

# Proposal Summary Form

Research Project Title

## PRINCIPAL INVESTIGATOR | PROJECT DIRECTOR

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Last Name</b>	<b>First Name</b>	<b>Email</b>	<b>UID</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Cost Center Name</b>	<b>Cost Center Number</b>	<b>School</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>PI Status Approval Required?</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Proposal Contact Name</b>	<b>Proposal Contact Email</b>	<b>If yes include PI Status Approval form.</b>	

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Mentor Last Name</b>	<b>Mentor First Name</b>	<b>Email</b>	<b>Department / Division</b>

## APPLICATION INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Application Type</b>	<b>Activity Type</b>	<b>Deadline</b> <small>If BU is subrecipient, deadline is direct sponsor, not prime</small>	<b>Submission Method</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sponsor</b> <small>(who is funding BU?)</small>	<b>Sponsor Type</b>	<b>Sponsor: Domestic Foreign</b>	<b>Prime Sponsor</b> <small>(who is awarding funds to sponsor?)</small>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Solicitation Number</b>	<b>Solicitation Link</b>	<b>Internal SAP Grant No.</b> <small>(if applicable)</small>

**PROPOSED PROJECT PERIOD & BUDGET** In all cases, please complete both *First Year* and *Entire Project* sections

Effective Project Dates (mm/dd/yyyy)	First Year		Entire Project	
	Start Date	End Date	Start Date	End Date
<b>Funds Requested</b>	<b>Direct Costs, Y1</b>	<b>F&amp;A Costs, Y1</b>	<b>Total Direct Costs</b>	<b>Total F&amp;A Costs</b>
<b>Totals</b>	\$ 0.00		\$ 0.00	
<small>automatically calculates</small>	<b>Total Costs, Y1</b>		<b>Total Costs</b>	<b>F&amp;A Rate(s) %</b>

## COST SHARE

Cost Share defined at <https://www.bu.edu/researchsupport/forms-policies/treatment-of-cost-sharing-for-sponsored-awards/>

## Cost Share (Entire Project)

<input type="checkbox"/> YES <input type="checkbox"/> NO	Is there cost share? If yes, include cost share budget	<b>Cost Share Funding Source #</b>	<b>Total Direct Costs</b>	<b>Total F&amp;A Costs</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is an institutional letter of support required?	<b>Cost Share Funding Source #</b>	\$ 0.00	<b>Total Costs</b>

<b>Type of Cost Share:</b>	Mandatory	<b>Description of Cost Share</b>
	Voluntary Committed	

## F&A WAIVER

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If yes:</b>
Is there an F&A Waiver?	\$ difference

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

**Reason for Waiver**

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

## OTHER

YES	NO	
		Clinical trial? <span style="float: right;">More info at <a href="https://www.bu.edu/researchsupport/tools-services/clinical-trial-agreements/">https://www.bu.edu/researchsupport/tools-services/clinical-trial-agreements/</a></span>
		Use of BMC Clinical infrastructure?
		Do you have any specialized Information Technology requirements? (high-performance computing, large storage, intensive networking) If YES, contact <a href="mailto:bumcit@bu.edu">bumcit@bu.edu</a> for BUMC, or <a href="mailto:istrs-res@bu.edu">istrs-res@bu.edu</a> 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 [bu.edu/researchsupport/project-lifecycle/preparing-a-proposal/](https://www.bu.edu/researchsupport/project-lifecycle/preparing-a-proposal/).

## EXPORT CONTROL

More export control info at <https://www.bu.edu/researchsupport/compliance/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) <b>If no, proceed to the next section.</b>
		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**

**BUMC REPORTING ONLY**

List department(s) or center(s) whose space is being used for research

Center affiliation(s) to be credited for this project (if applicable)

Cost Center Name/ Number

Space Allocation (%)

Cost Center Name/ Number

Space Allocation (%)

**ADDITIONAL COMMENTS (OPTIONAL)**

**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 [bu.edu/researchsupport/project-lifecycle/preparing-a-proposal/](http://bu.edu/researchsupport/project-lifecycle/preparing-a-proposal/).

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 [bu.edu/researchsupport/compliance/conflicts-of-interest/](http://bu.edu/researchsupport/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](mailto: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):

**IF THIS IS A FEDERAL PROPOSAL (OR PRIME SPONSOR IS FEDERAL) PLEASE REVIEW AND CERTIFY TO 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	
		<b>For NIH ONLY:</b> 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. <a href="https://www.bu.edu/researchsupport/2019/05/31/memo-foreign-influence-in-academic-research-may-31-2019/">https://www.bu.edu/researchsupport/2019/05/31/memo-foreign-influence-in-academic-research-may-31-2019/</a>
		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: <http://www.bu.edu/researchsupport/international-collaboration-in-research-scholarship/>

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**

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/VP for  
Research

**Dean/VP for Research 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**