SPONSORED RESEARCH REVIEW CHECKLIST FOR APPLICATIONS -- NONCOMPETING School of Medicine, Office of Research Support Services 270 Anatomy-Chemistry

•••	0 app 0 1 0 0 1 1000
	(215) 573-2290

DRAFT v2 FOR TRANSMITTALS SUBMITTED ON-LINE

Nar	ne of P.I. Departme	Department/Org.	
Key	: N.A. I OK! If there are problems, leave blank until resolved make notations as	necessary.	
-			
	ool of Medicine Requirements ORSS Reviewer Initials	Date	
PRI	E-REVIEW	ACTION	
	# of copies		
	Due date correct; acceptable date and explanation for need-by date		
	CREF OK	Call or return to department for missing information/signatures.	
	Correct data entry for sponsor grant type and award no.		
	PI, BA, and Chair signatures, including Conflict of Interest checks/initials		
	SS STAFF REVIEW	OPCC abtein signatures if form provided	
	Participating department signature(s) form (not required if no changes)	ORSS obtain signatures if form provided	
	V.A. MOU, Chair-designee signatory on file	Obtain from department	
	Forms (current and completed properly, including SOMERA-printed forms)	Obtain correct forms whenever possible	
	General Administrative & Budget Issues:		
	Bios, other support, POR statement for new key personnel (evaluate inclusion, not format)	Advise department, no delay in review	
	Allowable expense (check NGA)	FAIL, notify department	
	F&A rate and amount and MTDC base correct or subvention letter is included if not previouslyap		
	Personnel Report correct / complete information (verify with GRAM / SALMGMT / Business Obj	ects) FAIL, notify department	
	SNAP Issues (includes many 'K' awards):		
	Three Questions' at start of Progress Report form (verify with GRAM / FinMIS / Business Object		
	Other Support if SNAP Q1 = "yes"	Advise department, no delay in review	
	No unrequired forms (e.g., form pages 2 & 3, checklist)	Remove from application	
_	Non-SNAP Issues:		
	Form pages 2 and 3 (verify unobligated \$\$\$ and evaluate 25% significant variance by Fund Sur		
	Institutional Salary Base or correct fed cap used for NIH; NO cap for non-NIH unless sponsor lin	hits FAIL or ORSS provide from SALINC	
	Personnel funds requested = effort or salary waiver letter included if not previously approved	FAIL, notify department	
	Current EB rates (spot check only)	FAIL, notify department	
	Other Support for all personnel (evaluate inclusion, not format)	Advise department, no delay in review	
	Subcontract(s) letter(s) of intent, budget/administrative document(s) if necessary	Call department or use preprinted letter	
	'T' Grants:		
	NRSA substitute pages; current stipend/expense levels, actual tuition/fees requested	FAIL, notify department	
	Trainee Report (verify any names no longer on payroll)	FAIL, notify department	
	Checklist	FAIL, notify department	
	APPROVE IN SOMERA DEAN'S REVIEW NOT REQUIRED F	FOR ROUTINE SUBMISSIONS.	
Res	cearch Services Requirements RS Reviewer Initials	Date ACTION	
	Most recent transmittal		
	Department Contact Name, Phone Number		
	Sponsor Contact, Address, Phone Number	Check with ORSS reviewer,	
\Box	Sponsor Face Page complete and accurate FAIL as necessary Sponsor Checklist compete and accurate FAIL as necessary		
\Box			
\square	Application form(s) dollars = university transmittal dollars = GPTS dollars		
\Box	Regulatory Affairs information complete, accurate, current, including POR certification	Contact department BA or PI,	
	Conflict of interest	FAIL as necessary	