

Transmittal for All Non-Competing and Continuation Applications

MEDICAL CAMPUS

YES NO

ESNAP?

A. GENERAL PROJECT INFORMATION

Principal Investigator

Unit/Department Number

Source Number

Project Title

Current Grant Number

Agency Deadline

Agency

Project Location

YES NO

Has the project location changed from previous submission? **If yes, do not use this form. Use Proposal Summary Form instead.**

Is the unspent balance >25% of the current year award?

Are there outgoing subcontracts? If yes, how many?

List subcontracts

Department Administrator Name

Phone Number

Start Date

End Date

Effective dates for continuation year of project

B. ASSURANCES

YES	NO	Assurances	Protocol Number(s)	Most Recent Approval Date for Each Protocol
		IRB / Human Subjects		
		IACUC / Animals		
		*Other IBC		
		*Radioisotopes		
		*Recombinant DNA (rDNA)		
		*Select Agents		

*Provide copies of any updated assurances for these areas since previous application.

C. CERTIFICATION

PI 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; (2) the information submitted within the application 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 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](#) and [NIH Public Access](#) regulations.

SIGNATURES

PI Signature

Date

Department Administrator Signature

Date

SIGNATURES

RA Reviewer Initial

RA Reviewer Date

Current Year Award

Cumulative Balance

% Current Balance

Sponsored Programs MED Signature

Date