

**University of Pittsburgh
Office of Research
123 University Place, B-21
Pittsburgh, PA 15213
Phone: 624-7400 Fax: 624-7409**

TO: **ADMINISTRATOR NAME**

FROM: _____, Office of Research

DATE: _____

SUBJECT: Documents for Further Action/Missing Items

Your documents were received for review by the Grants Management Team of the Office of Research. We are returning your paperwork until you have the correct documents and/or approvals. Please see below for further information:

- | | |
|--|--|
| <input type="checkbox"/> Stocks Are Not Appropriately Endorsed or Completed
<input type="checkbox"/> Lacking Signatures <input type="checkbox"/> Incorrect Rates
<input type="checkbox"/> Outdated Forms
<input type="checkbox"/> Following Forms Are Missing
<input type="checkbox"/> Mandatory Cover Page
<input type="checkbox"/> Detailed Budget
<input type="checkbox"/> Approval Memo
<input type="checkbox"/> Statement/Letter of Intent
<input type="checkbox"/> Other _____
<input type="checkbox"/> Sponsor Approval Necessary
<input type="checkbox"/> No-Cost Extension
<input type="checkbox"/> Continuation Based on Progress Outcomes
<input type="checkbox"/> Other _____ | <input type="checkbox"/> COI Form is Not Up-To-Date
<input type="checkbox"/> ISER (Formerly RPF) Modules Are Necessary
<input type="checkbox"/> SUB/CSA Request Form Cannot be Processed – Missing Items
<input type="checkbox"/> Laymen’s Scope of Work
<input type="checkbox"/> Site’s IACUC Letter
<input type="checkbox"/> Pitt’s IACUC Site Approval Letter
<input type="checkbox"/> Site’s IRB
<input type="checkbox"/> Budget For Subaward Period of Performance
<input type="checkbox"/> Notice of Award
<input type="checkbox"/> Completed Consultant COI Form (Annually)
<input type="checkbox"/> Activated With EAR/No Award
<input type="checkbox"/> Other _____
<input type="checkbox"/> Compliance Approvals Are Missing
<input type="checkbox"/> IRB <input type="checkbox"/> UPMC Fiscal
<input type="checkbox"/> IACUC <input type="checkbox"/> GAR <input type="checkbox"/> RBL
<input type="checkbox"/> rDNA/IBC
<input type="checkbox"/> Other _____ |
|--|--|

Remarks: _____

