

ARRA

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

Effective Dates of Project (MM/DD/YY) Funds Requested: Proposed Year Entire Project

Specify one on each line: New (N) Continuation (C) Renewal (Rn) Supplement (S) Agency # BU Source #

Budget Summary (Proposed Year) Table with columns: Requested from Sponsor, Total Project Costs. Rows: 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?) Table with columns: Yes/No, Protocol, Permit or Registration No., Date of Most Recent Approval. Rows: Human Subjects, Animals, HIV or AIDS-related Research, Recombinant DNA, Biohazards, Carcinogens/Mutagens, Chemicals, Radioisotopes, Controlled Substances, Compressed Gases, X-Ray Equipment, Laser Equipment, SCUBA/Snorkeling/Boats.

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:

PI Assurance: I certify (1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I 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.

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