

Proposal Summary Form

Research Project Title

PRINCIPAL INVESTIGATOR | PROJECT DIRECTOR

| | | | |
|-----------------------|------------------------|---|-----------|
| Last Name | First Name | Email | UID |
| Cost Center Name | Cost Center Number | School | YES NO |
| Proposal Contact Name | Proposal Contact Email | PI Status Approval Required? If yes include PI Status Approval form. | |

OTHER PIs & CO-PIs Co-Is need not be listed here. Note: All BU PIs, Co-PIs and associated department Chairs and/or Deans must sign this form.

| | | | | |
|------|-----------|------------|--------------|-----|
| Role | Last Name | First Name | School/Dept. | UID |
|------|-----------|------------|--------------|-----|

Attach another page if you need more space. Multi- & Co-PIs share oversight of the project, and are defined at <https://www.bu.edu/research/forms-policies/policy-on-principal-investigator-pi-status/>

FACULTY MENTOR Note: Mentors must sign this form for all fellowships.

| | | | |
|------------------|-------------------|-------|-----------------------|
| Mentor Last Name | Mentor First Name | Email | Department / Division |
|------------------|-------------------|-------|-----------------------|

APPLICATION INFORMATION

| | | | |
|------------------------------|----------------------|---|---|
| Select Application Type | Select Activity Type | Deadline If BU is subrecipient, deadline is direct sponsor, not prime | Select Submission Method |
| Sponsor (who is funding BU?) | Sponsor Type | Sponsor: Domestic Foreign | Prime Sponsor (who is awarding funds to sponsor?) |
| Solicitation Number | Solicitation Link | Internal SAP Grant No. (if applicable) | |

PROPOSED PROJECT PERIOD & BUDGET

In all cases, please complete both *First Year* and *Entire Project* sections

| | |
|------------|----------------|
| First Year | Entire Project |
|------------|----------------|

Effective Project Dates (mm/dd/yyyy)

| | | | |
|------------|----------|------------|----------|
| Start Date | End Date | Start Date | End Date |
|------------|----------|------------|----------|

Funds Requested

| | | | |
|------------------|---------------|--------------------|-----------------|
| Direct Costs, Y1 | F&A Costs, Y1 | Total Direct Costs | Total F&A Costs |
|------------------|---------------|--------------------|-----------------|

Totals \$ 0.00

\$ 0.00

Total Costs, Y1 automatically calculates

Total Costs

Requested F&A Rate(s) %

F&A WAIVER

F&A Waiver defined at <https://www.bu.edu/research/forms-policies/guidelines-on-facilities-and-administrative-fa-reductions-or-waivers/>

| | |
|-----|----|
| YES | NO |
|-----|----|

Is there an F&A Waiver?

If yes:

\$ difference

Reason for Waiver

What would have been the original F&A rate allowed before waiver?

F&A Rate (if not included)

COST SHARECost Share defined at <https://www.bu.edu/research/forms-policies/treatment-of-cost-sharing-for-sponsored-awards/>**Cost Share (Entire Project)**

| YES | NO |
|-----|---|
| | Is there cost share? If yes, include cost share budget |
| | Is an institutional letter of support required? |

Type of Cost Share:

- Mandatory
- Voluntary Committed
- Voluntary Uncommitted

For CRC use - NIH Training Grants

Funding Source # / Name**Total Direct Costs** **Total F&A Costs****Funding Source # / Name****Total Costs****Description of Cost Share****ADDITIONAL INFORMATION FOR CRC COST SHARE ONLY**

This section only applies to CRC proposals with cost share.

School Funding Cost Share Name
(if applicable)

Funding Source # / Unit Name
Required

School Cost Share Amount
(if applicable)

Office of Research Cost Share Amount
(if applicable)

Cost Share Type**Cost Share Commitment Category****Description of Other Cost Share**

SPACE & RESEARCH LOCATION

Where will the preponderance (51% or more) of BU personnel budgeted effort take place? **Research Location:** **On campus** **Off Campus**

YES **NO**

Does this project require new space?

