

**PROPOSAL REVIEW CHECKLIST**

This checklist outlines mandatory and recommended minimum requirements for proposals. **Mandatory** items are required for SPO to approve a proposal. **Recommended** items are required to be completed prior to or at award stage.

**FULL PROPOSAL:** Complete package includes data sheet, scope of work, budget and budget justification.

**PRE-PROPOSAL:** SPO analyst will review **only** if an institutional signature, a detailed budget, or contain terms and conditions to which university is required to agree to at time of submission. Data sheet is **not** required. Request from the PI/department administrator the following: RFP, sponsor due date, name of PI, department contact person, administering unit, sponsor, project title.

Project No.		Analyst		Limited Review	___ Yes ___ No	Flow-thru: ___ Fed ___ State ___ Other
Review Date		DUE DATE		Pre-Proposal	___ Yes ___ No	___ NO CFDA No.

REQ – Requested REC – Received

Requirement		N/A	REQ	REC	Notes
<b>MANDATORY</b>					
1	Institutional eligibility				
2	PI eligibility <i>Co-PI ___ Yes ___ No</i>				
a	<i>Exception: ___ Specific ___ Multiple (Exp. end date: _____)</i>				
3	Sponsor- and program-specific administrative requirements (RFP)				
a	<i>E.O. 12372 Date Emailed to State Clearinghouse:</i>				
4	Limited submission				
5	COI: ___ Form 800 ___ PHS800 ___ 700U ___ Exempt				
6	Subcontractor information (i.e. budget, budget justification, statement of work, institutional approval or sub-recipient monitoring form)				
7	Lead PI and Chair/Director certification; Dean and other department approval				
8	Cost-sharing certification ___ Voluntary/Committed ___ Mandatory				
9	Final Scope of Work				
10	Budget and budget justification, including:				
a	<i>PI minimum effort ___ Direct ___ Cost Shared</i>				
b	<i>Indirect cost rate: ___ UCD F&amp;A</i>				
	<i>___ Exception Rate: _____ Base: _____</i>				
	<i>Exception # _____ Exp. Date: _____</i>				
c	<i>Accurate calculations</i>				
d	<i>Graduate student fees and nonresident tuition</i>				
e	<i>Subcontractor costs</i>				
f	<i>Allowable and allocable costs</i>				
11	Informed Participation OTT Guidance ___ Yes (Memo# _____) ___ No				
<b>RECOMMENDED</b>					
12	IRB approval				
13	IACUC approval				
14	BUA approval (pathogenic agents / rDNA / medical waste)				