CLINICAL AWARD ADMINISTRATION REQUEST FOR PROPOSAL ASSISTANCE

F1-071817

PI Name		Sponsor & FA #	
PI's Department		Proposal Due Date	
Proposal Name		Budget type	
Project Start Date		Project End Date	
Phone Number		Email Address	

Type of assistance requested (**if you are not requesting assistance on a portion of the project it will be the PI's responsibility)**

☐ Budget: Create, verify current rates and work with sub sites on their budget material based on PI input

For the Budget option of service the PI will need to provide:

Budget limits, team member names and effort levels (see table on page two), name & contact at sub sites (see table on page two), distribution of additional funds categories and location of project.

☐ COEUS: Initiate process, upload all material, make sure that team members certify and monitor approval cycle. **NOTE: The PI will still need to respond to all questionnaires.**

For the COEUS option of service the PI will need to provide:

Sponsor, Title of Project, Funding Announcement Number, Project Team members (see table on page two), and all OSP mandatory files. If COEUS has already been started, PI will need to make us an aggregator.

☐ Proposal Package: Based on information and material the PI supplies, create sponsor package (ASSIST, WorkSpace or other). If able to access portal on the PI's behalf, upload proposal files, enter approved budget and verify that all materials comply with sponsor guidelines. We will also follow-up with team members regarding Bios and sub sites for their mandatory materials.

For the Proposal Package option of service the PI will need to provide:

All mandatory sponsor material, as well as name & contact at any sub sites (see table on page two), and if human subject or animals (type) will be used in the project. If available material (abstract, budget/justification) will be taken from COEUS for the submission package.

☐ Verification/Validation: Review and "tweak" COEUS before routing for approval and Proposal Package before turn over to OSP. This option is only available if time permits before sponsor/OSP deadlines for submission

For the Verification option of service the PI will need to provide:

Access to COEUS and/or Application package.

Please complete and return to Andria Adler at, andria.adler@stonybrook.edu to request The Office of Clinical Award Administration's assistance with your upcoming submission.

TEAM MEMBERS:

Please provide information for all team members

Name	Department	Role	% Effort	Common ID

SUB SITES:

Please provide information for all subcontractors and service providers

Name	Contact	Budget Limit	Service Years	Notes

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