**SOUTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION**

**and UNIVERSITY OF CALIFORNIA IRVINE**

**PROPOSAL REVIEW CHECKLIST**

This checklist is required for each proposal submitted through SCIRE by UCI/VA joint appointees. Checklist should be forwarded, with the noted documents attached, to reach ORA at least three (3) working days prior to the intended submission to sponsor.

**Due Date for Submission to Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Principal Investigator** | | | | |  | **UCI Home Department** | | |
| Last name |  |  | | |  | Dept. name |  |  |
| First name |  |  | Initial |  |  | Contact |  |  |

|  |  |
| --- | --- |
| **Proposal Information** | |
| Sponsor name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project title |  | | | | | | |
| Project begin date |  | | | Project end date | |  | |
|  | | | | | | | |
| Type of project | Research | [ Is it  Basic | Developmental | | or  Applied Research?] | | |
|  | Training | Clinical Trial | Equipment | | Other | |  |
|  | Fellowship -- Name of fellow: | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of funding: | New | Continuation | | Renewal | Supplement | Revision |
| Type of award: | Grant | Contract | | Subcontract | Cooperative agreement | |
| Current award no. (if renewal, continuation or supplement) | | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Appointment Information** | | | | | |
| Individuals on Proposal Who Require Issuance of Personnel Agreements | | VA  Title | SCIRE/VA  Appt. (8/8) | UCI  Title | UCI  Appt. (%) |
|  | |  |  |  |  |
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**Attached (check off each):**

Proposal face page, abstract, budget, and budget justification

Resources section describing UCI and VALBHS facilities

Other information supporting determination as SCIRE Sponsored Project

**Received and Approved:**

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

College of Medicine Dean's Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Office of Research Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_