



Checklist of Required Documentation
When ISMMS is a Subaward on a NIH Competitive Application

Please obtain the information in Section I below from the Prime Institution, complete this checklist and submit it with the required documents to the Prime Institution contact person.

I. Prime Institution Information

Project Title: _____

Name of Prime Institution: _____

PI Name: _____

PI E-Mail Address: _____

Contact Person Name: _____

Contact Person E-Mail Address: _____

Project Period Dates: _____

Yearly Direct Cost Subaward Budget Amount*: _____

Budget Type – Prime Institution can specify type and format.

For modular grants, all key personnel, other direct costs, F&A, and total costs for initial and entire proposed period of support

Initial and Entire Summary Budgets excel pdf InfoEd printout no preference Other _____

Notice of Funding Opportunity Announcement: _____

Is the ISMMS Subaward PI also a Multiple PI? (MPI) Yes No

Deadline for ISMMS to Submit Required Documentation: _____

II. ISMMS Subaward Site Information

Institution Name and Address: Icahn School of Medicine at Mount Sinai (ISMMS)
1 Gustave L. Levy Place, Box 1075

New York, NY 10029-6574

Country USA SAM UEI C8H9CNG1VBD9 Congressional District: 13th

Subaward PI Name: _____ E:Mail Address: _____

Name of Person Completing this Form: _____ E:Mail Address: _____

Required Documents

- 1. Signed Statement of Intent to Establish a Consortium Agreement (SOI) – includes compliance certification of HHS Financial Conflict of Interest (COI) rules and regulations effective 8/24/2012
- 2. Statement of Work (SOW)
- 3. Budget
- 4. Budget Justification - For modular grants, must include justification for all personnel (e.g., Subaward PI, TBN Post doc, Consultants). For non-modular grants, must include detailed justification.
- 5. Resources and Facilities
- 6. Equipment, if applicable
- 7. Biosketches for Key Personnel including Other Significant Contributors and Consultants
- 8. Letters of Support, if applicable
- 9. Inclusion Enrollment Report data, if applicable
- 10. Other. Please specify: _____

* ISMMS budget will include facilities and administrative costs in addition to direct costs.