

**Sinai Health System – Sinai Research Institute
Checklist for Funding Proposals**

Project Title: _____
Institution: MSH ☐ SRH ☐ SCI ☐ SMG ☐ ACHN ☐ CFDA# _____
Department: _____ **Date of Submission:** _____
Principle Investigator (s): _____ **Project Director:** _____

Finance:
Amount of Funds Sought \$ _____ **Duration of Award:** _____

Matching Funds Requested? Yes ☐ No ☐ **Is the Funding renewable?** Yes ! No !

Source of Funds: Government Agency ☐ Foundation ☐ Corporate ☐ Prof. Society ☐

Contact Information: Contact Name: _____
 Organization: _____
 Street Address: _____
 City, State, Zip: _____
 Phone Number: _____ Fax: _____ E-mail: _____

Is this a reimbursement/voucher grant? Yes ! No ! **If yes, identify by name/title who submits the reimbursement vouchers to the funder to request payment.** Name: _____ Title: _____

Will additional funding be required to continue this study after the grant? Yes ! No ! **If yes, please describe the anticipated sources of funding and your plans and schedule for seeking needed funding.**

If awarded, who will submit progress reports to the funder? _____ **How often?** _____

Does the funder require billing for reimbursement? Monthly ___ Quarterly ___ Annually ___

When does the funder require fiscal reports? Monthly ___ Quarterly ___ Annually ___

Personnel funded by the proposal? Yes ☐ No ☐ **In-Kind Support – Not funded** Yes ☐ No ☐

List Funded Personnel	Percent Time	List In Kind Personnel	Percent Time
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

Are Fringe Benefits Budgeted at 15% Yes ! No ! **If no, Please explain.** _____

Are All Contractual Costs Included? Yes ! No ! **If no, Please explain** _____

Other Sinai Resources	Covered by Funding?	If needed but un-funded, please explain below.
Admin. Support ☺	Yes ☺ No ☺	_____
Laboratory ☺	Yes ☺ No ☺	_____
Pharmacy ☺	Yes ☺ No ☺	_____
Computer/IS ☺	Yes ☺ No ☺	_____
Office Space ☺	Yes ☺ No ☺	_____
Are funds for Capital Equipment sought?	Yes ☺ No ☺	Please describe, if yes.

Are Facilities/Admin. (Indirect) costs funded At 22.1%? Yes ☺ No ☺ **At what rate?** _____ %

Are there any restrictions on the use of any funds? Yes ☺ No ☺ **Please describe, if yes.**

If awarded, who is responsible for working with the Office of Development and Finance to establish a fund number and accounting procedures? Name: _____ **Ext.** _____

IRB

Does the project require IRB Review? Yes ☺ No ☺ If yes, Project # _____

Has it been submitted? Yes ! No ! If no, submission date? _____

Has the Institutional IRB of the Collaborating Institution approved the project? Yes ! No !

Has a copy of the grant been placed on file with the Office of Development? Yes ! No !

Submitted by: _____ **Dept.** _____ **Date:** _____ **Phone Ext:** _____

Internal Project Review

Department Chair Approval: _____ **Date:** _____

Sinai Office of Development _____ **Date:** _____

Finance Department _____ **Date:** _____

President/CEO of the Institution _____ **Date:** _____

Note: If awarded funding, the Project Director is responsible for providing Finance/Accounting Department and the Office of Development with copies of the Final Proposal, its Final Budget, a Fiscal Contact for the Funder and their contact information, an executed Contract or Letter of Agreement, a schedule of Financial and Progress Reports due to the Funder, and copies of all such Reports. All Financial Reports will be prepared and/or approved by the Finance/Accounting Department. For questions about grant management and development, contact Claude Hall, Government Funding/Grants Management at x5730 or halcl@sinai.org. For questions about Finance, contact Sue Manoharan at x5027 or mansu@sinai.org.