

# NIH RPPR Summary Form (RSF)

The RSF is an internal form to be submitted to your BU Sponsored Programs(SP) Research Administrator (RA) when the ANNUAL NIH Progress Report (RPPR) has been finalized and routed to SP for final review and submission. Please note, RPPRs follow BU's standard proposal submission policy. Plan accordingly to meet sponsor deadlines.

\*Hover over fields for a detailed description

YES	NO
<b>SNAP?</b>	

## A. GENERAL PROJECT INFORMATION

Principal Investigator- First Name    Principal Investigator- Last Name    Cost Center Number    Internal SAP Grant Number

Project Title

Sponsor Award Number    Sponsor Deadline    Start Date of Continuation Year    End Date of Continuation Year

Department Administrator Name    DA Phone Number    DA Email Address

YES	NO
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Are there outgoing subcontracts?\* If yes, how many?

Will subcontracts be continuing into the next year?\*

If yes to above, will there be any changes to the subcontract (budget, scope of work) in the next year? Please include changes as an attachment

Is there a change in cost share in the next budget period? If yes, obtain additional necessary signatures in section D

Is the unspent balance >25% of the current year award? If yes, provide explanation in RPPR and enter unspent balance:

If no to above, does the current BW Budget vs Actuals report show >25% unspent balance? If yes, provide justification below on how remaining budget in excess of 25% will be spent before the end of the budget period.

Has effort been reduced by 25% or more from previously reported? If yes, please provide justification below if this was due to rounding, and if this was previously approved by NIH

List subcontracts and any additional comments:

## B. ASSURANCES

YES	NO	Assurances	Protocol Number(s)	Most Recent Approval Date for Each Protocol
		IRB		
		IACUC		
		IBC (biohazards, rDNA, select agents)		
		Radioisotopes		
		Laser		
		Human embryonic stem cells		
		SCUBA/Snorkeling/Boats		

### C. CERTIFICATION

PI Assurance: I certify that: (1) in conducting the proposed program, I am familiar with and will adhere to applicable [Boston University policies](#) including, but not limited to, human and animal research, conflict of interest, misconduct in research, and patents and technology transfer; (2) the information submitted within the report is true, complete, and accurate to the best of the my (the PI's) 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 administrative and scientific conduct of the project and to provide the required progress reports as a result of the application; and (5) I will abide, as applicable, by the [Federal clinical trials](#), the [NIH Grants Policy Statement](#) and [NIH Public Access](#) regulations.

\*Subcontract certification: I certify that I received all report documents from subrecipient as required in subaward agreement

### D. REQUIRED SIGNATURES

<b>PI Signature</b>	<b>Date</b>	<b>Department Administrator Signature</b>	<b>Date</b>
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### \*ADDITIONAL SIGNATURES IF CHANGES IN COST SHARE

<b>Department Chair Signature</b>	<b>Date</b>	<b>Dean Signature</b>	<b>Date</b>
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