

Proposal Development No: _____ Date Due to Sponsor: _____ Target Review by date: _____ Date Review Completed: _____

YES NO

Has the Program Announcement been reviewed?

What is the proposal mechanism?

R01 R03, R21, R33, R21/R33, R34, R36 K Series – Research Career Development Other (i.e. R13, U13, R18/U18, R25, R15)

			PROPOSAL TAB REVIEW	Ⓢ - Data Override feature available
YES	NO	N/A		
<input type="checkbox"/>	<input type="checkbox"/>		Does the Title comply with Agency/Sponsor requirements? Ⓢ o A "Resubmission" or "Renewal" should normally have the same title as the previous grant or application	
<input type="checkbox"/>	<input type="checkbox"/>		Do the Start and End Date comply with Agency/Sponsor requirements? o Check the NIH Standard Due Dates for Competing Applications webpage for Earliest Project Start Date info (http://grants.nih.gov/grants/funding/submissionschedule.htm .)	
<input type="checkbox"/>	<input type="checkbox"/>		Is the Proposal Type correct? Ⓢ o Continuation (<i>non-competing continuation of an existing award</i>) o New (<i>new application</i>) o Resubmission (<i>amended or revised budget</i>) o Renewal (<i>competing continuation of an existing award</i>) o Revision (<i>supplement to an existing award</i>) o Task Order (<i>project funded under a master agreement</i>)	
<input type="checkbox"/>	<input type="checkbox"/>		Is the Activity Type correct? (<i>defines the rate type in the budget section</i>)	
<input type="checkbox"/>	<input type="checkbox"/>		Is the Anticipated Award Type correct? Ⓢ	
<input type="checkbox"/>	<input type="checkbox"/>		Is the Sponsor correct? Ⓢ o Specify the Agency you are submitting the proposal to (<i>i.e. NCI</i>) o Use National Institutes of Health (NIH) only if submitting to multiple Agencies within the NIH	
<input type="checkbox"/>	<input type="checkbox"/>		Is " No Prime Sponsor " selected in the Prime Sponsor field? Ⓢ	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Sponsor Proposal No. correct? Ⓢ o Required for Resubmission, Revision, and Renewal type of applications o i.e. Federal Identifier (IC & Serial # of prior application/award (e.g. CA654321), etc.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Award No. complete? Ⓢ o For Revision, Renewal and Continuation type of submissions	
<input type="checkbox"/>	<input type="checkbox"/>		Is the NSF Code correct?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Original Proposal selected? o For Any-Changed/Corrected, Resubmission, and Renewal type of submissions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the correct type of Notice of Opportunity selected? Ⓢ o i.e. Unsolicited, Solicited, SBIR, STTR, URI, Special Programs, CAREER, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Funding Opportunity Number correct? o If Human Subjects/Clinical Trials are proposed, ensure that "Clinical Trial Optional" opportunity is selected	
<input type="checkbox"/>	<input type="checkbox"/>		Is the Subcontract box checked off? Ⓢ o Box required to be checked off if Brown will be issuing a subcontract on this grant o If "YES", make sure the subawardee organization is entered in the Organization Tab	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the status indicator for the Narrative marked as Incomplete?	

			ORGANIZATION TAB REVIEW
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Subawardee entered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Performance site entered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the address complete for each Subawardee and/or Performance Site? o i.e. 9 – digit Postal Code
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do all Subawardees have a DUNS Number ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does every Subawardee and/or Performance Site have a Congressional District entered and in the correct format (i.e. RI-001)?

			MAILING INFO TAB REVIEW
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>		Is the Deadline Date and Type correct? <i>(Confirmed with Program Announcement?)</i>
			INVESTIGATOR TAB REVIEW
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Are all the PIs and Co-Is listed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the Efforts for the PIs and Co-Is listed? <i>(% of effort based on 12 months and averaged over the life of the project)</i>
			KEY PERSON TAB REVIEW
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the Efforts for all Brown Key Personnel listed? o % of effort based on 12 months and averaged over the life of the project
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the Roles for all Key Personnel correct? o Make sure that the role entered is the individual's role on the project and not their title
			SPECIAL REVIEW TAB
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Are Human Subjects involved? o If approval status is "Approved" make sure the Approval Date is entered, if it is "Exempt", make sure the exemption code is entered in the Special Review Comment box and the Exemption date is entered in the Appr. Date field.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the Human Subjects approval status is " Approved " or " Exempt ," have you verified in COEUS to make sure that the appropriate IRB approval is in place for this project?
<input type="checkbox"/>	<input type="checkbox"/>		Are Vertebrate Animals involved? o If "YES", make sure the approval status is selected o If approval status is "Approved" make sure the Approval Date is entered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the Vertebrate Animals approval status is " Approved ," have you verified in COEUS to make sure that the appropriate IACUC approval is in place for this project?
			SCIENCE CODE TAB REVIEW
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is/are Science Code(s) selected? <i>(required for Bio-Med)</i>
			ABSTRACT SECTION REVIEW
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>		Is the Brown specific abstract appropriate/relevant to the proposal?
			YES/NO QUESTIONS SECTION REVIEW
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Have the Yes/No Questions been reviewed?
<input type="checkbox"/>	<input type="checkbox"/>		Is Yes/No question 0B18 <i>(Are proposed Salaries over the cap?)</i> answered "YES"? o If "YES", make sure that the NIH Salary Cap Worksheet is uploaded in the Narrative Section and the information is correctly reflected in the Budget
<input type="checkbox"/>	<input type="checkbox"/>		Is Yes/No question 0B16 <i>(Is the F&A rate applied in proposal budget the maximum F&A rate allowed by the sponsor?)</i> answered "NO"? If "NO", make sure that the signed Cost Share Approval Form is uploaded in the Narrative Section, the information is correctly reflected in the Budget and the Cost Sharing – Indirect Cost Questionnaire is answered correctly. Add a note in the Coeus Note Pad as necessary.
			QUESTIONNAIRE SECTION REVIEW ***NOTE*** To view the list of the Questionnaire Questions please visit Coeus Website.
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Is the NIH Additional Investigator(s) Questionnaire section complete?
<input type="checkbox"/>	<input type="checkbox"/>		Have all the Brown and Non-Brown Investigators been identified?
<input type="checkbox"/>	<input type="checkbox"/>		Is the Grants.gov Questionnaire section complete?
<input type="checkbox"/>	<input type="checkbox"/>		Have the answers on the Grants.gov Questionnaire been reviewed?
<input type="checkbox"/>	<input type="checkbox"/>		Is the Authentication of Key Biologicals Questionnaire section complete? o If answered "YES", ensure that the corresponding document is uploaded in the COEUS Narrative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Cost Sharing – Direct Cost Questionnaire complete? o This Questionnaire must be completed whenever there is Cost Share identified in the Budget.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If " IN KIND " Cost Share has been included in the proposal, is it appropriately documented on the Cost Sharing Commitment Form uploaded in the Narrative Section?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If " Equipment Funded by OVPR " Cost Share has been included in the proposal, is it appropriately documented on the Cost Sharing Commitment Form uploaded in the Narrative Section?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Cost Sharing – Indirect Cost Questionnaire complete? <ul style="list-style-type: none"> This Questionnaire must be completed whenever there is Indirect Cost - Cost Share identified in the Budget. (under-recovery is greater than 1 and YNQ 0B16 is answered as “NO”.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Indirect Cost – Cost Sharing appropriately documented in the Cost Sharing Commitment Form uploaded in the Narrative Section? <ul style="list-style-type: none"> Whether the under- recovered F&A is being funded by OVPR and/or by the Department, it must be appropriately documented on the Cost Sharing Commitment Form uploaded in the Narrative Section.

