

PI/Mentor's Name: _____
 Fellow's Name: _____
 Rascal #: _____
 Project Officer: _____
 PT Record #: _____

Target Deadline Date: _____
 Sponsor Deadline Date: _____
 Deadline Type: ___Receipt ___Postmark
 Date Rec'd in SPA: _____
 Date Submitted: _____

The Proposal Review Checklist is designed to assist Project Officers complete the proposal review process prior to submitting a proposal to a sponsor. By completing the Proposal Checklist, the project officers ensures, to the best of their ability, internal, sponsors, budget, compliance and other requirements have been reviewed.

SUMMARY INFORMATION

Proposal Type: New Competitive Renewal Supplement Transfer In Non-Competing Renewal

If competitive renewal or supplement, sponsor award number: _____

General Location: On-Campus Off-Campus

Cost Share Type: None Voluntary Committed Mandatory Mandatory and Voluntary Committed

Cost Sharing Type: Equipment Personnel Other

Cost Sharing Approval: On File Non-Sponsored Account Number: _____ Amount: \$ _____

Resubmission: No Yes If Yes, Grant Number: _____

Type of Submission: InfoEd PD (provide PT# above) Adobe FastLane Paper/Email Other Electronic

Maj. Of Work Location: CUMC MS Lamont Nevis NY-P(Approval Attached) NYPI Other N-Columbia

Is the majority of work outside of the US?: No Yes If Yes, List Countries: _____

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Multi-PI Research Plan (PO: Flag key personnel list in proposal. DC: Additional PIs need to be added to Personnel Screen, Columbia PIs only) |
| <input type="checkbox"/> | <input type="checkbox"/> | Stem Cells? If yes, <input type="checkbox"/> Human Embryonic Stem Cells? <input type="checkbox"/> Human Stem Cells? <input type="checkbox"/> Animal Stem Cells? |
| <input type="checkbox"/> | <input type="checkbox"/> | Limited submission approval from Office of Research Initiatives (ORI) |
| <input type="checkbox"/> | <input type="checkbox"/> | CTV Application (CTV executed) |
| <input type="checkbox"/> | <input type="checkbox"/> | Small Business Subcontracting Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Human Subjects – (IRB) <i>If yes, then complete Clinical Trial Supplemental Review Checklist and attach.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial (drug, device or intervention) |
| <input type="checkbox"/> | <input type="checkbox"/> | Animal Subjects – (IACUC) |
| <input type="checkbox"/> | <input type="checkbox"/> | EHS (laboratory pathogens, hazardous materials select agents)*** (DC, see also page 2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Code of Conduct Requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | Display of Fraud Poster Requirement |
| <input type="checkbox"/> | <input type="checkbox"/> | Consortium/Subcontracts? If Yes, Number of Consortium/Subcontracts: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | International Subcontracts? If Yes, List Countries: _____ |

SPONSOR INFORMATION

Sponsor Name: _____

ID Number (Sponsoring Agent RFA/RFP/FOA of Appropriate Sponsor Guidelines): _____

CFDA#: _____

Sponsor Program Type: Research Training Fellowship Career Dev. Other Sponsored Training
 Conference Equipment Construction – Capital & Renovation
 Service Other

Instrument Type: Grant Contract Cooperative Agreement

Funding Source: Federal Non-Federal New York State NYC Funded

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Foreign Sponsor? If yes, Country of Foreign Sponsor: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Pass through funding? If yes, name of originating sponsor: _____ |

BUDGET INFORMATION (flag budget pages, or provide direct & indirect costs for all budget years)

Budget Type: Detailed Budget PHS 398 SF 424 Sponsor's Form Excel Spreadsheet

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Current salary confirmation from all department involved*
<input type="checkbox"/>	<input type="checkbox"/>	Modular budget checked
<input type="checkbox"/>	<input type="checkbox"/>	Budget Justification
<input type="checkbox"/>	<input type="checkbox"/>	F&A Waiver (below sponsor maximum Allowable rate) – Department approval waiver attached**
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Proposal Face sheet or Letter of Intent
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget and Budget Justification
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Scope of Work
<input type="checkbox"/>	<input type="checkbox"/>	Biographical Sketch for subcontractor Key Personnel

RESEARCH SECTION

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Human Subjects Protection Training – <i>All Research Staff (TC0087)</i>
<input type="checkbox"/>	<input type="checkbox"/>	HIPAA Research Training Course – <i>All Research Staff (TC0019)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Research with rDNA infection tissues or gene transfer – <i>(IBC)***</i>
<input type="checkbox"/>	<input type="checkbox"/>	Radiation Safety <i>(IBC)***</i>
<input type="checkbox"/>	<input type="checkbox"/>	Export Controls
<input type="checkbox"/>	<input type="checkbox"/>	Responsible Conduct of Research (RCR) <i>(TC0094)</i>

OTHER DOCUMENTATION & ATTACHMENTS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Confidentiality Agreements
<input type="checkbox"/>	<input type="checkbox"/>	Consultant Collaboration Letter
<input type="checkbox"/>	<input type="checkbox"/>	IC Analysis Tool <i>(School of Public Health Only)</i>
<input type="checkbox"/>	<input type="checkbox"/>	International Research Risk Questionnaire /Matrix, <i>if appropriate</i>
<input type="checkbox"/>	<input type="checkbox"/>	Letters of Reference
<input type="checkbox"/>	<input type="checkbox"/>	PI Eligibility Waiver
<input type="checkbox"/>	<input type="checkbox"/>	New Hire Letters
<input type="checkbox"/>	<input type="checkbox"/>	Sponsor Certifications and Representations (Section K. Industry)
<input type="checkbox"/>	<input type="checkbox"/>	Third Party In-Kind Letters

CERTIFICATIONS

Full review completed. Proposal completed according to submission type and sponsor guidelines with a finalized & fully-approved RASCAL.

Expedited review completed. Email sent to PI stating SPA had insufficient time to conduct a full review and reserves the right to withdraw the proposal or renegotiate an award, and if necessary return the funding to the sponsor.

Email Date: _____ Review Date: _____

Partial review completed for NOAs received without PT Record, TechVentures awards and transfer in Proposals.

No review prior to submission. Email sent to PI stating SPA had insufficient time to conduct a review and reserves the right to withdraw the proposal or renegotiate an award, and if necessary return the funding to the sponsor.

Email Date: _____ Review Date: _____

Reviewed By: _____ **Date:** _____

PT Record Entered By: _____ **Date:** _____

*Currently attained by Department Administrators / Chair / Dean's approval of Rascal proposal
 **Medical Center Dean Office approval not required for the MSPH. MSPH has its own F&A waiver process
 ***If any of these are involved in the research, data coordinator should mark "YES" to EHS question in InfoEd UDFs