

# Contracts & Grants

University of California, ANR

Mail or E-mail this form to: Office of Contracts and Grants, 2801 Second Street, Davis, CA 95618, E-mail: [OCG@ucanr.edu](mailto:OCG@ucanr.edu)

## REQUEST FOR EXCEPTION TO POLICY ON ELIGIBILITY TO SUBMIT PROPOSALS

Name: \_\_\_\_\_

County/REC/or Statewide Program: \_\_\_\_\_

Payroll Title: \_\_\_\_\_

Employment Type:  Career or  Term (if Term enter end date: \_\_\_\_\_)

Are you:  Permanent Funded  Grant funded  Other \_\_\_\_\_

Requesting:  Blanket Exception (for Career only-includes future projects)  Project Specific Exception Only

Title of Proposal: \_\_\_\_\_

% Effort on Proposal\*: Direct Charge: \_\_\_\_\_%; Cost Share\*\*: \_\_\_\_\_% Total: \_\_\_\_\_%

\*Effort percentages are estimates. Subject to change during budget preparation.

\*\*Cost Shared Effort means all effort that the University is covering on this project. It is not limited to effort identified as cost share on the budget form.

I understand that approval of this exception to policy does not imply that the University will extend or increase my current appointment period nor does it obligate the University to do so.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please attach current CV.

Supervisor Statement of Support:

**Approval and Verification of the County, Statewide Program, or REC Director**, by signing below, County/ Statewide/ REC Director verifies that (a) approval of this request is in the best interest of the University, and (b) space and facilities can be assigned to this project without detriment to the regular research and extension responsibilities of the University, and (c) the Director is aware, and understands, that in the event that the proposed PI for any reason may not be able to complete the project, the Director shall be responsible for appointing a qualified PI to complete the project.

I, \_\_\_\_\_, County, Statewide Program, or REC Director, agree with and accept the above conditions.

\_\_\_\_\_  
Signature (County, Statewide Program, or REC Director)

\_\_\_\_\_  
Date

=====

### OTHER APPROVALS (as needed):

\_\_\_\_\_  
Name, Title: \_\_\_\_\_

\_\_\_\_\_  
Name, Title: \_\_\_\_\_

\_\_\_\_\_  
Wendy Powers, Associate Vice President

\_\_\_\_\_  
Date

Approved, **Proposal Specific Exception**

Approved, **Multiple, through:** \_\_\_\_\_

Not Approved

Reviewed by Office of Contracts and Grants: \_\_\_\_\_

Revised 11/2018