



New York University
Office of Sponsored Programs
665 Broadway Suite 801
212-998-2121

DATE: _____

PROPOSAL SUBMISSION CHECKLIST TO ACCOMPANY ALL PROPOSALS DELIVERED TO OSP

CHECKLIST

1. Original, signed by PI.
 2. Number of copies for agency (not including the original). Number of copies #_____.
 3. Two additional copies for OSP (see Item #7).
 4. One additional copy for Dean if required (2 for FAS).
 5. Appendix material (if required).
 6. OSP Synopsis Form with all signatures.
 7. Other forms as required.
 - Application for Review by Human Subjects Committee (Original plus 19 copies).
 - Protocol when laboratory animals are involved accompanied by an additional proposal copy to OLAS.
 - Agreement to Disclose (for submissions to Federal agencies, if not previously filed).
 - Researcher's Disclosure Statement, to dean.
 8. Guidelines* (except standard NIH or NSF).
 9. Proposal prepared as requested by agency (format, type, size, number of pages).
- * Not required for revised budgets.

PRINCIPAL INVESTIGATOR

AGENCY

NAME _____

NAME _____

DEPT _____

COMPLETE ADDRESS _____

PHONE _____

CONTACT IF OTHER THAN PI _____

CONTACT PHONE _____

PHONE _____

DEADLINE DATE _____

POSTMARK

RECEIPT

PROJECT TITLE _____
