANNA | | |
| Division Chief | WEISS, JAMES N | | |
| DRA | RUJANURUKS, CATHERINE YEE MAN, RAELEEN GARIFE | | |

Proposal Log

PI: AGUIAR VALLIM, ELIZABETH JOANNA

Investigators Department Proposal Types Sponsor Checklist Forms Funds Attachments Review **Log**

| Date | Event |
|-------------------|-------------------------------------|
| 5/23/2017 8:27 AM | Edited by CATHERINE YEE RUJANURUKS |
| 5/23/2017 8:16 AM | Edited by CATHERINE YEE RUJANURUKS |
| 5/23/2017 8:09 AM | Created by CATHERINE YEE RUJANURUKS |

6. Click "Proposals" to review EPASSes in various statuses. Actions that can be taken:
 - a. Edit – make changes to the EPASS at *any* time
 - b. Copy – make an exact copy of an EPASS minus obtained approvals
 - c. Delete – permanently delete EPASSes in Pending status only. There is no way to retrieve deleted EPASSes so use with caution. Cannot delete EPASSes in statuses other than Pending status!

The screenshot shows the 'Proposals' dropdown menu with options: Pending, In Review, Approved, Denied, and Calendar. Below the menu is a search bar and a table of proposals.

| ID | Title | PI / Program | Fund Manager | Sponsor | Due Date | Actions |
|-------|---|---|---------------------------|---|----------|--|
| 19457 | Role of ABCG1 in Pulmonary Lipid Homeostasis, Immunity and Lung Disease | AGUIAR VALLIM, ELIZABETH JOANNA Cardiology | RUJANURUKS, CATHERINE YEE | NIH-NHLBI NATIONAL HEART, LUNG, AND BLOOD INSTITUTE | 6/5/2017 | Edit Copy Delete |

7. For those with Approver roles – PI, Division Chief, DRA – click "Signatures" to view pending and completed EPASSes.

The screenshot shows the 'Signatures' dropdown menu with options: Awaiting My Signature and My Signed Proposals. Below the menu is the 'My Signed Proposals' section with a message: "You currently have no signed proposals."