ON Campus: Building, Room, and Address

Does this project require renovations to existing research space?

OFF Campus: Address

COMPLIANCE & SPECIAL REVIEWS

| | | Approval Date If not pending | Protocol # If not pending | | | Approval Date If not pending | Protocol # If not pending |
|------------|-----------|---|-------------------------------------|------------|-----------|--|-------------------------------------|
| YES | NO | | | YES | NO | | |
| | | IRB | | | | Radioisotopes | |
| | | IACUC | | | | Laser | |
| | | IBC (biohazards, rDNA, select agents) | | | | Human embryonic stem cells | |
| | | | | | | SCUBA/Snorkeling/ Boats | |

OTHER

| YES | NO | | |
|------------|-----------|--|--|
| | | Clinical trial? | More info at http://www.bu.edu/research/collaboration-partnership/industry-collaboration/clinical-trial-agreements/ |
| | | Use of BMC Clinical infrastructure? | |
| | | Do you have any special IT (e.g., high performance computing, large storage) or security compliance requirements (e.g., NIST, CMMC, CUI, DFARS 7012)? If YES, contact bumchelp@bu.edu for BUMC or ithelp@bu.edu for CRC. | |
| | | Contracted service(s) included in project budget?* | |
| | | Subrecipients?* If yes, proposed subrecipient(s): | |

*The Uniform Guidance (2 CFR §200.331) requires a case-by-case determination whether an agreement made involving federal funds casts the party receiving the funds in the role of a subrecipient or a contractor.

PI signature below certifies that s/he has made this subrecipient/contractor determination for any subrecipient or contractor included in the project budget. Guidance for making this determination is available at <https://www.bu.edu/research/funding-grants/proposal-submission/preparing-documents/>

EXPORT CONTROL

More export control info at <https://www.bu.edu/research/ethics-compliance/research-security/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:

Not Applicable

Restrictions on access or participation by foreign nationals

Prior approval for dissemination/publications

Export control restrictions [International Traffic Arms Regulations (ITAR),
Export Administration Regulations (EAR), Nuclear Regulations]

INTERNATIONAL ACTIVITY

YES **NO**

International activity? (excluding travel to conferences) **If no, proceed to the next section.**

Percent of the overall effort that will be performed in another country

Is this activity primarily collaboration with colleagues?

Country or countries involved

Will you be hiring temporary or permanent staff internationally?

Will these staff be BU employees?

Will these staff be third party contractors?

Will you be renting or leasing office or research space?

Will you be incurring in-country operational expenses?

Will you be opening and operating an in-country bank account?

Will you be conducting human subject research internationally?

FINANCIAL INTEREST DISCLOSURE & CERTIFICATIONS | 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.

PI signature below certifies that s/he has made this subrecipient/contractor determination for any subrecipient or contractor included in the project budget. Guidance for making this determination is available at <https://www.bu.edu/research/funding-grants/proposal-submission/preparing-documents/>

The PI must ensure that all those responsible for the design, conduct, or reporting of the proposed program have updated their Disclosure Profile Entity Disclosures within the Huron Conflicts of Interest system as directed at <https://www.bu.edu/research/ethics-compliance/conflicts-of-interest/>.

If you are new to BU or have never submitted an application before, you confirm that you have reached out to coi@bu.edu and requested to be added to the Research group within Huron to update your disclosure information.

PI signature below certifies that all disclosure profile updates for this project were completed within the Huron Conflicts of Interest system on (date):

PI signature below certifies that all "Covered Individuals," including PIs, PDs, Co-PIs, Co-PDs, Project Managers and those individuals, regardless of title, who contribute in a substantive, meaningful way to the development or execution of the scope of work of this project, (which may include consultants, graduate students, and postdoctoral associates) completed CITI Research Security (Combined) training available at <https://www.citi.org> within twelve months prior to submission.

