COEUS NIH INSTITUTIONAL TRAINING GRANTS – GRANTS.GOV PROPOSAL REVIEW CHECKLIST	**REVIEWER: _____**

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? ☐ T32 ☐ T34 ☐ T35 ☐ T90 ☐ Other non-NRSA Programs (T15, T37, D43, D71)

			PROPOSAL TAB REVIEW	Ⓓ *- Data Override feature available*
YES	**NO**	**N/A**		
☐	☐		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	
☐	☐		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.)*	
☐	☐		Is the **Proposal Type** correct? Ⓓ 　o　New *(new application)* 　o　Resubmission *(amended or revised budget)* 　o　Renewal *(competing continuation of an existing award)* 　o　Revision *(supplement to an existing award)*	
☐	☐		Is **Instruction (Institutional Training Grant)** selected as the **Activity Type**? 　o　This activity type will automatically apply a 8% Indirect Cost Rate in the Budget	
☐	☐		Is **Training Grant** selected as the **Anticipated Award Type**? Ⓓ	
☐	☐		Is the **Sponsor** correct? Ⓓ 　o　Specify the Agency you are submitting the proposal to *(i.e. NCI)* 　o　Use National Institutes of Health (NIH) only if submitting to multiple Agencies within the NIH	
☐	☐		Is *"No Prime Sponsor"* selected in the **Prime Sponsor** field? Ⓓ	
☐	☐	☐	Is the **Sponsor Proposal No.** correct? Ⓓ 　o　Required for Resubmission, Revision and Renewal applications 　o　i.e. Federal Identifier (IC & Serial # of prior application/award (e.g. CA654321), etc.	
☐	☐	☐	Is the **Award No.** complete? Ⓓ 　o　For Renewal and Continuation type of submissions	
☐	☐		Is the **NSF Code** correct?	
☐	☐	☐	Is the **Original Proposal** selected? 　o　For reviewer reference only 　o　For Any-Changed/Corrected, Resubmission, and Renewal type of submissions	
☐	☐	☐	Is the correct type of **Notice of Opportunity** selected? Ⓓ 　o　i.e. Unsolicited, Solicited, Verbal Request for Proposal, etc.	
☐	☐	☐	Is the **Funding Opportunity Number** correct?	
☐	☐	☐	If this proposal is a Change/Corrected application, is the **Previous Grants.gov Tracking ID** field completed with the correct Grant Tracking Number? Ⓓ	
☐	☐		Is the **Subcontract** box checked? Ⓓ	
☐	☐	☐	Is the status indicator for the Narrative marked as Incomplete?	

			GRANTS.GOV SECTION REVIEW	
YES	**NO**	**N/A**		
☐	☐	☐	For **Changed/Corrected** applications, is the correct **Submission Type** selected?	
☐	☐		Is the proposal connected to a **valid Grants.gov Opportunity**? 　o　i.e. Closing Date has not passed, the correct version of the forms is being used, etc.	
☐	☐		Are all the required Grants.gov forms set to **"Include"**? 　o　***R&R Budget Form*** is required for use in conjunction with the PHS 398 Training Budget for the R90 portion of T90/R90 applications, and is the only budget form that should be used for K12 applications. Otherwise this form should only be used when allowed or required in an FOA or IC-specific notice or announcement. 　o　***PHS398 Training Subaward Budget Form***	

			ORGANIZATION TAB REVIEW	
YES	**NO**	**N/A**		
☐	☐	☐	Is **Other Organization/ Performance** site entered? 　o　**ALL** of the locations where ***training, program management, and the research training experiences*** described in the Research Training Program Plan will be performed should be listed as *"Other Organization"*	

☐	☐	☐	Is the **address** complete for each Organization and/or Performance Site? ○ i.e. 9 – digit Postal Code
☐	☐	☐	Do all Organizations have a **DUNS Number**?
☐	☐	☐	Does every Organization and/or Performance Site have a **Congressional District** entered and in the correct format (i.e. RI-001)?

YES	NO		**MAILING INFO TAB REVIEW**
☐	☐		Is the **Deadline Date** and **Type** correct? *(Confirmed with Program Announcement?)*

YES	NO	N/A	**INVESTIGATOR TAB REVIEW**
☐	☐		Are all the **PIs and Co-Is** listed? ○ Applicants with multiple Training PD/PIs must provide a **Leadership Plan** that emphasizes how leadership by multiple PD/PIs will benefit the research training program and the trainees
☐	☐	☐	Are the **Efforts** for the PIs and Co-Is listed? *(% of effort based on 12 months and averaged over the life of the project)*

YES	NO	N/A	**KEY PERSON TAB REVIEW**
☐	☐		Are **all Key Personnel** included? ○ Proposed Mentors and Training Faculty (other than senior/key persons) should **NOT** be included in this section. Biographical Sketches for mentors and participating faculty should be included in **Participating Faculty Biosketches** attachment.
☐	☐	☐	If applicable, are the **Efforts** for all Brown Key Personnel listed? ○ % of effort based on 12 months and averaged over the life of the project
☐	☐		Are the **Roles** for all Key Personnel correct? ○ Make sure that the role entered is the individual's role on the project and not their title

