

Checklist for NIH Modular Grants

College of Pharmacy/Office of the Dean

Box 100454/ Room M454 / 392-9714

To be turned in **with proposal when submitted for signature**. Please also include a copy of the NIH Head sheet, Abstract, modular budget page and justifications, Disclosure of Financial Conflict of Interest Forms and Checklist of the project with this form.

- Key Personnel (year one only):** Include fringe benefits and insurance in total salary requested (no breakdown is required).

Name	PI/Co-PI/Invest	College	%Effort	Total Salary Requested

- Are there items charged as direct costs that will require a Cost Accounting Standards (CAS) Form? These include secretarial positions, office supplies, local telephone calls, postage, etc.

Yes - Please include a CAS form with your proposal.

No

- Are you providing salary support for a graduate assistant?

Yes What amount is being charged for tuition in year one? _____

What is the FTE of the graduate student(s)? _____

No

- Indirect Cost Calculation.** List amount excluded from total direct costs when calculating the modified total direct costs (MTDC)

Year One	Amount	Entire Project ____ (yrs)	Amount
Equipment		Equipment	
Patient Costs		Patient Costs	
Tuition		Tuition	
Capital Expenditures		Capital Expenditures	
Rental Costs (off site)		Rental Costs (off site)	
Scholarship/Fellowship		Scholarship/Fellowship	
Subcontract (amt. over \$25K)		Subcontract (amt. over \$25K)	
Other (Specify)		Other (Specify)	