MBL Biological Discovery in Woods Hole

Founded in 1888 as the Marine Biological Laboratory

Announcement Number (FOA #, PA# or RFA#)	
Proposal Due Date ☐ Pre-Proposal ONLY	
Receipt Date: entered by OSP	
Conflict of Interest Completed: entered by OSP	

Proposal Summary Form

Please complete and email this form to the Office of Sponsored Programs (OSP)

10 business days prior to submission deadline *with: a link to the* ***Program Announcement****, the* ***Work Scope*** *or* ***Project Description*** *and the* ***Budget & Budget Justification****.*

Full/completed proposal is due in the OSP five business days prior to the submission deadline.

1. KEY PERSONNEL DATA:

First Name	Last Name	Center or Program Name	Phone Number	Email
PI:				

2. PROJECT INFORMATION:

Proposal Type:	Check one: ☐ Grant ☐ Contract ☐ Cooperative Agreement Check one (if applicable): ☐ Collaborative Proposal – Lead institution: _____ ☐ Subaward to MBL – Lead Institution: _____
This Action is:	Check one: ☐ New ☐ Transfer from:_____ ☐ Resubmission – Original Proposal #: _____ ☐ Supplement to award #:_____ ☐ Competing renewal to award #: _____ Check one: ☐ Electronic submission via: _____ ☐ Hard copy submission
Title:	
Sponsoring Agency/Institution:	
Project Period (Begin & End Dates):	

Are there any Subcontracts to be issued by the Marine Biological Laboratory?

☐ Yes ☐ No

If yes, please fill in the following information:

Investigator	Institution	Contact Information

3. BUDGET INFORMATION AND INTELLECTUAL PROPERTY ISSUES:

a. Is the F&A Rate requested less than the MBL federally negotiated rate? ☐ **Yes** ☐ **No**

If yes, please explain and include the rate:

b. Is Cost Sharing proposed for this project? ☐ **Yes** ☐ **No**

If yes, please fill in the following information:

Type	Source	Amount
☐ Equipment(total proposed project period)		
☐ Other Direct Costs		
☐ Salary & Fringe: Key Personnel		
☐ F & A Indirect Costs		
Total		

c. Does this proposal include any proprietary information the MBL should protect? ☐ **Yes** ☐ **No**

If yes, please indicate applicable sections of the proposal:

4. REGULATORY ISSUES:

Please mark all that apply. If already approved, give date & forward copy of approval letter.

	Approval Date		Approval Date
☐ Human Research		☐ Select Agents	
☐ Laboratory Animal Care		☐ Export Controls (ITARS/EARS)	
☐ Recombinant DNA		☐ Biohazards	
☐ Potentially infectious agents, including human blood or tissues		☐ Radioactive materials or radiation producing equipment	

5. ADDITIONAL REQUIREMENTS NOT REQUESTED IN THE PROPOSAL BUDGET:

Please mark all that apply and briefly describe

Requirement	Description
☐ Fabricated Equipment	
☐ Additional Space (beyond center/program)	
☐ Alterations to current space	
☐ Graduate or Undergraduate students	

6. CERTIFICATIONS:

Principal Investigator(s): I do hereby (1) certify that the information submitted within the application referenced here by Project Title and Deadline or Submission Date is true, complete, and accurate to the best of my knowledge; (2) acknowledge that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

Certification of Conflict of Interest
I certify that an annual Conflict of Interest (COI) form has been filed with the MBL for myself and all Key Personnel listed on this application. If there are any changes in the COI pursuant to this application, an updated COI will be submitted prior to the expenditure of any federal funds awarded as a result of this application.

PI Signature	Date

Departmental Approval:

Center/Program Director	Date

MBL Sponsored Programs Approval: The proposed project is approved. It is consistent with the program objectives of the MBL. The commitments for the project, including cost sharing/matching funds, are acceptable.

