



Hofstra North Shore-LIJ School of Medicine  
 Grants Management Office  
 Swim Center, Room 262C  
 P: 516.463.7582  
 E-mail: [billi.vernillo@hofstra.edu](mailto:billi.vernillo@hofstra.edu)

DATE: \_\_\_\_\_

**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

Agency

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Contact, if Other Than PI: \_\_\_\_\_  
 \_\_\_\_\_

Solicitation No: \_\_\_\_\_  
 Sponsor Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

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.