

College of Pharmacy
Grants/Contracts Proposal Processing Checklist

Proposal must be reviewed **no less than 7 days before** the deadline date. Don't wait until the last minute to obtain required signatures.

- Prepare the UGA Transmittal sheet <http://www.ovpr.uga.edu/forms/Transmittal%20Form%20050707.pdf>
- If** you have a significant fiscal interest in a company/business and you are applying for funding which "**could**" involve your research or transfer of any materials, **then** prepare the UGA Conflict of Interest Form Part B <http://www.ovpr.uga.edu/forms/StandardCOI.pdf>
- Prepare the Proposal Cover sheet for **NON-FEDERAL** Projects <http://www.ovpr.uga.edu/forms/ResearchPropCover%2010-02.pdf>
- Obtain Business Office Initials for Department Heads signature on transmittal sheet
- Business Office** will obtain Dean's signature and Sponsored Programs signatures **after** Department Head signatures
- Provide a copy of the proposal instructions/special instructions/guidelines from agency or a web site address
- Facilities & Administrative (F&A or **Indirect Costs** Rate), (if different than UGA rates provide a copy of agency allowable rate or guidelines)
- Consultant Use **after** the award is made:
 - Prepare Consultant Agreement (<http://www.busfin.uga.edu/forms/consulting.pdf>)
 - Obtain a Certificate of Insurance from the Consultant before services are used (Article XII).

If your proposal is for U.S. EPA your deadline date is 7 days earlier than the due date to allow time for EEO to review.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all forms prepared <u>according to the instructions of the agency?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this proposal complete? (if not please explain what is missing) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you applied or obtained any IRB Approvals http://www.ovpr.uga.edu/forms/index.html <ul style="list-style-type: none"> <input type="checkbox"/> Animal Use (http://www.ovpr.uga.edu/acu/index.html) 542-5933 <input type="checkbox"/> Human Subjects (http://www.ovpr.uga.edu/hso/) 542-3199 <input type="checkbox"/> Biohazards (http://www.esd.uga.edu/bio/) 542-0112 <input type="checkbox"/> UGA Faculty at MCG will use the MCG IRB's (If the IRB is pending at the time of proposal submission <u>remember</u>, forward a copy of your IRB "approval" to the Pharmacy Business Office. Failure to do so could delay the award processing.) |
| <input type="checkbox"/> | <input type="checkbox"/> | If this is a proposal for federal funds only, does the budget include administrative or clerical salaries or expenses such as office supplies, telephone, memberships and postage?
(These costs are generally not allowed unless specifically justified and approved by in writing as an allowable cost) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the salary requested less than your effort on the project? (If yes, obtain Department Head approval for the cost-sharing portion.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this project include any unusual or additional University funds? <i>Examples:</i>
<input type="checkbox"/> Time and Effort (cost share) <input type="checkbox"/> Equipment (matching) <input type="checkbox"/> 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the conduct of 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 sponsored activity? (If yes, attach approval letter for the request for space/renovation) |

For Subcontracts Only – (a collaborative arrangement in support of a research project through a formal agreement)

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Involvement of <u>other investigators</u> in the proposal requires a letter stating agreement of participation. (for NIH Proposals, a Consortium Statement or a signed PHS 398 face page is required). |

Provide the following information in order to have an external subcontract executed:

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Name of Negotiator | <input type="checkbox"/> Agency/University/Company Name | <input type="checkbox"/> Phone Number | <input type="checkbox"/> Fax Number |
| <input type="checkbox"/> Address | <input type="checkbox"/> Statement of Work | <input type="checkbox"/> Budget | <input type="checkbox"/> Any other required forms applicable to the agency applying to |

Principal Investigator Signature: _____ **Date** _____

Department Head Signature: _____ **Date** _____