myResearch Funding Proposal Checklist

Funding Proposal		
Proposal Description & Contacts		
1.0	Short title of proposal.	☐
2.0	Principal Investigator	☐
	Income Fund Reimbursable - Salary Offset (IFR)? if yes IFR account number is required.	☐
	If you are creating this Funding Proposal on behalf of a PI make sure to add yourself as a Departmental Research Coordinator (Q.3) or Department Administrative Contact (Q. 4) BEFORE you save or continue from this page.	
5.0	Select Direct Sponsor:	☐
6.0	Are there other personnel associated with this funding proposal? *Note: Additional Personnel added to this proposal flood automatically to the budget. Personnel cannot be added manually to the budget.* **Please use TBD for unamed personnel**	☐
General Proposal Information		
1.0	Type of Application and Type of Sponsor Selected.	☐
2.0	Modular budget **(only applies to NIH)**	☑
4.0	Indicate how the forms will be submitted to the Sponsor: Please check Other as we are not yet using S2S	☐
5.0	Instrument Type:	☐
6.0	Describe the purpose of this project:	☐
7.0	Is this a Clinical Trial?	☐
8.0	Is this a multi-PI Submission?	☐
9.0	Is this an on campus submission, an off campus submission, or both?	☐
Research Department Determination		
1.0	Select the Submitting Department:	☐
Compliance Review		
1.0	For each item listed below, indicate if it is involved in this project: Select all compliance items that are needed for your proposal	☐
2.0	Does the project involve (a) classified research (b) proprietary research (c) controlled unclassified information or (d) use or development of export controlled items or information?	☐
3.0	Does this project provide data or services to, conduct any transaction with, or require travel to an embargoed country as defined by the Office of Foreign Asset Controls, such as Cuba, Iran, North Korea, Sudan or Syria?	☐
Commitment of Additional Resources		
2.0	Does this research involve the use of Veterans Administration's patients, personnel and/or facilities?	☐
Program Classification		
2.0	This proposal is related to:	
	Answer each question	☐

General Submission Information			
	2.0	Required Routing Documents	
		Is this a Clinical Trial? Y/N Upload documents as directed.	☐
		Mandatory Non-Clinical Trial Docs Abstract/SOW, Facilities Statement, and Budget Justification or a fully copy of your proposal, as appropriate	
		Mandatory Clinical Trial documents: Protocol, Informed Consent Form, and Facilities Statement and Final Approved Budget	
Submission Dates			
	1.0	Application submission deadline (if there is no sponsor deadline, indicate the date you would like to submit):	☐
	3.0	Expected Start Date:	☐
Budget Periods:			
		Automatically defaults to 5 years - Adjust to you proposal needs by Removing or Adding budget periods.	☐
Intellectual Property Questions			
		Complets all questions	☐

Credit Distribution

	Complete Section with credit distributed as decided	☐

Budget

General Budget Information			
	1.0	Budget title:	☐
	2.0	Principal Investigator for this budget:	☐
	3.0	Does this budget use the standard indirect cost base and rates?	☐
	5.0	Will this budget have cost sharing?	☐
Personnel Costs			
		Complete with personnel.	☐
General Costs			
		Complete with other direct costs categories.	☐