PROPOSAL PERSONNEL SECTION REVIEW		
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YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Are the Biosketches uploaded for each individual?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If required, are the Current and Pending Support documents uploaded for each individual?
<input type="checkbox"/>	<input type="checkbox"/>		Are the attachments in correct format per FOA instructions?
<input type="checkbox"/>	<input type="checkbox"/>		Is the address complete for each individual? <ul style="list-style-type: none"> i.e. 9 – digit Postal Code, Phone Number, E-Mail Address
<input type="checkbox"/>	<input type="checkbox"/>		Have you verified with eRA Commons to see if the eRA Commons User Name is correct for each PI?
<input type="checkbox"/>	<input type="checkbox"/>		Do all the PIs have the correct eRA Commons User Name entered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If this is a K Series application , is the Citizenship Information selected for the PI?

DEGREE DETAILS SECTION REVIEW		
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			*While in the Proposal Personnel Section, select the Individual and then select Edit → Degree Info from the Menu Bar
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Is the Degree Information entered for the PI and each Senior/Key Person ?

NARRATIVES SECTION REVIEW		
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YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Are all the required attachments uploaded in accordance with the Program Announcement? <ul style="list-style-type: none"> i.e. Correct sections and sub-sections within the attachments, page limitations
<input type="checkbox"/>	<input type="checkbox"/>		Are the attachments uploaded under the correct Narrative Type ?
<input type="checkbox"/>	<input type="checkbox"/>		Are the attachments in the correct format per Agency/Sponsor guidelines? <ul style="list-style-type: none"> i.e. Correct font and margins, page limitations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If “Other” Narrative Type is included, is the Module Title correct? <ul style="list-style-type: none"> i.e. No spaces and/or special characters, correct spelling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes/No question 0B18 (Are proposed Salaries over the cap?) answered “YES” , is the NIH Salary Cap Worksheet attached ?

USER ATTACHED S2S FORMS		
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YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the appropriate User Attached S2S forms attached? <ul style="list-style-type: none"> Assignment Request Form is an optional form to supplement the Cover Letter.
<input type="checkbox"/>	<input type="checkbox"/>		Are the attached forms completed in accordance with the Sponsor’s Instructions?
<input type="checkbox"/>	<input type="checkbox"/>		In the User Attached S2S forms window, does each attached form have a green check mark in the XML field?

HUMAN SUBJECT STUDY FORMS		
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YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the Human Subjects Involvement and Exemption questions answered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the Project is Exempt from Federal regulations , is the appropriate Exemption Number checked? <ul style="list-style-type: none"> The Exemption Number information should match the COEUS Special Review Tab
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Human Subjects are involved, is a Human Subject Study Form included? <ul style="list-style-type: none"> If multiple Study Forms are attached, are the Study Titles and filenames distinct?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On the Human Subject Study Form, are all questions in 1.4 Clinical Trial Questionnaire answered as “yes”? If so, the project is a Clinical Trial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are uploaded attachments’ filenames unique within the Human Subject Study Form? <ul style="list-style-type: none"> Also ensure that no special characters (&#) are used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a Planned or Cumulative Enrollment Table included? <ul style="list-style-type: none"> Cumulative Enrollment information is required when using an Existing Dataset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is Question 3.2 answered as “No” ? “No” is the most common answer, except in the scenarios outlined below: <ul style="list-style-type: none"> “Yes” should be checked if this is a multi-site study using one Human Subjects protocol “N/A” should be checked for Exempt projects & Career, Training, and Fellowship proposals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are Sections 4 and 5 complete? <ul style="list-style-type: none"> Data should only be inputted into Sections 4 & 5 for Clinical Trials. All other proposals should leave these sections blank

