COPH Grant/Contract Proposal Preparation

Checklist for Extramural Grant Proposals

<u>NOTE</u>: The following information is necessary to initiate grant preparation from the COPH Dean's Office. The checklist needs to be <u>submitted to Marilyn Bowman and Sam Smith at least 4 weeks prior to the application due date</u> to assure adequate time to properly prepare all documents. If your checklist is submitted later than 4 weeks prior to the submission deadline, there is a possibility that the documents will NOT be completed in time.

Principal Investigator/Program Director:
PI Contact Information: Phone E-mail
COPH Department:
Other Contact Person(s):
Contact Information: Phone E-mail
Proposal Title:
Funding Agency:
Project Funding Period:
Funding Agency Due Date:
Application Guidelines:
NIH SF424
PA/RFA:
Other (Please attach guidelines or website for information)
Is this an electronic submission? YES NO NO
Is there cost share or match involved? YES NO NO
Note: Cost sharing or a fiscal match must be approved in writing (or e-mail) by the PI's home department and the Dean of COPH at least two weeks prior to due date. VOLUNTARY COST SHARE IS NOT ALLOWED.
Are any personnel salaries above the NIH salary cap? YES NO
Note: Current NIH salary cap is \$181,500. http://grants.nih.gov/grants/policy
Is the Indirect Cost Rate the standard UAMS research rate? (49% as of 07/01/2013)
YES NO NO
If NO, what indirect cost rate will be applied?

<u>Note</u>: Indirect cost rates other than the standard UAMS research rates must be approved in writing (or e-mail) by the Dean of COPH at least 2 weeks prior to due date and indirect support for fiscal administration must be included on the budget. Also, we will be required to provide ORSP with documentation that the funding agency has a cap on IDC.

List of Key Personnel (Name, Role and Department/School):	
<u>Note</u> : Please include any consultant or subcontract per project.	rsonnel that may be considered key personnel for the
Is there a subcontract(s) involved? YES NO	
If YES, please provide the fiscal contact person at the s	subcontract agency:
Organization:	Name:
Phone:	E-mail:
·	or a number of subcontracts may require more intensive ministrator effort may be required. If there are multiple contact information for each agency.
Date you anticipate submitting the final proposal to the Office business days (3 days for COPH and 5 days for ORSP) prior to f	
any necessary modifications after the ORSP review. Th	
If any additional office space is required, please attach a memo	o with specifications.
<u>Note</u> : Please specify what type of space you will need, space needed).	i.e. cubicle or private office (please include any off campus
PI Signature:	Date: