COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Sponsored Projects Administration

Proposal Review Checklist (rev 10/2011)

PI/Mentor's Name: _____
Fellow's Name: _____
Rascal #: _____
Project Officer: _____
PT Record #: _____

Target Deadline Date: _____
Sponsor Deadline Date: _____
Deadline Type: ___Receipt ___Postmark
Date Rec'd in SPA: _____
Date Submitted: _____

The Proposal Review Checklist is designed to assist Project Officers complete the proposal review process prior to submitting a proposal to a sponsor. By completing the Proposal Checklist, the project officers ensures, to the best of their ability, internal, sponsors, budget, compliance and other requirements have been reviewed.

SUMMARY INFORMATION

Proposal Type: ☐ New ☐ Competitive Renewal ☐ Supplement ☐ Transfer In ☐ Non-Competing Renewal
If competitive renewal or supplement, sponsor award number: _____

General Location: ☐ On-Campus ☐ Off-Campus

Cost Share Type: ☐ None ☐ Voluntary Committed ☐ Mandatory ☐ Mandatory and Voluntary Committed

Cost Sharing Type: ☐ Equipment ☐ Personnel ☐ Other

Cost Sharing Approval: ☐ On File Non-Sponsored Account Number: _____ Amount: $_____

Resubmission: ☐ No ☐ Yes ☐ If Yes, Grant Number: _____

Type of Submission: ☐ InfoEd PD (**provide PT# above**) ☐ Adobe ☐ FastLane ☐ Paper/Email ☐ Other Electronic

Maj. Of Work Location: ☐ CUMC ☐ MS ☐ Lamont ☐ Nevis ☐ NY-P(Approval Attached) ☐ NYPI ☐ Other N-Columbia

Is the majority of work outside of the US?: ☐ No ☐ Yes If Yes, List Countries: _____

Yes	No	
☐	☐	Multi-PI Research Plan *(PO: Flag key personnel list in proposal. DC: Additional PIs need to be added to Personnel Screen, Columbia PIs only)*
☐	☐	Stem Cells? If yes, ☐ Human Embryonic Stem Cells? ☐ Human Stem Cells? ☐ Animal Stem Cells?
☐	☐	Limited submission approval from Office of Research Initiatives (ORI)
☐	☐	CTV Application (CTV executed)
☐	☐	Small Business Subcontracting Plan
☐	☐	Human Subjects – (IRB) *If yes, then complete Clinical Trial Supplemental Review Checklist and attach.*
☐	☐	Clinical Trial (drug, device or intervention)
☐	☐	Animal Subjects – (IACUC)
☐	☐	EHS (laboratory pathogens, hazardous materials select agents)*** ***(DC, see also page 2)***
☐	☐	Code of Conduct Requirements
☐	☐	Display of Fraud Poster Requirement
☐	☐	Consortium/Subcontracts? If Yes, Number of Consortium/Subcontracts: _____
☐	☐	International Subcontracts? If Yes, List Countries: _____

SPONSOR INFORMATION

Sponsor Name: _____

ID Number (Sponsoring Agent RFA/RFP/FOA of Appropriate Sponsor Guidelines: _____

CFDA#: _____

Sponsor Program Type: ☐ Research ☐ Training ☐ Fellowship ☐ Career Dev. ☐ Other Sponsored Training ☐ Conference ☐ Equipment ☐ Construction – Capital & Renovation ☐ Service ☐ Other

Instrument Type: ☐ Grant ☐ Contract ☐ Cooperative Agreement

Funding Source: ☐ Federal ☐ Non-Federal ☐ New York State ☐ NYC Funded

Yes	No	
☐	☐	Foreign Sponsor? If yes, Country of Foreign Sponsor: _____
☐	☐	Pass through funding? If yes, name of originating sponsor: _____

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BUDGET INFORMATION (flag budget pages, or provide direct & indirect costs for all budget years)

Budget Type: ☐ Detailed Budget ☐ PHS 398 ☐ SF 424 ☐ Sponsor's Form ☐ Excel Spreadsheet

Yes	No	
☐	☐	Current salary confirmation from all department involved*
☐	☐	Modular budget checked
☐	☐	Budget Justification
☐	☐	F&A Waiver (below sponsor maximum Allowable rate) – Department approval waiver attached**
☐	☐	Subcontract Proposal Face sheet or Letter of Intent
☐	☐	Subcontract Budget and Budget Justification
☐	☐	Subcontract Scope of Work
☐	☐	Biographical Sketch for subcontractor Key Personnel

RESEARCH SECTION

Yes	No	
☐	☐	Human Subjects Protection Training – *All Research Staff (TC0087)*
☐	☐	HIPAA Research Training Course – *All Research Staff (TC0019)*
☐	☐	Research with rDNA infection tissues or gene transfer – *(IBC)***
☐	☐	Radiation Safety *(IBC)****
☐	☐	Export Controls
☐	☐	Responsible Conduct of Research (RCR) *(TC0094)*

OTHER DOCUMENTATION & ATTACHMENTS

Yes	No	
☐	☐	Confidentiality Agreements
☐	☐	Consultant Collaboration Letter
☐	☐	IC Analysis Tool *(School of Public Health Only)*
☐	☐	International Research Risk Questionnaire /Matrix, *if appropriate*
☐	☐	Letters of Reference
☐	☐	PI Eligibility Waiver
☐	☐	New Hire Letters
☐	☐	Sponsor Certifications and Representations (Section K. Industry)
☐	☐	Third Party In-Kind Letters

CERTIFICATIONS

☐ Full review completed. Proposal completed according to submission type and sponsor guidelines with a finalized & fully-approved RASCAL.

☐ Expedited review completed. Email sent to PI stating SPA had insufficient time to conduct a full review and reserves the right to withdraw the proposal or renegotiate an award, and if necessary return the funding to the sponsor.

Email Date: _____ Review Date: _____

☐ Partial review completed for NOAs received without PT Record, TechVentures awards and transfer in Proposals.

☐ No review prior to submission. Email sent to PI stating SPA had insufficient time to conduct a review and reserves the night to withdraw the proposal or renegotiate an award, and if necessary return the funding to the sponsor.

Email Date: _____ Review Date: _____

Reviewed By: _____ Date: _____

PT Record Entered By: _____ Date: _____

**Currently attained by Department Administrators / Chair / Dean's approval of Rascal proposal*
***Medical Center Dean Office approval not required for the MSPH. MSPH has its own F&A waiver process*
****If any of these are involved in the research, data coordinator should mark "YES" to EHS question in InfoEd UDFs*

SPA Proposal/Award Checklist Clinical Trial Assessment Addendum

This form is to be completed whenever a proposal or award is reviewed that indicates any human subjects involvement. Any 'yes' answers to these questions require additional review to ensure that this proposal/award is handled and tracked appropriately.

The following criteria cannot be used to determine whether a proposal/award is a clinical trial (or not): 1) Rascal submitting to Health Sciences vs. Clinical Trials; 2) Rascal Expense Function: Research 2400 vs. Clinical Trial 2600; 3) Cost Reimbursable Budget (modular or detailed); 4) Budget without Patient Care Costs.

Please follow the guidelines in "Understanding the Definition of a Clinical Trial."

PI: _____ **Rascal #:** _____

Dept: _____ **Dept. #:** _____ **PT #:** _____

Title: _____

Sponsor: _____ **Flow-Thru Agency:** _____

Review Point:

_____ **Proposal** **Reviewer:** _____ **Date:** _____

_____ **Award** **Reviewer:** _____ **Date:** _____

	Proposal		Award	
	Yes	No	Yes	No
Administrative Triggers that could indicate CT activity				
Does Rascal indicate this is a clinical trial?				
Does Rascal indicate that this project is to be managed by the CTO?				
Does proposal or award indicate that this is a clinical trial?				
Does RFA/RFP/PA/FOA indicate that this will or may be a clinical trial?				
Grant documentation (SOW, Abstract, Budget, Research Plan)				
Patient Care Costs: are they standard of care (SOC)?				
Patient Care Costs: are they on the budget?				
Patient Related Costs (i.e. professional fees, lab tests (outside hospital)?				
Does the proposal include any key words? (see glossary attached)				
Is this a multi-site collaboration?				
Will subcontracts be issued?				
Scope of Work				
Will research study involve an intervention using:				
A drug?				
A device?				
A treatment?				
Will research study involve the testing of new ways of using an existing:				
drug				
device				
treatment				
DETERMINATION: Is this a clinical trial?				

For any projects that fall into a questionable area as to whether or not the project should be considered a clinical trial, please obtain a SPA or CTO manager signature to confirm.

SPA/CTO Manager's Name Date

Revised 01/05/2012

PI:
InfoEd #:

Completed by PO: Date:
Completed by FA: Date:

Columbia University
Sponsored Projects Administration

New Award and Account Set Up Checklist

This Checklist is designed to assist Project Officers and Financial Analyst in completing the award review process and account set up process. By completing the Award Checklist, the Project Officers and Financial Analyst ensure, to the best of their ability, that internal, sponsor, compliance and other requirements required prior to award set up have been completed. The checklist is to be placed on top of the file when handover occurs between Project Officer and Financial Analyst to improve project set up communication. The Financial Analyst will also use the Checklist to assist in processing the award, check for proper InfoEd data entry and SPBA comments. The short names, found on the right side of the checklist of highlighted items in grey are to be placed on the SPBA comments. Award files for external funding must be accompanied by an Award Checklist which will be placed in the file and uploaded in the InfoEd Attachments.

PROJECT OFFICER				FINANCIAL ANALYST	
☑	N/A			☑	N/A
☐		Notice of Award or Contract: For contracts - a fully executed (dually signed) agreement OR a signed guarantee letter. This includes subawards from other institutions.			
☐		Copy of Submitted Application			
☐		Finalized RASCAL Proposal Data Sheet electronically signed by all officers and relevant parties			
		Contract and Award Review	**InfoEd Entry and/or added to SPBA Comments**		
☐	☐	E-Verify – Employment Verification Clause – FAR 52.222.54 – Effective Date1:	(PT, FT GL) E-Verify	☐	
☐	☐	ARRA Funding	(PT, FT GL) ARRA	☐	
☐	☐	Interest Bearing Account	(FT) Interest	☐	
☐	☐	Responsible Conduct of Research[1]	RCR	☐	
☐	☐	Business Ethics and Code of Conduct – FAR 52.203.13 – Effective Date[2]:	(PT) Conduct	☐	
☐	☐	Display of Hotline Posters – FAR 52.203.14 – Effective Date[2]:	(PT) Posters	☐	
☐	☐	International Research	(PT) International	☐	
		Award Restrictions / Special Conditions			
☐	☐			☐	
☐	☐			☐	
		Budget (excludes CTV awards)	**Processed**		
☐	☐	Cost Sharing – Dept./Dean approval statement and non-sponsored account number	(Checked in PT only)	☐	
☐		Award budget: matches proposal budget		☐	
☐		Award budget: reduced by less than 10% - Automatically rebudgeted by FA		☐	
☐		Award budget: reduced by more than 10% and less than 25% - Dept. provides revised budget to FA		☐	
☐		Award budget: reduced by more than 25% - Revised budget attached & confirmed SOW/specific aims by PO		☐	
		Compliance Assurances[3] - Active, approvals/protocols or certifications are required for setting up accounts			
		Annual Conflict of Interest-PIs & research staff participating in the design, reporting or conduct of the project		☐	☐
		Protection of human research participation certification exams – applicable research staff		☐	☐
		HIPAA Course Certifications - applicable research staff		☐	☐
		Human Subjects (IRB)		☐	☐
		Animals (IACUC)		☐	☐
		Laboratory, pathogens, hazardous materials, select agents – (EHS)		☐	☐
		Research involving rDNA, rRNA, infectious tissues or gene transfer – (IBC)		☐	☐
		Radiation Safety (RSC at Morningside or JRSC at Medical Center)		☐	☐

DATA CONTROL (MS) / FINANCIAL ANALYST (CUMC) - Award Details and InfoEd[4]

☑	N/A	**Proposal Tracking (PT)**	**Award Tracking (AT)**	☑	N/A
☐		Associated department	Award Number (Agency 1)	☐	
☐		Sponsor(Agency1) – program, instrument, fund source	IC Rate	☐	
☐	☐	Originating Sponsor	CFDA	☐	☐
☐	☐	CFDA	Verify of Sponsor and Associated Department	☐	
☐		Award Number (Agency 1)	Verify Version 1 Budget is Correct	☐	
☐		Status History	Entered all Committed Out Years	N/A	N/A
☐		All applicable attachments uploaded	All award and budget dates checked	☐	
		Financial Tracking (FT)			
☐	☐	(GL) IC Location	Fund Type (GL)	☐	
☐	☐	(SL) Report Distribution 1 and 2	NIH GRA Cap (GL)	☐	☐
☐		(SL) Option Code	Agency 1 Code (GL)	☐	
☐		(GL) Research Campus	Agency 2 Code (GL)	☐	☐
☐		(GL) Method of Funding	Agency 2 Award Number (GL)	☐	☐
☐		(GL) Revenue Source	Status History (GL)	☐	
☐		(GL) Expense Function	Comments for SPBA (listed above) (GL)	☐	☐
		(GL) CTO Award			
☐	☐	**Deliverables set up completed - Subawards:** Number of subawards =			
☐	☐	**Scope Accounts:** Number of subprojects in InfoEd =			

Effective Date: 087/22/2010
Last Revised: 08/10/2010

[1] Required for graduate and undergraduate students receiving support from all NSF Awards and NIH training, career development, research education, and dissertation research awards. Terms and conditions on other awards should be reviewed.
[2] Effective Date = latter of Effective Date field on the contract or the date the contract was fully executed by both parties.
[3] Compliance Assurance section is completed by PO at the School of Public Health
[4] The fields listed in this section do not represent all fields required in InfoEd for an award. See InfoEd screenshot procedures