DETAILED BUDGET SECTION REVIEW		
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YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Are the appropriate FY represented in the Rates Table?
<input type="checkbox"/>	<input type="checkbox"/>		Are the standard University Approved Rates used? (<i>The Institute Rate column in the Rates Table</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the standard University Approved Rates are not used, are the modified rates justified ? (<i>The Applicable Rate column in the Rates Table</i>)
<input type="checkbox"/>	<input type="checkbox"/>		Is the correct F&A Rate applied based on the Agency/Sponsor guidelines and does it correspond with Yes/No question 0B16 ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the individuals entered correctly in the Budget Persons Window ? (<i>correct appointment type, eff. date, base salary, and if applicable, anniversary date</i>) <ul style="list-style-type: none"> ○ If a date is entered in the Anniversary Date field, verify that the date is entered correctly. (<i>i.e. month and date match the Effective Date</i>)
<input type="checkbox"/>	<input type="checkbox"/>		Are any of the proposal salaries over the NIH Cap ? <ul style="list-style-type: none"> ○ If "YES", make sure that Yes/No question 0B18 is answered correctly and that the NIH Salary Cap Worksheet is uploaded in the Narrative Section
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all Named and TBA Personnel entered into the correct cost elements categories (<i>line items</i>)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the Personnel Budget Details , do the individuals have the correct start and end dates entered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the Personnel Budget Details , do the individuals have the correct Period selected?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the Personnel Budget Details , do the individuals have the correct %Charged and %Effort entered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For each PI, Co-I and Key Person included, does the %Effort entered in the Budget match the %Effort entered in the Investigator/Key Person Tab ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all equipment purchases of \$5,000.00 or more broken out into separate line items?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a description entered for each equipment line item?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If there are subcontracts, are the Subcontract Budget uploaded correctly in the Sub Award Section of the Budget?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If there are subcontracts, does a File Name appear in the Attachments box of the Sub Award Section of the budget?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do the subcontract line items generated by Coeus correspond to the uploaded document?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do the subcontract line items comply with Agency/Sponsor instructions?
<input type="checkbox"/>	<input type="checkbox"/>		Is there Cost Sharing ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Cost Sharing consists of both NIH Salary Cap and salary charged to the project for the same individual, has the salary charged to the project been entered in the budget using a non-NIH Salary Cap Cost Element ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the proposal contains non-Brown Cost Sharing , (i.e. collaborating organization cost sharing that is not a Subcontract), has the "Non-Brown Cost Share" Cost Element been used? (All dollars should be in the Cost Share field)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If there is any Cost Sharing from a Subcontract, is the Cost Share amount entered in the Subcontract line items?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If there is Cost Sharing , is the "Submit Cost Sharing" box checked on the Budget Summary tab? [Ⓧ] (<i>Should only be checked if Cost Sharing is being submitted to Sponsor.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If there is Cost Sharing, are the approvals/NIH Salary Cap Worksheet uploaded in the Narrative Module?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If there is Cost Sharing, are the applicable Questionnaires answered ? (Cost Sharing – Direct Cost and Cost Sharing – Indirect Cost – when applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For multi-year proposals, are all Budget Periods generated?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the proposal Direct Costs are ≥\$500,000 in any one year, have the appropriate approvals been received from the sponsor?
<input type="checkbox"/>	<input type="checkbox"/>		Do the costs, quantities and rates shown in the Budget Justification match those in the Budget ?
			MODULAR BUDGET SECTION REVIEW
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Does this proposal include a Modular Budget ? This budget format is required for proposals with Direct Costs ≤\$250k per year, unless otherwise noted in the FOA. <i>If applicable, , continue with this section</i>
<input type="checkbox"/>	<input type="checkbox"/>		Is the Modular Budget Check Box selected in the Detailed Budget Summary Tab?
<input type="checkbox"/>	<input type="checkbox"/>		Do the Direct and Indirect Costs in the Modular Budget match to the Direct and Indirect Costs in the Detailed Budget (<i>for each budget period</i>)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the Direct and Indirect Costs in the Modular Budget do not match, is the Indirect Cost Base and the Indirect Costs Requested correctly adjusted in the Modular Budget?
<input type="checkbox"/>	<input type="checkbox"/>		Are the Direct Cost Modules in the Modular Budget consistent from year to year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the Direct Cost Modules vary from year to year, is the Narrative Justification uploaded in the Narrative Section?
<input type="checkbox"/>	<input type="checkbox"/>		Is the Personnel Justification uploaded in the Narrative Section?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the budget includes subcontracts, is the Consortium Justification uploaded in the Narrative Section?
			OTHER TAB REVIEW
YES	NO	N/A	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes/No question H1 is answered YES , are Country 1- Country 4 fields completed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the number of Undergraduate Students correct?

