

**BOSTON UNIVERSITY CHARLES RIVER CAMPUS
PROPOSAL SUMMARY**

Major Project

Principal Investigator _____ School _____ Dept. _____
 Tel. _____ Fax _____ E-mail _____
 Campus Address _____ Co-PI _____
 Project Title _____
 Funding Agency _____ Division _____ Subcontract (Prime) _____
 Program Officer _____ Tel. _____ Agency Deadline _____

Proposed Year Entire Project

Effective Dates of Project (MM/DD/YY) _____ / _____ to _____ / _____
 Funds Requested: \$ _____ \$ _____

Specify one on each line:

New (N)	Continuation (C)	Renewal (Rn)	Supplement (S) _____	If Application is C, Rn, or S Agency # _____ BU Source # _____ - _____
Modification (Mod)	Revised Budget (Rev)	Not Applicable (NA)	_____	
Research (R)	Training (T)	Other (O)	_____	

Budget Summary (Proposed Year)	
Requested from Sponsor	Total Project Costs
Salaries	_____
Benefits	_____
Other Direct Costs	_____
Total Direct Costs	_____
MTDC Base	_____
Indirect Costs (_____ %)	_____
TOTAL	_____
Direct Cost Sharing _____	
Indirect Cost Sharing _____	
Total Cost Sharing _____	

Research Approvals (Does your research involve the following?)		
	Yes/No	Protocol, Permit or Registration No. / Date of Most Recent Approval
Human Subjects	_____	_____
Animals	_____	_____
HIV or AIDS-related Research	_____	_____
Recombinant DNA	_____	_____
Biohazards	_____	_____
Carcinogens/ Mutagens	_____	_____
Chemicals	_____	_____
Radioisotopes	_____	_____
Controlled Substances	_____	_____
Compressed Gases	_____	_____
X-Ray Equipment	_____	_____
Laser Equipment	_____	_____

Location of work on project _____ On-Campus effort _____ % Off-Campus effort _____ %
 Is additional space required? Yes No If yes, has the Dean been notified of specific space needs? Yes No

Comments _____

Principal Investigator _____	Date _____	Provost _____	Date _____
Department Chair _____	Date _____	Vice President for Financial Affairs _____	Date _____
Dean _____	Date _____	Office of Sponsored Programs _____	Date _____