

**Department of Medicine  
Review and Checklist for Proposals**

Agency/Sponsor: \_\_\_\_\_ Prime Agency/Sponsor: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ RFA/PA #: \_\_\_\_\_

Division: \_\_\_\_\_

OCGA Officer or Analyst: \_\_\_\_\_ OR ☐ Submitted via DOM DRA

Proposal Due Date: \_\_\_\_\_ Recharge ID# for mailing: \_\_\_\_\_

**Proposal Preparation**

- ☐ Correct [fringe benefit rates](#) have been used
- ☐ Correct budget totals have been verified
- ☐ Correct [personnel salaries](#) have been verified & correct [NIH capped rate](#) used
- ☐ Correct [overhead rate](#) has been used
- ☐ Modified Total Direct Costs (MTDC) has been calculated correctly

**Forms**



- ☐ [EPASS](#)
- ☐ [Economic Interest](#)
  - ☐ [eCOI/eDGE](#) for PHS & PHS type Sponsors
  - ☐ [Form 740](#), and if applicable, [740 Supplement](#)
  - ☐ [Form 700-U](#), and if applicable, [700-U Addendum](#) (for other KP) / [700 Supplement](#)
- ☐ [PI Exception](#)
- ☐ [Subrecipient Commitment Form](#) or [PHS 398 Face Page](#) for every subrecipient
- ☐ [DOM Other Support](#)
- ☐ [DOM PI Responsibilities](#) (submit with any proposals with Human Subjects)
- ☐ [DOM Proposal Checklist](#)

**Just-In-Time (JIT)** – not required at time of submission, but may be requested later in the review cycle

- ☐ Current [NIH Other Support](#) for all key personnel
- ☐ Certifications – must be active & valid
  - ☐ IRB Approval – human subjects
  - ☐ ARC Approval – animals subjects
- ☐ Human Subjects Education – [HSPC certificates](#)
- ☐ [Categorical/Detailed Budget](#) and Budget Justification – for research career development awards

Other/Remarks: \_\_\_\_\_

I have reviewed the proposal to ensure that it is complete and accurate. I request that OCGA submit the proposal to the agency/sponsor.

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

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE FORWARD ORIGINAL WITH PROPOSAL PACKET TO OCGA  
AND A COPY TO FARAH ELAHI WITH THE ORIGINAL EPASS.**