

**SCHOOL OF HEALTH PROFESSIONS  
PROPOSAL ROUTING CHECKLIST**

**This form must be attached to the top of the proposal packet  
when submitted to SHP Office of Research for transmittal to OSPA**

\_\_\_\_\_

PI Name and Department

\_\_\_\_\_

Sponsor Name

\_\_\_\_\_

PSRS Number

\_\_\_\_\_

Date and Type of Deadline (postmarked/receipt)

\*\*\*\*\*

- Original proposal attached (with PI signature, if required)
- Copies of proposal attached for Sponsor (insert number of copies to be sent)
- Copy of full proposal attached for SHP (include any appendices)
- Copy of proposal attached for OSPA (appendices not needed)
- Copy of guidelines attached for OSPA
- PSRS attached with ALL required signatures up to SHP Dean level
- Copy of internal budget or budget spreadsheet attached to PSRS
- Signed Financial Disclosure Form attached for all Key Personnel if proposal is to any part of PHS or NSF (this includes HRSA)
- For training/mentored scientist type grants (NIH K Series): Signature of MU faculty member/chair/dean for anyone participating in a project without any FTE shown (mentors, advisors, etc.) with statement that they agree to participate with no compensation provided.

Any specific notes relating to the proposal that SHP/OSPA should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Date)