

Proposal Summary Form

PROJECT TITLE

PRINCIPAL INVESTIGATOR | PROJECT DIRECTOR

Last Name	First Name	Email	Proposal Contact Name
Cost Center Name	Cost Center Number	UID	Phone
School	Department		Email

OTHER PIs & CO-PIs

Note: All BU PIs, Co-PIs and associated department Chairs and/or Deans must sign this form.

Role	Last Name	First Name	School/Department	UID
Role	Last Name	First Name	School/Department	UID

* If more space is needed, please attach another page.

FACULTY MENTOR

Mentor's Last Name	Mentor's First Name	Department/Division	Email
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APPLICATION INFORMATION

Application Type	Activity Type	Deadline (if BU is subrecipient, deadline is direct sponsor not Prime)	Submission Method
Sponsor (who is funding BU)	Solicitation Number	Internal SAP Grant Number (if applicable)	Prime Sponsor (who is awarding funds to Sponsor)

PROPOSED PROJECT PERIOD & BUDGET

FIRST YEAR

Effective Project Dates
(mm/dd/yyyy)

Start Date

End Date

Funds Requested

Direct Costs, Year 1

F&A Costs, Year 1

Total Costs, Year 1 *automatically calculates*

ENTIRE PROJECT

Start Date

End Date

Total Direct Costs

Total F&A Costs

Total Costs *automatically calculates* F&A Rate(s) %

COST SHARE

Is there Cost Share? Yes No (If yes, include Cost Sharing Excel sheet.) **COST SHARE (ENTIRE PROJECT)**

Is the Cost Share: Mandatory Voluntary

Total Direct Costs

Total F&A Costs

Is an institutional letter of support required? Yes No

Total Costs

Cost Share Funding Source #

Cost Share Funding Source #

Is there an F&A Waiver? Yes No (If yes, include reason for waiver and \$ difference in the comments box)

SPACE & RESEARCH LOCATION

RESEARCH LOCATION

On Campus Off Campus

ON CAMPUS

Building & Room

OFF CAMPUS

Address

Does this project require:

- New Space

Yes No

- Renovations to existing research space?

Yes No

DETERMINE ON OR OFF CAMPUS

Where will the preponderance (51% or more) of BU personnel budgeted effort take place?

Address

COMPLIANCE & SPECIAL REVIEWS

APPROVAL DATE & PROTOCOL NUMBER

(if not pending)

IBC (biohazards, rDNA, select agents)	Yes	No
IRB	Yes	No
IACUC	Yes	No
Radioisotopes	Yes	No

APPROVAL DATE & PROTOCOL NUMBER

(if not pending)

Human embryonic stem cells	Yes	No
SCUBA/Snorkeling/Boats	Yes	No
Laser	Yes	No

OTHER

Clinical Trial?	Yes	No	Outgoing Subawards?	Yes	No
Use of BMC Clinical infrastructure?	Yes	No	If yes, proposed subrecipient(s):		

EXPORT CONTROL

Does the sponsor's funding announcement/solicitation indicate that any of the following restrictions or limitations be applied to the eventual award? Check all that apply:

Prior approval for dissemination/publications
 Restrictions on access or participation by foreign nationals
 Export control restrictions [International Traffic Arms Regulations (ITAR), Export Administration Regulations (EAR), Nuclear Regulations]

INTERNATIONAL ACTIVITY

International activity?	Yes	No	WILL YOU BE:		
Is this activity primarily travel and/or collaboration with colleagues?	Yes	No	Hiring temporary or permanent staff internationally?	Yes	No
What percent of the overall effort will be performed in another country?			Will these staff be BU employees?	Yes	No
Which country or countries are involved?			Will these staff be third party contractors?	Yes	No
			Renting or leasing office or research space?	Yes	No
			Incurring in-country operational expenses?	Yes	No
			Opening and operating an in-country bank account?	Yes	No
			Conducting human subject research internationally?	Yes	No

BUMC REPORTING ONLY

List department(s)/center(s) whose space is being used for research

Center affiliation(s) to be credited for this project (if applicable)

Funds Center Name/Number

Space Allocation (%)

Funds Center Name/Number

Space Allocation (%)

ADDITIONAL COMMENTS (OPTIONAL)

FINANCIAL INTEREST DISCLOSURE & CERTIFICATION | PI/PD SIGNATURES

PI/PD ASSURANCE I certify that: (1) in conducting the proposed program, I am familiar with and will adhere to applicable Boston University/Boston Medical Center policies including, but not limited to, human and animal research, conflict of interest, misconduct in research, and patents and technology transfer as well as sponsor requirements and applicable Federal regulations; (2) the information submitted within the application is true, complete, and accurate to the best of my knowledge; (3) any false, fictitious, or fraudulent statements or claims may subject me (as the PI) to criminal, civil, or administrative penalties; (4) I (as the PI) 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 the application; and (5) I will abide, as applicable, by the Federal clinical trials (ClinicalTrials.gov) and NIH Public Access (publicaccess.nih.gov) regulations.

The PI must ensure that all those responsible for the design, conduct, or reporting of the proposed program have completed the financial interest disclosure forms as directed at www.bu.edu/orc/coi/forms.

All disclosures for *this project* were submitted online or via coi@bu.edu by (date):

PI/PD _____
Name _____ Date _____
(printed, if not electronic signature)

PI/PD _____
Name _____ Date _____
(printed, if not electronic signature)

Signature / Electronic Signature

Signature / Electronic Signature

APPROVALS & SIGNATURES

Your signature provides approval for the Office of Sponsored Programs to submit the referenced proposal.

DEPARTMENT CHAIR _____
Name _____ Date _____
(printed, if not electronic signature)

DEPARTMENT CHAIR _____
Name _____ Date _____
(printed, if not electronic signature)

Signature / Electronic Signature

Signature / Electronic Signature

CENTER DIRECTOR (if applicable) _____
Name _____ Date _____
(printed, if not electronic signature)

DEPARTMENT/ STAFF REVIEW _____
Name _____ Date _____
(printed, if not electronic signature)

Signature / Electronic Signature

Signature / Electronic Signature

DEAN/ VP FOR RESEARCH _____
Name _____ Date _____
(printed, if not electronic signature)

DEAN _____
Name _____ Date _____
(printed, if not electronic signature)

Signature / Electronic Signature

Signature / Electronic Signature

If more approvals/signatures are required attach additional signature pages