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 ○ PI Status Approval Required?

If yes include PI Status Approval form.

Proposal Contact Name | **Proposal Contact Email**

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
Select				
Select				

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?) | Select **Sponsor Type** | **Sponsor: Domestic** ○ **Foreign** ○ | **Prime Sponsor** (who is awarding funds to sponsor?)

Solicitation Number | **Solicitation Link** | **Internal SAP Grant No.** (if applicable)

Check this box ☐ **if the opportunity is a limited submission.** Make sure to include approval from the Office of Research as part of the application.

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 **Total Costs, Y1** automatically calculates		$ 0.00 **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? Select **F&A Rate** (if not included)

COST SHARE

Cost 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

$ 0.00

Total Costs

Description of Cost Share

ADDITIONAL INFORMATION FOR CRC COST SHARE ONLY

This section only applies to CRC proposals with cost share.

Name of School/Center Funding Cost Share
(if applicable)

Funding Source Account #
Required

School Cost Share Amount
(if applicable)

Office of Research Cost Share Amount
(if applicable)

Select

Cost Share Type

Select

Cost Share Commitment Category

Description of Other Cost Share

ADDITIONAL COMMENTS (OPTIONAL)

NSF HERD SURVEY DATA

The data collected through these fields supports NSF HERD Survey reporting requirements. NSF Activity Types are defined at https://www.bu.edu/cfo/type-of-research-activity/ and NSF Category Codes are defined at https://www.bu.edu/cfo/files/2026/05/NSF-HERD-Classification-Research-Discipline-2.pdf
For grant proposals classified as non-research, please select "Not Applicable" for both the NSF Activity Type and NSF Category Code fields. Please note that "Not Applicable" cannot be selected if "Research" or "Research Training" are chosen under Activity Type in the Application Information Section.

Select

NSF Activity Type

Select

NSF Category Code

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?
◯	◯	Does this project require renovations to existing research space?

ON Campus: Building, Room, and Address

OFF Campus: Address

COMPLIANCE & SPECIAL REVIEWS

YES	NO		Approval Date If not pending	Protocol # If not pending
◯	◯	IRB		
◯	◯	IACUC		
◯	◯	IBC (biohazards, rDNA, select agents)		

YES	NO		Approval Date If not pending	Protocol # If not pending
◯	◯	Radioisotopes		
◯	◯	Laser		
◯	◯	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
- ☐ 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

YES	NO	
◯	◯	International activity? (excluding travel to conferences) If no, proceed to the next section.
◯	◯	Is this activity primarily collaboration with colleagues?
◯	◯	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?

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

Country or countries involved

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 http://www.bu.edu/research/funding-grants/proposal-development-grantwriting/#subrecipient-contractor-determination

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	
☐	☐	**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.
☐	☐	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)?
☐	☐	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.
☐	☐	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)?
☐	☐	Have you reviewed the sponsor's requirements around disclosing activities outside of the US or partnerships with foreign collaborators?
☐	☐	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/
☐	☐	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)?

For more information, go to the following link: https://www.bu.edu/research/funding-grants/proposal-submission/disclosure-requirements-for-foreign-components-on-grants/

PI/PD

PI/PD Signature (ink or electronic)

Printed name (if not e-signing)

Date

PI/PD

PI/PD Signature (ink or electronic)

Printed name (if not e-signing)

Date

PI/PD

PI/PD Signature (ink or electronic)

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

Department Chair Signature (ink or electronic)

Printed name (if not e-signing) **Date**

Department Chair

Department Chair Signature (ink or electronic)

Printed name (if not e-signing) **Date**

Department Chair

Department Chair Signature (ink or electronic)

Printed name (if not e-signing) **Date**

Center Director if applicable

Center Director Signature (ink or electronic)

Printed name (if not e-signing) **Date**

Department/ Staff Review

Department/Staff Review Signature (ink or electronic)

Printed name (if not e-signing) **Date**

Dean

Dean Signature (ink or electronic)

Printed name (if not e-signing) **Date**

Dean

Dean Signature (ink or electronic)

Printed name (if not e-signing) **Date**

VP for Research/AVP Sponsored Programs

VP for Research/AVP SP Signature (ink or electronic)

Printed name (if not e-signing) **Date**

Faculty Mentor

Mentor Signature (ink or electronic)

Printed name (if not e-signing) **Date**