IF THIS IS A FEDERAL PROPOSAL (OR PRIME SPONSOR IS FEDERAL), PLEASE REVIEW AND CERTIFY THE FOLLOWING AND CHECK OFF WHETHER IT IS APPLICABLE AND COMPLETED OR WHETHER IT IS NOT APPLICABLE TO THIS SUBMISSION

| Applicable and Disclosed | Not Applicable |
|--------------------------|--|
| | <p>For NIH ONLY: In Question 6 of the SF424 Proposal, have you indicated if this project involves activities outside of the US or partnerships with foreign collaborators? If you check "Yes" to Question 6, you must upload a "foreign justification" document in Field 12, Other Attachments. On this form, you must describe the special resources or characteristics of the research project (e.g., human subjects, animals, disease, equipment, and techniques), including the reasons why the facilities or other aspects of the proposed project are more appropriate than a domestic setting.</p> |
| | <p>Have you included all financial resources, whether federal or non-federal, commercial, or institutional that are available in direct support of your research endeavors on your other support page (when applicable)?</p> |
| | <p>Have you disclosed all sources of support, both foreign and domestic for all senior or key personnel on the project (when applicable)? This would include funding directly to BU and/or funding directly to the senior or key personnel regardless if it is related to this application.</p> |
| | <p>Have you disclosed your foreign affiliations (such as positions and honors) and activities (compensated or not) through your Biographical Sketch and Other Support pages (when applicable)?</p> |
| | <p>Have you reviewed the sponsor's requirements around disclosing activities outside of the US or partnerships with foreign collaborators?</p> |
| | <p>Have you disclosed in the application if there is performance of any significant scientific element or segment outside of the US either by a recipient (you) or by a researcher (on your proposal) employed by a foreign organization whether or not funds have been expended. http://www.bu.edu/research/2019/05/31/memo-foreign-influence-in-academic-research-may-31-2019/</p> |
| | <p>Have you and all investigators reported through the fCOI disclosure process all required external financial interests, as well as those received from foreign entities (including foreign institutes of higher education or the government of another country)?</p> |

For more information, go to the following link: <http://www.bu.edu/research/funding-grants/proposal-submission/international-collaboration/>

PI/PD

PI/PD

PI/PD

PI/PD Signature (ink or electronic)

PI/PD Signature (ink or electronic)

PI/PD Signature (ink or electronic)

Printed name (if not e-signing)

Date

Printed name (if not e-signing)

Date

Printed name (if not e-signing)

Date

APPROVALS & SIGNATURES

Your signature provides approval for any and all commitments outlined in the proposal (ie cost share, space, equipment, purchases, F&A waiver) and for Sponsored Programs to submit. If more approvals/signatures are required, attach additional signature pages.

Medical Campus only: Dean signature is only required when Cost Shared proposed, F&A Waiver proposed, or submitting PI is the department chair

| | | | | | |
|---|------------|------|--|------------|------|
| Department Chair | [Redacted] | | Department Chair | [Redacted] | |
| Department Chair Signature (ink or electronic) | | | Department Chair Signature (ink or electronic) | | |
| Printed name (if not e-signing) | | Date | Printed name (if not e-signing) | | Date |
| Department Chair | [Redacted] | | Center Director if applicable | [Redacted] | |
| Department Chair Signature (ink or electronic) | | | Center Director Signature (ink or electronic) | | |
| Printed name (if not e-signing) | | Date | Printed name (if not e-signing) | | Date |
| Department/ Staff Review | [Redacted] | | Dean | [Redacted] | |
| Department/Staff Review Signature (ink or electronic) | | | Dean Signature (ink or electronic) | | |
| Printed name (if not e-signing) | | Date | Printed name (if not e-signing) | | Date |
| Dean | [Redacted] | | VP for Research/AVP Sponsored Programs | [Redacted] | |
| Dean Signature (ink or electronic) | | | VP for Research/AVP SP Signature (ink or electronic) | | |
| Printed name (if not e-signing) | | Date | Printed name (if not e-signing) | | Date |
| Faculty Mentor | [Redacted] | | [Redacted] | [Redacted] | |
| Mentor Signature (ink or electronic) | | | [Redacted] | | |
| Printed name (if not e-signing) | | Date | Printed name (if not e-signing) | | Date |