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

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

**CON Co-Investigator:**

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| --- | --- |
| **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** | |  |  |  |  |
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