

UVA SCHOOL OF MEDICINE PROPOSAL CHECKLIST

<http://www.healthsystem.virginia.edu/internet/grants/>

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|--------|--|---------|--------|
| | 1. Proposal Approval Sheet | [] | |
| Page 1 | a. Complete Oracle Information | [] | |
| | b. Include PTAO (on renewals, continuations, and supplements) | [] | |
| | c. Denote quantity of research - % Laboratory vs. % Clinical | [] | |
| | d. All questions answered (including question about space allocation) | [] | |
| | e. Leave page 2 (Central Admin) blank for SOM Grants Office to complete | [] | |
| Page 3 | f. Complete & sign Cost Accounting Standards (CAS) Exception Request (when applicable) | [] | |
| | g. Fill in Transaction controls (if CAS) | [] | |
| Page 4 | h. Complete Cost Share with signatures (when applicable) | [] | |
| | i. Obtain PI and Dept Chair signatures on pg.1, & pgs 3&4 if applicable | [] | |
| | 2. Guidelines <i>This is your key to type of budget and other requirements!</i> | [] | |
| | a. Prior to proposal preparation, did you review sponsor specific webpage for deadline & guidelines? | Yes [] | No [] |
| | b. Review and include a copy of PA, PAR, RFA, RFP for all sponsors (e.g., NIH, DOD, American Heart Assoc., American Cancer Society, etc.) | [] | |
| | c. Review & include NIH institute-specific guidelines for NIH PPG Center Proposals | [] | |
| | d. NIH proposal applications requesting \$500,000 or more in direct costs | [] | |
| | 3. Sponsor's Grant Application | [] | |
| | a. Face Page completed and signed (if NIH, utilize SOM-populated version) | [] | |
| | b. Abstract | [] | |
| | c. Budget | | |
| | i. Detailed budget(s) | [] | |
| | 1. Accurate Faculty and Classified Staff Salaries | [] | |
| | 2. Fringe Benefit Rates calculated correctly | [] | |
| | 3. Sponsor Guidelines for allowable costs followed | [] | |
| | 4. Budget Justification | [] | |
| | ii. Modular budget (if \$250k or less/year) | [] | |
| | 1. Modular budget justification | [] | |
| | 2. Include detailed budget (for internal purposes) | [] | |
| | 3. Include budget for entire proposed project period | [] | |
| | d. Biographical Sketches/CVs of all key personnel | [] | |
| | e. Resources Page complete | [] | |
| | f. Draft (if final not ready)of Specific Aims and Research Plan | [] | |
| | g. NIH Checklist page (include previous grant number for revisions, continuations, renewals, and supplements) | [] | |
| | 4. Other Forms (required when applicable) | [] | |
| | a. IRB/HIC approval (indicate if pending) | [] | |
| | b. IRB/IACUC (animal) approval | [] | |
| | c. Environmental Health & Safety approval | [] | |
| | d. Animal Cost sheet | [] | |
| | e. Time Release forms with appropriate signatures and salary | [] | |
| | 5. Letter of Support | | |
| | a. Institution support including Dept. Chair, Dean(s) & Vice President's if applicable | [] | |
| | b. Collaborators and consultants on other projects | [] | |
| | 6. Consortiums/Contractual Cost Guidelines | | |
| | a. See Consortium Checklist and Consortium Letter of Agreement | [] | |
| | b. Sole Source Justification if For Profit or Private Academic Institutions | [] | |