GRANTS.GOV SECTION REVIEW			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Is the proposal connected to a valid Grants.gov Opportunity ? <ul style="list-style-type: none"> o i.e. Closing Date has not passed, the correct version of the forms is being used, etc.
<input type="checkbox"/>	<input type="checkbox"/>		Are all the required Grants.gov forms set to "Include" ? <ul style="list-style-type: none"> o i.e. PHS 398 Modular Budget Form or RR Budget Form, RR SubAward Budget Form, PHS HumanSubjects And ClinicalTrials Info
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the Assignment Request Form or other User-Attached S2S Document is marked as "Available", are they set to "Include" ? <ul style="list-style-type: none"> o The status changes to "Available" when a document is uploaded via the User-Attached S2S Window
<input type="checkbox"/>	<input type="checkbox"/>		Do all the Grants.gov forms populate the information correctly and are the attachments attached to the forms in the correct fields?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Subcontract Budgets, is the role for the Sub PI consistent with the role on the R&R Senior/Key Person (Expanded) Form?
<input type="checkbox"/>	<input type="checkbox"/>		Does the proposal pass the Grants.gov validations ?

CHANGE/CORRECTED REVIEW			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Is this a Change/Corrected submission ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If this proposal is a Change/Corrected application, is the Previous Grants.gov Tracking ID field completed with the correct Grant Tracking Number? ①
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Change/Corrected applications, is the correct Submission Type selected in the Action→Grants.gov Window ?
<input type="checkbox"/>	<input type="checkbox"/>		Are all the required Grants.gov forms set to "Include" ? <ul style="list-style-type: none"> o Ensure that correct Budget and any applicable User-Attached S2S forms are included; the inclusion of these forms does not always carry over from the original proposal when copied

SUMMARY			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Are all the printed & signed certifications submitted to OSP?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the Department approvals submitted to OSP? <ul style="list-style-type: none"> o Required if Co-PIs and Co-Is are from a department that is not the Lead Unit of the proposal
<input type="checkbox"/>	<input type="checkbox"/>		Are all the Coeus Validations addressed?

NON-BROWN INVESTIGATOR FINANCIAL CONFLICT OF INTEREST			
<i>**NOTE** If the proposal includes <u>non-Brown Individual Investigators</u> from any institution including from Lifespan (ex: Primary Mentor), please flag the Questionnaire and give the proposal to the Administrative Manager after submission.</i>			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Are there any non-Brown Investigators identified in the Coeus NIH Additional Investigator(s) Questionnaire Section ? <ul style="list-style-type: none"> o If no, please omit the remaining questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is each subrecipient institution (other than Lifespan) identified on the FDP Clearinghouse? <ul style="list-style-type: none"> o If yes, no additional forms needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For each subrecipient institution (other than Lifespan) NOT identified on the FDP Clearinghouse, is a "Subrecipient Certification..." form attached in the Narrative Section ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has each "Subrecipient Certification..." form been reviewed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has any subrecipient institution checked Part I, Box B ? <ul style="list-style-type: none"> o If YES, please flag the form and give the proposal to the Administrative Manager after submission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For each non-Brown Investigator included as an individual investigator (including from Lifespan), is an "Assurance of Compliance" form attached in the Narrative Section ? <ul style="list-style-type: none"> o If any individual investigators are included, please flag the form and give the proposal to the Administrative Manager after submission o *NOTE* any "Primary Mentor" is automatically considered an Investigator and must submit an "Assurance of Compliance"

COMMENTS/CORRECTIONS  Please discuss with your Supervisor prior to **REJECTING** a Proposal!

YES NO N/A

Communicated the necessary comments to the department administrator and PI for corrections/follow-up on _____ via:
 Rejection Comments field in COEUS E-Mail Phone