Post-Award Checklist:

Please note: The purpose of this document is to provide an outline of the post-award process and supplement the Post-Award Operating Procedures Manuals. Please see these manuals, for more specific details, and consult the Research Administrator, Kelly Bourne, for further assistance.

Event/Action	Deadline
➢ **Just in Time Processing** ➢ At times, NIH may request additional information from a researcher with an impact score that is below a specified amount. ➢ The researcher must complete human subjects training prior to submission. ➢ The researcher must complete the IRB approval process prior to submission. ➢ Consult the Research Administrator for more information	As requested by the grantor agency.
➢ **Notify appropriate faculty of award:** ➢ Inform the Dean, Associate Dean for Research, Associate Dean for Academic Affairs, and the CNRSI Research Administrator.	Immediately upon notification of award.
➢ **Obtain IRB approval:** ➢ Contact with human subjects may not begin until the approval is complete. ➢ A copy of the approval must be submitted to the Research Administrator.	As soon as possible after notification of award is received.
➢ **Complete account set-up:** ➢ CNRSI staff will coordinate with Contract and Grant Administrator to receive an account number for the project.	As soon as possible after notification of award is received.
➢ **Review College of Nursing obligations and assignments:** ➢ As soon as an award is received, inform the Associate Dean for Academic Affairs. ➢ Open communication with the Associate Dean for Academic Affairs is imperative in order to properly plan and distribute teaching assignments and obligations.	As soon as possible after notification of award is received.
➢ **Schedule a Start-Up meeting:** ➢ Schedule this meeting within 30 days of award notice with the Associate Dean for Research and Research Administrator. ➢ Start-Up meeting agenda includes: ➢ Review terms, conditions, restrictions of NOA, internal sponsor ➢ IRB approval	Immediately upon notification of award.

➢ Study timeline ➢ Participant recruitment ➢ Review allowable vs. unallowable costs and spending according to proposal budget ➢ Staffing Your Project - Hiring staff ➢ Contract Staff – Consultants, Vendors, & Subcontracts ➢ Training requirements for staff ➢ Copier, scanner, printer, fax services ➢ HIT shared Project drive – requesting a drive, requesting access for staff members ➢ Telephone expenses ➢ Travel ➢ Supply purchases ➢ Additional Storage ➢ Data collection sites ➢ Data Management/Storage ➢ Project Reporting ➢ Postage ➢ Research incentives ➢ EBS System ➢ Dissemination of Materials and Study Results ➢ Intellectual Property ➢ Compliance ➢ Study Procedures ➢ Quality assurance ➢ Adverse event/new conflict reporting ➢	
➢ **Hire staff to assist with project completion:** ➢ PIs have the ability to hire various staff members to assist with project completion. These staff members include, but are not limited to, graduate assistants, student employees, and volunteers. ➢ Job descriptions must be formulated, signed by staffer, and turned into the Unit Human Resources Administrator, Tiffany Keck. ➢ All project staffers must complete the required compliance training including HIPPA, good clinical practices, and human subject training. Please consult the Post-Award Operating Policy and Procedures Manual and the Research Administrator for more details.	Within 30 days of receiving award.
➢ **Requesting Materials:** ➢ PIs may request an ID for the copy machine, fax machine, printer, and scanner. ➢ A share drive project folder on the HIT network to store project information will also be provided. ➢ Your data should be stored on a secure network drive with appropriate back-up and intrusion protection. Often, secure space is provided by your data management team, e.g., BRIC, however, a secure network drive that your in-office research team can access can also be requested through Health Information Technology (HIT) via Academic Instructional Support Services (AISS). ➢ This is a separate drive from your HIT P Drive, and is located on the N drive. The N drive is secure, and is routinely backed up. ➢ We do NOT recommend you store data on your P drive, personal laptop, or external hard drive devices as these	As soon as possible after notification of award is received/As needed

entities are NOT routinely backed up. ➢ Please consult with the Research Administrator to request.	
➢ **Quality Assurance:** ➢ Project meetings with data collection staff will take place quarterly or on an as needed basis, however, quality assurance reports will be prepared on a monthly basis and available on file. ➢ The PI and the study statistician will oversee preparation of the data report that will be distributed to all RQA members at least 5 days before the scheduled meeting. ➢ The report will include the study procedure manual, staff job descriptions, the summary of cumulative accrual and by site randomization, cumulative attrition, attrition by site, study group, gender, and race/ethnicity, adverse events and serious adverse events, data completeness and quality, and study CONSORT chart.	The 1st RQA meeting will take place 9 months after the start of the research, then once per year.
➢ **RQA (Data & Safety Monitoring)** ➢ The College of Nursing at Michigan State University has implemented a Research Quality Assurance (RQA) Group comprised of the Associate Dean for Research, the CNRSI Coordinator, a Senior level researcher and a Statistician. ➢ The frequency of review is determined based on degree of risk, i.e., experience of the PI, single vs. multiple accrual sites, complexity of study. ➢ This group will monitor and oversee studies, as well as consider factors external to the study when interpreting the data, such as scientific or therapeutic developments that may impact the safety of the participants or the ethics of the study. ➢ Links to the RQA policies, RQA resources, and the DSM template can be found here.	The 1st RQA meeting will take place 9 months after the start of the research, then as needed as determined by the RQA group.
➢ **Project Reporting:** ➢ ALL clinical trials must be registered at ClinicalTrials.gov. ➢ Monthly financial reports will be distributed by the Research Administrator ➢ Effort reports are automatically formulated and distributed annually. ➢ PIs and MSU staff must carefully review the report to confirm that the effort shown is accurate.	Quarterly
➢ **Quarterly Meetings:** ➢ Quarterly meetings will be scheduled following the start-up meeting for the duration of funding. ➢ The purpose of these meetings are to support University and federal recommendations for research oversight, and to assure that all clinical and clinical trial research and data generated by College of Nursing faculty and students are of high quality, reliable, and verifiable.	Quarterly
➢ **Progress Reports** Writing progress reports is the responsibility of the Principal Investigator. Reports should be submitted to the Research Administrator.	Annually, unless otherwise specified.

➢ **Close-Out Meeting** ➢ A close-out meeting will be scheduled approximately 90 days prior to the end of funding to review close out requirements.	90 days prior to the end of funding.
➢ **Final Reports** ➢ **Narrative** – Writing the required narrative report is the responsibility of the Principal Investigator. Reports should be submitted to the Research Administrator. ➢ **Financial** –The Research Administrator will work with CGA reports group prepare the final financial report	Immediately upon completion of the research.