**College of Nursing – Office of Health Research**

**Grant Application Progress Checklist: CON Co-I**

**CON Co-Investigator:**

|  |  |
| --- | --- |
| **PI Name/Unit:** | **Today’s Date:** |
| **Grant Title:** | **New?** **[ ]  Resubmittal?** **[ ]** **Noncompeting renewal?** **[ ]**  |
| **Funding Agency:**  |
| **RFA/RFP/PA#:** | **Submission Deadline:**  |

**General Tasks and Timeline**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Target Date** | **Activity** | **Staff** | **Comments** |  |
| 30 days  | *Intent to Submit Proposal* sent to CHR | Co-I |       | [ ]  |
|       | Review space needs & other resources, including adequacy of lab costs  | Co-I/OHR |       | [ ]  |
|       | Identify budget needs including personnel roles/FTEs; supplies/equipment, develop draft budget justification | Co-I/OHR |       | [ ]  |
|       | Prepare CON facilities/resources section | Co-I/OHR |  |  |
|        | Finalize CON budget & budget justification | Co-I/OHR |       | [ ]  |
|        | Collect CON biosketches/Letters of Support | Co-I/OHR |       | [ ]  |
|        | All required documents/materials sent to Primary Performance Site | Co-I/OHR |       | [ ]  |
|       | Notify Assistant Deans/Dean’s Office to check approval queue for sign-off | OHR |       | [ ]  |
| **(Day 0): Agency Deadline** |       | [ ]  |
|  | **Additional Tasks** |  |  |  |  |
|       |       |       |       | [ ]  |
|       |       |       |       | [ ]  |
|       |       |       |       | [ ]  |