College of Pharmacy
Grants/Contracts Proposal Processing Checklist

☐ Proposal must be presented for review no less than 5 business days prior to proposal due date
☐ UGA Proposal Cover Sheet will be required only if sponsor is not a federal agency or does not provide a cover sheet
  (https://research.uga.edu/docs/forms/osp/pdf/Proposal-Cover-Sheet.pdf)
☐ Provide copy (or web address) of proposal instructions/special instructions/guidelines for proposal preparation and submission
☐ Facilities & Administrative Costs (F&A or Indirect Costs) - if different from UGA rates, provide a copy of sponsor allowable rate or policy

Yes  No
☐ ☐ Are all forms prepared according to the instructions of the sponsor?

☐ ☐ Has the proposal been routed in UGA GeaR eResearch Portal?
  (http://gear.ovpr.uga.edu/applications-and-databases/eresearch-grants-awards/)
☐ ☐ Is this proposal complete? (if not, please explain what is missing)

☐ ☐ Does this project require any compliance approvals?
  □ Animal Use (http://www.ovpr.uga.edu/oacu/) 706-542-5933
  □ Human Subjects (http://www.ovpr.uga.edu/hso/) 706-542-3199
  □ Biohazards (http://www.ovpr.uga.edu/biosafety/) 706-542-2697
  UGA Faculty at GRU will use the GRU or VA IRB/IACUC along with UGA approval certification letter
  (If compliance approval is pending at the time of proposal submission, a copy of the approval must be provided prior to receiving the award. Failure to provide the approval will delay the award process.)

☐ ☐ If applicable, have you completed UGA annual disclosure of significant financial interests (SFI)
  (https://www.ovpr.uga.edu/fcoi/)
  (Note: current Conflict of Interest training through CITI will be required prior to expenditures if PHS FCOI rules apply)

☐ ☐ Are there others (regardless of title, position or whether or not salary requested) involved who will be responsible for the design, conduct or reporting of the project?
  (If yes and if PHS FCOI rules apply to funding, SFI disclosure is required from each person before proposal submission; and current Conflict of Interest training through CITI will be required prior to expenditures on the grant)

☐ ☐ Is the salary requested for this project less than effort committed on the project?
  (If yes, obtain Department Head approval for the voluntary cost-sharing portion)

☐ ☐ Does this project include any unusual or additional University funds or resources? Examples:
  □ Time and Effort (cost share) □ Equipment (matching) □ Mandatory cost share as per the request for proposal
  (If yes, you are required to attach a separate budget identifying the costs and the source that will support them.)

☐ ☐ Will this project require a change in the budgeting of your position?
  (percent instruction, research, or service or require adjustment or revision of your teaching assignment?)
  (If yes, attach Department Head and or Dean's approval)

☐ ☐ Does this project involve offering courses for credit, support a new curriculum or degree program, or involve the addition of new tenure-track faculty lines?
  (If yes, attach letter of approval from the Associate Dean, Pharmacy)

☐ ☐ Do you intend to request additional or new space not currently assigned to you and your department or renovations to facilities (including expanded utility or computer hookups) for this project?
  (If yes, attach approval letter for the request for space/renovation)

☐ ☐ Non-UGA Employee Consultant involved?
  If so, after proposal funded, prepare Consultant Agreement (http://policies.uga.edu/FA/nodes/view/1231/Consulting-Services) and obtain a Certificate of Insurance from the Consultant before services are used (Article XII).

The following is the minimum needed for subcontract documentation:

☐ Name of Negotiator and email  ☐ Agency/University/Company Name  ☐ Phone Number
☐ Email address to send documents  ☐ Statement of Work  ☐ Budget
☐ Collaboration letter  ☐ Letter from signing official/intent to establish consortium for NIH applications

Project Director Signature: ____________________________  Date ____________________________

4/2/15