

UCSF INTERNATIONAL ACTIVITY PROPOSAL

For the UCSF Faculty Champion: Please complete this proposal and route to ORbusinesscontracts@ucsf.edu for signature via [DocuSign](#) ([see checklist for instructions](#)).

NOTE: This document is not a formal agreement. Government & Business Contracts will draft and negotiate the International Affiliation Agreement with the faculty champion. GBC will send an agreement once it has been negotiated.

Project title _____

Project status ☐ New ☐ Existing without formal affiliation ☐ Renewal

Modification of an existing affiliation

UCSF Faculty Champion

Name _____

Title _____

Email _____

Unit (Department/Division) _____

Administrator or MSO responsible for UCSF Faculty Champion

Name _____

Email _____

UCSF unit responsible for administrative management (e.g., school, department, Organized Research Unit, center, etc.)

For multi-unit proposals, please list additional UCSF units and the responsible project leaders

Name _____

Title _____

Email _____

Unit (Department/Division) _____

Name _____

Title _____

Email _____

Unit (Department/Division) _____

Name _____

Title _____

Email _____

Unit (Department/Division) _____

Other UC locations or units involved (if applicable)

Type and number of individuals involved

☐ Faculty _____ ☐ Students _____

☐ Residents, fellows & post-doctoral scholars _____

☐ Staff _____

☐ Non-UC participants _____

(please describe) _____

Start date: _____ ☐ Tentative ☐ Confirmed

End date (not to exceed 5 yrs): _____ ☐ Tentative ☐ Confirmed

**Brief summary of the project, including expected outcomes (word count ~450 words).
Please use size 10 Arial font. Optional: you may attach one additional page to this form.**

For multi-unit activities, please include: (1) academic justification and alignment with mission; (2) anticipated benefits to UCSF and to project partners; (3) support required in home or other academic units; (4) institutional resources required and plan; (5) any anticipated regulations or risks and need for further assessment during GBC negotiation; (6) expected outcomes.

Financial & resource commitments (e.g., the cost to the managing unit, whether one party is compensating the other for any purpose, space issues, etc.)

International site partner(s) (e.g., universities, foreign governments, non-governmental organizations, etc.)

Faculty Champion at International Site Partner

Name_____

Title_____

Email_____

Institution and Unit_____

If applicable, please list other responsible project leaders at international site(s)

Name_____

Title_____

Email_____

Institution and Unit_____

Name_____

Title_____

Email_____

Institution and Unit_____

Review of Travel Regulations and Risks

☐ As Faculty Champion, I have reviewed the relevant regulations and risks with help from relevant UCSF offices regarding:

- Regulations including export/import control, technology transfer or other country information
<https://www.ucgo.org> and <https://compliance.ucsf.edu/export-control>
- High-risk travel designation by the US State Department
<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>
- Country sanctions placed by the US government
https://www.treasury.gov/resource-center/faqs/Sanctions/Pages/faq_other.aspx

As Faculty Champion, please upload your digital signature (insert a graphic into the text box) or sign via DocuSign.

Faculty Champion Signature_____
Date**Leadership Approval - please use DocuSign according to [instructions](#)**

I have discussed this activity with the following division chief or department chair and obtained their approval for this project. (Please use DocuSign to format using drag-and-drop fields (do not type in names and departments in the form using Adobe).)

Name of Immediate Supervisor (Chief or Chair) _____

Division or Department _____

Signature_____
Date of approval

For an affiliation involving more than one unit, additional leaders are:

1. Name of Chief or Chair _____
Division or Department _____

Signature Date of approval

2. Name of Chief or Chair _____
Division or Department _____

Signature Date of approval

For a large-scale affiliation involving 1-3 schools or centers, additional leaders are:

1. Name of Dean or Director _____
School or Center _____

Signature Date of approval

2. Name of Dean or Director _____
School or Center _____

Signature Date of approval

3. Name of Dean or Director _____
School or Center _____

Signature Date of approval

For Office of Sponsored Research use only: an administrator will review and route this document for additional signature approval via DocuSign if necessary.

For a campus-wide affiliation:

EVCP Signature Date of approval