YES	NO	N/A	**SPECIAL REVIEW TAB**
☐	☐		Are **Human Subjects** involved? ○ 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.
☐	☐	☐	If the **Human Subjects** approval status is **"Approved"** or **"Exempt,"** have you **verified with RPO** to make sure that the appropriate **IRB approval** is in place for this project?
☐	☐		Are **Vertebrate Animals** involved? ○ If "YES", make sure the approval status is selected ○ If approval status is "Approved" make sure the Approval Date is entered
☐	☐	☐	If the **Vertebrate Animals** approval status is **"Approved,"** have you **verified with RPO** to make sure that the appropriate **IACUC approval** is in place for this project?

YES	NO	N/A	**SCIENCE CODE TAB REVIEW**
☐	☐	☐	Is/are **Science Code(s)** selected? *(required for Bio-Med)*

YES	NO		**ABSTRACT SECTION REVIEW**
☐	☐		Is the Brown specific abstract appropriate/relevant to the proposal?

YES	NO	N/A	**YES/NO QUESTIONS SECTION REVIEW**
☐	☐		Have the **Yes/No Questions** been reviewed?
☐	☐	☐	Is **Yes/No question 0B16** *(Is this the maximum F&A rate allowed by Sponsor?)* answered "**NO**"? If "NO", make sure that the signed Cost Share Approval Form is uploaded in the Narrative Section and the information is correctly reflected in the Budget <u>and</u> add a note in the Coeus Note Pad as necessary.

			QUESTIONNAIRE SECTION REVIEW ****NOTE*** To view the list of the Questionnaire Questions please visit:* http://research.brown.edu/osp/coeus/PD_Documents/PHS_Training_Questionnaire.pdf
YES	NO	N/A	

☐	☐		Is the **PHS 398 Training Budget Form Questionnaire** complete? (* *IT MAY BE USEFUL TO PRINT THE QUESTIONNAIRE SO THAT YOU CAN COMPARE THE ANSWERS TO THE COEUS BUDGET. THE STIPEND AMOUNTS INCLUDED IN THE COEUS BUDGET MUST CORRESPOND TO THE STIPEND LEVELS INDICATED IN THE QUESTIONNAIRE.*)
☐	☐		Is the **NIH Additional Investigator(s) Questionnaire** complete?
☐	☐		Have all the **Brown and Non-Brown Investigators** been identified?
☐	☐		Is the **Grants.gov Questionnaire** section complete?
☐	☐		Have the answers on the **Grants.gov Questionnaire** been reviewed?
☐	☐	☐	Is the **Cost Sharing – Direct Cost Questionnaire** complete? o This Questionnaire must be completed whenever there is Cost Share identified in the Budget.
☐	☐	☐	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?
☐	☐	☐	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?
☐	☐	☐	Is the **Cost Sharing – Indirect Cost Questionnaire** complete? o 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".)
☐	☐	☐	Is the **Indirect Cost – Cost Sharing** appropriately documented on the Cost Sharing Commitment Form uploaded in the Narrative Section? o Whether the under-recovered F&A is being funded by OVPR and/or by the Department, it must be appropriately documented in the Cost Sharing Commitment Form uploaded in the Narrative Section.
☐	☐		Have all the **Questionnaires Questions** been reviewed?

			PROPOSAL PERSONNEL SECTION REVIEW
YES	**NO**	**N/A**	
☐	☐		Are the **Biosketches** uploaded for each individual?
☐	☐	☐	If required, are the **Current and Pending Support** documents uploaded for each individual? o Unless otherwise required in a specific FOA, do not use this attachment upload for NIH and AHRQ
☐	☐		Are the attachments in **correct format** per FOA instructions?
☐	☐		Is the **address** complete for each individual? o i.e. 9 – digit Postal Code, Phone Number, E-Mail Address
☐	☐		Have you **verified with eRA Commons** to see if the eRA Commons User Name is correct for the **PI(s)**?

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

			NARRATIVES SECTION REVIEW
Yes	**No**	**N/A**	
☐	☐		Are all the **required attachments** uploaded in accordance with the Program Announcement? o i.e. Correct sections and sub-sections within the attachments, page limitations
☐	☐		Are the attachments uploaded under the **correct Narrative Type**?
☐	☐		Are the attachments in the **correct format** per Agency/Sponsor guidelines? o i.e. Correct font and margins, page limitations
☐	☐	☐	If **"Other" Narrative Type** is included, is the **Module Title** correct? o i.e. No spaces and/or special characters, correct spelling
☐	☐	☐	If **Yes/No question 0B18** *(Are proposed Salaries over the cap?)* answered "**YES**", is the **NIH Salary Cap Worksheet attached**?

