

NEW MEXICO STATE UNIVERSITY

OGC/SPA Checklist & Proposal Submission Requirements

Date to SPA: _____

Institution No: _____

College/Dept: _____

OGC Contract Admin. Name/email/Phone: _____

College Contact Name/Phone: _____ Principal Investigator(s): _____

BANNER Index No(s): _____ C/S BANNER Index No(s): _____

Sponsor: _____ Grant/Contract No: _____

Original Period: _____ End Date Extension from: _____ to: _____

Previous Award Amount _____ +/- Funding _____ New Award Cumulative _____

Previous Cost Share Amount _____ +/- Funding _____ New Cost Share Cumulative _____

<input type="checkbox"/> Proposal Packet	<input type="checkbox"/> Award Packet	<input type="checkbox"/> Amend/Mod (external) Amend/Mod # _____	<input type="checkbox"/> Internal Transfer from existing award	<input type="checkbox"/> CAS Rev (internal)
Due Date/(MST)Time	— #Copies to be Signed	<input type="checkbox"/> Rebudgeting approval from agency attached if necessary	<input type="checkbox"/> within unit	<input type="checkbox"/> Non-pooled
<input type="checkbox"/> Signature Request	— #Signatures Required	<input type="checkbox"/> Subcontract Q#: _____	<input type="checkbox"/> outside unit	<input type="checkbox"/> Pooled
<input type="checkbox"/> RFP	— #Initials Required	<input type="checkbox"/> New Mod # _____	Existing Index No.: _____	<input type="checkbox"/> New/Expanded Justification
— #Copies to be Signed	<input type="checkbox"/> Fully executed		New Index No.: _____	<input type="checkbox"/> Other (please specify)
— #Signatures Required	<input type="checkbox"/> Waiver Set Up			
— #Initials Required	<input type="checkbox"/> Waiver Removal			
	<input type="checkbox"/> MBE/WBE			

Copies & Binding

Proposal Submittal Requirements

If no selection is made, the standard default for copies will be Black & White, stapled in upper left hand corner.

Total Number of ORIGINAL Proposals required <input type="text"/>	Total Number of COPIES of Proposals required <input type="text"/>
<input type="checkbox"/> Color <input type="checkbox"/> Black & White	<input type="checkbox"/> Color <input type="checkbox"/> Black & White
Double-sided <input type="checkbox"/> Yes <input type="checkbox"/> No	Double-sided <input type="checkbox"/> Yes <input type="checkbox"/> No
Binding Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Binding Required <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stapled upper left corner	<input type="checkbox"/> Stapled upper left corner

Submittal Method:

grants.gov Fastlane paper (FedEx, USPS, UPS) email to: _____

Mailing

US Postal Service First Class **FedEx Overnight**
 Express

Point of Contact name, telephone number and street address REQUIRED.

Recipient's Name _____ **Company & Dept Name** _____
Recipient's Street Address _____ **City** _____ **State** _____ **Zip Code** _____

Comments:

Initials of OGC Research Admin: _____ Date: _____