Signature	Date

MARINE BIOLOGICAL LABORATORY
CONFLICT OF INTEREST DISCLOSURE

Privileged Statement of Organizational Affiliations and Significant Financial Interests
(This disclosure must be submitted as indicated in Table 1 of the Policy and at any time when the disclosure needs to be updated)

For persons supported by Federally-sponsored activities, the form will be kept on file until three years after the Federal award expires. If deemed necessary, the Human Resources Director of the MBL may request additional information.

NAME: _____ TITLE:_____

I. *Current Organizational Affiliations*: Including remunerated and voluntary activities with government agencies, industry and business, academic institutions, foundations, as a consultant, officer, owner, trustee, manager, or teacher/professor. Please explain aspects of these activities that may be pertinent to your MBL responsibilities. For example, provide the title of your position and/or description of your role, approximate number of hours and/or days worked, if you are remunerated, and the level of your remuneration. If additional space is needed, a Word document may be attached.

Organization	Type of Business	Remuneration	Effort – Hrs/Year
1.	☐ Govt ☐ Non-Profit ☐ For Profit Private ☐ For Profit:Public	☐ None ☐ $1-4,999 ☐ $5,000+	
Details of affiliation:			
2.	☐ Govt ☐ Non-Profit ☐ For Profit Private ☐ For Profit:Public	☐ None ☐ $1-4,999 ☐ $5,000+	
Details of affiliation:			
3.	☐ Govt ☐ Non-Profit ☐ For Profit Private ☐ For Profit:Public	☐ None ☐ $1-4,999 ☐ $5,000+	
Details of affiliation:			
4.	☐ Govt ☐ Non-Profit ☐ For Profit Private ☐ For Profit:Public	☐ None ☐ $1-4,999 ☐ $5,000+	
Details of affiliation:			

II. *Significant financial interests* – List all organizations doing business with the MBL or whose business is substantially related to the subject of sponsored research in which you are involved at the MBL from which you receive salary or other compensation (royalties, licensing fees from patents, copyrights, etc.) greater than $5,000 for the preceding 12 months; or in which you have equity interests (stocks, options or other ownership interests) valued at $5,000 or more; or 5% or more ownership interests. This includes aggregate financial interests of yourself and your immediate family members(spouse, domestic partner or dependent child (children). Equity held via mutual funds, pension funds, etc., are excluded. You may also exclude income from seminars, lectures, or

teaching, and service on advisory committees or review panels, for public (governmental) or non-profit entities

Organization	Type of Business	Remuneration	Effort – Hrs/Year
1.	☐ Govt ☐ Non-Profit ☐ For Profit Private ☐ For Profit:Public	☐ None ☐ $1-4,999 ☐ $5,000+	
Details of affiliation:			
2.	☐ Govt ☐ Non-Profit ☐ For Profit Private ☐ For Profit:Public	☐ None ☐ $1-4,999 ☐ $5,000+	
Details of affiliation:			

III. ***Additional Information:*** Briefly describe any other professional or personal circumstances or activities that in your opinion might be reasonably construed as having a potential impact on your judgment about your official MBL responsibilities.

_____

Please acknowledge the three statements below (if you are a course director or an adjunct scientist with MBL, please acknowledge the first two statements only) and sign the form.

_____ I have read and understand this Policy and, to the best of my knowledge, I have no affiliation with any organization or activity other than listed above that could be construed as constituting a conflict of interest with the MBL, as defined in the MBL's Conflict of Interest Policy.

_____ If, during the course of the year, my affiliations or significant financial interests should change, I will notify the Human Resources Director within 30 days or in any event before any new research proposal is submitted or before any more funds are expended from an existing award.

_____ I certify that I have worked less than 52 days total in the past year on outside activities as specified in the details above.

_____ _____

Signature *Date*

Reviewed By:

_____ _____

Human Resources Director *Date*

Date of Compliance Committee review: _____

Comments, if any action taken: _____