			USER ATTACHED S2S FORMS
YES	**NO**	**N/A**	
☐	☐	☐	Are the appropriate User Attached S2S forms attached? o i.e. Planned Enrollment Report and/or PHS 398 Cumulative Inclusion Enrollment Report
☐	☐	☐	If more than one study is indicated on the **Planned Enrollment Report and/or PHS 398 Cumulative Inclusion Enrollment Report**, are the required fields completed for each study?
☐	☐		Are the attached forms completed in accordance with the Sponsor's Instructions?
☐	☐		In the User Attached S2S forms window, does each attached form have a green check mark in the XML field?

			DETAILED BUDGET SECTION REVIEW

YES	NO	N/A	
☐	☐		Are the appropriate **FY** represented in the Rates Table?
☐	☐		Are the standard **University Approved Rates** used? *(The Institute Rate column in the Rates Table)*
☐	☐	☐	If the standard **University Approved Rates** are not used, are the **modified rates justified**? *(The Applicable Rate column in the Rates Table)*
☐	☐		Is the correct **F&A Rate** applied based on the Agency/Sponsor guidelines and does it correspond with **Yes/No question 0B16**?
☐	☐		Are the **correct Line Items** used in the Budget? ○ Training budget should be build using Cost Elements/Line Items that begin with "**f)**" ○ *e.g. f) Travel (Fellow/Trainee), f) Stipend – Post-Doc (Fellow/Trainee), etc.*
☐	☐		Is/are the correct amount(s) entered for the **Fellow Stipend(s)**? ○ To view the current Stipend Levels please visit NRSA Stipend Levels by Fiscal Year information located at: **http://grants.nih.gov/training/nrsa.htm** (bottom of the page) ○ The Stipend amounts entered in the Budget must correspond to the Stipend Levels indicated in the Questionnaire
☐	☐		Is there **Cost Sharing**?
☐	☐	☐	If **Cost Sharing** consists of **both** NIH Salary Cap <u>and</u> 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**?
☐	☐	☐	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)?
☐	☐	☐	If there is any Cost Sharing from a Subcontract, is the Cost Share amount entered in the Subcontract line items?
☐	☐	☐	If there is **Cost Sharing**, is the "Submit Cost Sharing" box checked on the Budget Summary tab? Ⓓ *(Should only be checked if Cost Sharing is being submitted to Sponsor.)*
☐	☐	☐	If there is Cost Sharing, are the applicable **Questionnaires answered**? (Cost Sharing – Direct Cost and Cost Sharing – Indirect Cost – when applicable)
☐	☐	☐	If there is Cost Sharing, is/are the **approval(s)/Salary Cap Worksheet** uploaded in the Narrative Module?
☐	☐	☐	For multi-year proposals, are **all Budget Periods** generated?
☐	☐		Do the costs, quantities and rates shown in the **Budget Justification** match those in the **Budget**?

			OTHER TAB REVIEW
YES	**NO**	**N/A**	
☐	☐	☐	If **Yes/No question H1** is answered **YES**, are **Country 1- Country 4** fields completed?
☐	☐		Is the number of **Undergraduate Students** correct?

			GRANTS.GOV SECTION REVIEW
YES	**NO**	**N/A**	
☐	☐		Do all the Grants.gov forms **populate the information correctly** and are the attachments attached to the forms in the correct fields?
☐	☐		Does the proposal pass the **Grants.gov validations**?

			SUMMARY
YES	**NO**	**N/A**	
☐	☐		Are all the **printed & signed Investigator Certifications** submitted to OSP?
☐	☐		Have the **Investigator Certifications** been reviewed?
☐	☐	☐	Are the **Department approvals** submitted to OSP? ○ Required if Co-PIs and Co-Is are from a department that is not the Lead Unit of the proposal
☐	☐		Are all the **Coeus Validations** addressed?

			NON-BROWN INVESTIGATOR FINANCIAL CONFLICT OF INTEREST ***NOTE** If the proposal includes <u>non-Brown Individual Investigators from any institution including from Lifespan (ex: Primary Mentor)</u>, please flag the Questionnaire and give the proposal to the Administrative Manager after submission.*
YES	**NO**	**N/A**	
☐	☐		Are there any **non-Brown Investigators** identified in the **Coeus NIH Additional Investigator(s) Questionnaire Section**? ○ **If no, please omit the remaining questions.**
☐	☐	☐	Is **each subrecipient institution** (other than Lifespan) identified on the FDP Clearinghouse? ○ If yes, no additional forms needed
☐	☐	☐	For **each subrecipient institution** (other than Lifespan) **NOT** identified on the FDP Clearinghouse**,** is a **"Subrecipient Certification…"** form attached in the Narrative Section?
☐	☐	☐	Has **each "Subrecipient Certification…" form** been reviewed?

☐	☐	☐	Has **any subrecipient institution** checked **Part I, Box B**? o *If YES, please flag the form and give the proposal to the Administrative Manager after submission*

☐	☐	☐	For **each non-Brown Investigator** included as an **individual Investigator** (including from Lifespan), is an **"Assurance of Compliance"** form attached in the Narrative Section?
			  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" form*

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