CLINICAL AWARD ADMINISTRATION REQUEST FOR PROPOSAL ASSISTANCE

F4-05022019

PI Name		**Sponsor & FA #**	
Proposal Name			
PI's Department		**Proposal Due Date to OSP Based on the 5/2 Policy**	
Sponsor Due Date		**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.

☐ myResearch: 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 myResearch 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 myResearch has already been started, PI will need to give CAA editing rights.

☐ 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" myResearch 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 myResearch 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
				CY	
				CY	
				CY	
				CY	
				CY	
				CY	

Please list employer, (State, RF or PEO) above for each team member if known

SUB SITES:

Please provide information for all subcontractors and service providers

Name	Contact	Budget Limit	Service Years	Notes

Note: for Resubmissions and Renewals please include the sponsor's original proposal number and myResearch number if known :

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