

**SCHOOL OF MEDICINE PROPOSAL**  
**CHECKLIST**  
**Department Use**

Principal Investigator \_\_\_\_\_  
 Department/Sub-Dept. Name \_\_\_\_\_ Dept # \_\_\_\_\_  
 Funding Source \_\_\_\_\_  
 Building Name /Bldg # \_\_\_\_\_ Room # \_\_\_\_\_  
 Subcontract Yes No \_\_\_\_\_  
 G & A Assessment Yes No If Yes, charge to account # \_\_\_\_\_  
 Service Ctr/Core Lab Charges Yes No If Yes, please verify correct rates are being utilized.  
 Cost Share Yes No If Yes, charge to account # \_\_\_\_\_  
 Conflict of Interest Yes No If Yes, please attach additional copy of proposal

The following items have been reviewed by the Department and are correct according to Emory University's guidelines and the guidelines of the funding agency. Funding agency guidelines must be attached.

Please check all items that have been reviewed and verified are correct.

- |                          |                          |  |   |
|--------------------------|--------------------------|--|---|
| Div                      | D                        | Div – Division/Subdept.  | D - Department  |
| <input type="checkbox"/> | <input type="checkbox"/> | Emory Employee verification  | Any faculty/staff not on HR system, documentation must be attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | Salary Verification  | If salary does not match HR system, documentation must be attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | VAMC Appointment   | Yes No If yes, is MOU Attached? Yes No                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Fringe Benefits Verification   | Rate(s) Used Year 1 _____ Years 2-5 _____                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget (Math calculations, justifications per guidelines)                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Cost Rate   | Yr 1 _____ Yr 2 _____ Yrs 3 - 5 _____                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Space Verification   | Yes No If no, space assignment information is attached.             |
| <input type="checkbox"/> | <input type="checkbox"/> | Cost Exceptions  | Yes No If yes, indicate the budget justification page(s) # _____    |
| <input type="checkbox"/> | <input type="checkbox"/> | School Commitments/ Matching Funds                                       | Yes No If yes, documentation must be attached.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Is Proposal \$500K or higher?  | If Y, data sharing agreement is attached.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Package (all required items submitted to Business and Finance) |   |

Dept Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Departmental Proposal Contact: \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

Dept Research Administrator Review: \_\_\_\_\_ (Signature Required) \_\_\_\_\_ (phone)

Internal Dept Review \_\_\_\_\_ (Initials) \_\_\_\_\_ (Division/Sub-dept)

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

**BUSINESS AND FINANCE USE ONLY**  
**PROPOSAL CHECKLIST**

School of Medicine Principal Investigator \_\_\_\_\_  
 Building#/Name/Room# \_\_\_\_\_  
 Administrative Home of Proposal \_\_\_\_\_  
 If Not SOM - List Other School PI \_\_\_\_\_  
 Funding Source \_\_\_\_\_  
 Subcontract to \_\_\_\_\_  
 Sub-Contractor Funding Source \_\_\_\_\_

G & A Assessment Y \_\_\_\_\_ N Interdisciplinary Y N  
 Indirect Cost/ G & A Waiver Y N \_\_\_\_\_

Type of Cost Share  Mandatory  Optional \_\_\_\_\_

Core Labs Y N If yes, contact the SOM Office of Research if grant is awarded.

Category of Grant  Research  Training  Clinical Trial  Other  Other Schools/Units  
 (Circle) RB RC TR TP CT CR OI OC OS

Type of Grant (Circle) New Continuation Renewal Supplemental Revision \_\_\_\_\_

Type of Proposal (P01, R01, T32, etc.) \_\_\_\_\_

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time Period	_____	<b><u>Split Indirects</u></b>	_____
Direct Cost	_____	Administrative Home	_____
Indirect Cost ( %)	_____	Percent of IDC:	
Total Cost	_____	School of Medicine	_____
		Yerkes	_____
		Public Health	_____
		Nursing School	_____
		Emory College	_____
		Wesley Woods	_____
		Grady	_____
Reviewed By: _____	Date: _____	Other	_____

Was Split Info Put On SPAF? Y N