PROPOSAL REVIEW CHECKLIST

DATE RECEIVED   DUE DATE   SUBMISSION TYPE: Postmark Receipt Electronic

P. I.   DEPARTMENT ORG CODE

TITLE

SPONSOR   TYPE OF PROPOSAL   INFOED NO:

I. TRANSMITTAL REVIEW:	Y	N		Y	N	NA
Signatures on Transmittal			Space needed (Approved by Facilities and Planning)			
Proposal Type Correct			F&A Waiver (Approved by OVCR)			
Period of Performance correct (Face Page, Continuation or Renewal)			Fellowship/Traineeship (Approved by Graduate College)			
Budget Correct			International Programs (Approved by International Programs & Studies)			
Proposal Guidelines attached (If no, retrieved by Reviewer)			Compliance marked			

II. TEXT REVIEW:	Y	N	NA		Y	N
Signatures on Proposal				NCSA computer time allocation (page no. _____)		
Correct Forms Used				Legal Name - **Board of Trustees of the University of Illinois**		
Proposal Guidelines Reviewed				Address/FON/FAX		
Limited Submission				Project Summary/Abstract		
Certifications added						
list:						

III. BUDGET REVIEW:	Y	N	NA		Y	N
PI Salary				Cost-sharing (If yes, is justification provided)		
Fringe				Consultant (Named in proposal)		
F&A (Rate _____)				Equipment List		
Budget adds correctly				Subaward required: Budget Y__ N__ SOW Y__ N__ Authorized Y__ N_		
Budget includes unallowables administrative/secretarial/clerical, monthly telephone lines, cellphones, ISDN, memberships, postage, office supplies (if yes, specific justification is required)				USDA AFRI proposals only: Limit on amount of annual request (varies by program) Y__ N__ Tuition remission included when applicable Y__ N__		
				DoD Section 6.1 Funding		

Contact Name   Phone Number
Phone call to department?   Y___N___
Date submitted for signature_____
COMMENTS: