Proposal Submission Checklist and Review Form
To Accompany All Proposals Submitted Through
Hofstra North Shore-LIJ School of Medicine

CATEGORY: □ New □ Resubmission □ Extension □ Supplement □ Renewal

Principal Investigator

Name: ____________________________
Department: ______________________
Phone: __________________________
Contact, if Other Than PI: ____________
Contact Phone: ____________________
Contact E-mail: ____________________

Agency

Name: ____________________________
Complete Address: __________________
Solicitation No: ____________________
Sponsor Contact: ____________________
Phone: __________________________
Deadline Date: _____________________

Project Title: _______________________

Is this a subcontract or subaward agreement? □ YES □ NO If yes, please name the flow-through sponsor: _______________________

COMPLIANCE AND RESOURCES

HUMAN SUBJECTS

Does your proposal include human subjects □ YES □ NO
If yes, provide your IRB approval date (mm/dd/yy) / / / ; or application pending □
Provide your research registration date (mm/dd/yy) / / /

ANIMAL USE

If Yes, please provide your IACUC Approval # ; or application pending □

RADIOACTIVE MATERIALS

If yes, provide your radioactive clearance date (mm/dd/yy) / / / ; or application pending □

BIO-HAZARDOUS MATERIALS

If yes, provide your radioactive clearance date (mm/dd/yy) / / / ; or application pending □

EXPORT CONTROLS

Will this project involve foreign nationals? □ YES □ NO
Will this project involve foreign travel? □ YES □ NO
Will this project involve international shipping? □ YES □ NO
If yes, please describe these international activities in your Dean’s Disclosure Statement

SPACE
Will additional space be required for this project? □ YES □ NO

NEW EQUIPMENT □ YES □ NO
If yes, please describe these purchases and additional space requirements needed in your Dean’s Disclosure Statement

CONFLICT OF INTEREST (COI)
Have external financial COI disclosure forms for research been submitted to the COI in Research (at the Office for Research Compliance at the Feinstein Institute for Medical Research) for their review in the past calendar year for all key personnel on the project and have all external financial interests related to professional responsibilities been reviewed? □ YES □ NO
If yes, were any potential COIs identified and/or was a management plan requested? □ YES □ NO
If no, please attach updated conflict of interest disclosure forms. □ YES □ NO

Please confirm that all key personnel on this project on this project have reviewed their field annual external financial (COI) disclosure form and that there have been no changes since the date of the last disclosure.
□ I confirm that there are no changes to the field disclosure.
□ Changes are required and updated forms are attached.

CHECKLIST
1. □ Internal Review Form, Signed by PI
2. □ Conflict of Interest Form and Statement (below), Signed by PI
3. □ Proposal Submission Checklist, Completed by PI
4. □ Number of Copies for Granting Agency (if applicable)
5. □ One Additional Copy for the Grants Management Office
6. □ Appendix Materials (if required)
7. □ PI’s Disclosure Statement, to the Dean
8. □ Granting Agency Proposal/Application Guidelines
9. □ Completed Budget Materials
10. □ Proposal prepared as requested by the agency (format, type, size, number of pages)

I certify that the statements contained in this submission are true, complete and accurate to the best of my knowledge.

__________________________________________
PI’s signature

*All documents mentioned in the checklist and provided by the PI to the Grants Management Office must be current and up-to-date. Electronic files may be sent to the Grants Management Office, as long as the granting agency accepts electronic submissions; however, one original copy must be submitted to the Grants Management Office.*