



PROPOSAL REVIEW, APPROVAL, & COMPLIANCE CERTIFICATION (PRACC)

Section A - Proposal and Sponsor Information

Sponsor Due Date: _____	Internal Due Date (4 business days prior to the Sponsor due date): _____	
Project Type: _____	ORA Officer: _____	
NIH Funding Mechanism: (if applicable) _____	Proposal Action: _____	Project Purpose: _____
Lead PI/Contact PI: _____	Phone: _____	Email: _____
Department: _____	Division: _____	IWI: _____
Dept/Div Contact: _____	Phone: _____	Email: _____
PI Academic Appointment Institution: _____	Academic title: _____	

Effort (Lead/Contact PI): PI Effort: _____ % or _____ person months

Sponsor Name: _____	Project Title: <div style="border: 1px solid black; width: 350px; height: 100px; display: flex; align-items: center; justify-content: center;"> </div>
Contact Name: _____	
Phone: _____ Email: _____	
Prime Sponsor (if applicable): _____	

FOR PROGRESS REPORTS ONLY:

Continuation From: _____ To: _____ Continuation DC: \$ _____ F&A: \$ _____ Cont.Total Cost: \$ _____

Are there any additional Lundquist Institute Senior/Key Personnel?

Yes No

Each additional Lundquist Institute **Senior/Key Personnel** devoting committed effort (with or without salary) must be listed and complete and certify page 3 of this PRACC Form. Senior/Key Personnel are responsible for the design, conduct, or reporting of Externally-Sponsored Research, or proposals for such funding.

<input type="checkbox"/> YES	<input type="checkbox"/> NO or N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO or N/A
<input type="checkbox"/> Subawards/consortia agreements included in this proposal		<input type="checkbox"/> Limited Submission by Sponsor	
<input type="checkbox"/> If Yes, Subrecipient Commitment form attached Cost		<input type="checkbox"/> NIH Commons User Name: _____	
<input type="checkbox"/> Sharing If Yes, attach cost share document		<input type="checkbox"/> Sponsor Salary Cap applies	
<input type="checkbox"/> If Yes, cover by Project #: _____		<input type="checkbox"/> Patent Agreement	
<input type="checkbox"/> F&A Waived - If Yes, attach F & A Waiver		<input type="checkbox"/> ECOI Training	
		<input type="checkbox"/> This submission requires coordination with the Office of Development	
		<input type="checkbox"/> Research is International in scope or location	

This project is a result of Lundquist Seed Funding

PROPOSAL REVIEW, APPROVAL, & COMPLIANCE CERTIFICATION (PRACC) - CONTINUATION PAGE

Project Location(s): Building: _____ Room: _____ Other: _____

Lundquist Project # _____

- YES ☐ NO ☐ Is all of the above space assigned to you or otherwise approved for your use? (If not, attach explanation from AVP of Facilities)
- ☐ ☐ Is rental space, construction or renovation required to house project? *New rental space or renovations must be approved by the Space Committee

Section B - Compliance/Committees/Resources

Please answer the questions below for the ENTIRE project, regardless of site (including subawards & other participating departments)

Yes	No	Compliance/Committees/Resources	Yes	No	Compliance/Committees/Resources
		Human Subjects Committee (IRB)			Investigational Drug Services (IDS)
		Animal Care & Use Committee (IACUC)			Lundquist Recharge Centers used
		Clinical Translational Research Center (CTSI)			Computer Resources (use dropdown)
		Environmental Hazards (Safety)			County Resources (use dropdown)
		Radioactive Materials			Other/Comments (Please Type)
		Antibiotics in Humans			
		Diagnostic Imaging Center (MRI)			

Section C - Financial Conflict of Interest (FCOI) PI Disclosure

1. Publicly Traded Entity

- YES ☐ NO ☐ **Income and Equity Interests** Have you, your spouse or registered domestic partner, and/or dependent children received income or payment for services in the past 12 months or own equity interest in any publicly traded entity related to your institutional responsibilities exceeding \$5,000 when **aggregated**? This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.

2. Non-Publicly Traded Entity

- YES ☐ NO ☐ **Income** Have you, your spouse or registered domestic partner, and/or dependent children received income or other payment for services, in the past 12 months, exceeding \$5,000, when **aggregated**, from any non-publicly traded entity? This does not include payments from Lundquist Institute, or income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency, a US institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.
- ☐ ☐ **Equity Interests** Do you, your spouse or registered domestic partner, and/or dependent children currently own, or have acquired in the past 12 months, **any** equity interest in any non-publicly traded entity related to your institutional responsibilities? This can include any stock, stock option or other ownership interest.

3. Intellectual Property Rights and Interests

- YES ☐ NO ☐ Have you, your spouse or registered domestic partner, and/or dependent children received any payments, in the past 12 months, for any intellectual property rights and interests (e.g. patents, copyrights, assigned or licensed to a party other than Lundquist Institute exceeding \$5,000 related to your institutional responsibilities?

4. Travel Reimbursement/Sponsorship

- YES ☐ NO ☐ Have you received any travel reimbursement or been sponsored for travel (i.e. travel expenses paid on behalf of Investigator and not reimbursed to Investigator), in the past 12 months, by any entity related to your institutional responsibilities? This does not include travel sponsored or reimbursed by a federal, state, or local government agency, a US institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.

Section D - Certification / Approvals

PI CERTIFICATION/ASSURANCE

(a) By signing this form, the Principal Investigator certifies the following: I have read and understand Lundquist Institute's conflict of interest policy and have made disclosures required by it, if any; and will comply with any conditions or restrictions imposed by Lundquist Institute to manage, reduce or eliminate actual or potential conflicts of interest. As the federal regulations require that disclosures be made by anyone at the institution who is responsible for the design, conduct, or reporting of research or educational activities funded or proposed for funding by PHS, I have informed the relevant personnel on this project of this requirement; I am not currently debarred, suspended or ineligible to receive federal funds; I have not used federal or non-federal funds to influence an officer or employee of Congress, or any other person with regards to this application; as Principal Investigator of this proposed project, I acknowledge the responsibility associated with this role and agree to comply with the sponsoring agency's terms and conditions for the award; I understand and agree to comply with LA BioMed's policies and procedures regarding sponsored projects.

(b) For NIH proposals I certify I am aware of and will comply with the NIH Public Access Policy requiring that all publications resulting from NIH funded research be made publicly available no later than 12 months after the official date of publication through the National Library of Medicine's database PubMed Central.

(c) I also certify: (1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that 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 the application.

PI Signature: _____

Date Signed: _____

OFFICE OF RESEARCH ADMINISTRATION

(The signature of the Office of Research Registration represents the assurance that all administrative requirements for the submission of this proposal have been addressed.)

Office of Research Administration: _____

Date Signed: _____