

Electronic Proposal Summary Form (ePSF)

Research Operations

www.bmc.org

Overview:

The electronic Proposal Summary Form (ePSF) is a way for the Pre-award Grants and Contracts office and for Department Heads to ensure that faculty members, when submitting proposals to external sponsors to obtain funding for basic research or health-related programs, are complying with sponsor and institutional regulations. This form should be completed and approved by the lead researcher or their designee prior to the submission of the grant/contract application to the external sponsor.

This form takes the place of the former paper Proposal Summary Form, and the fields in the ePSF are similar to this form. Most fields will auto-populate after completing data entry in the InfoEd proposal. All fields with a red asterisk (*) should be answered prior to marking the form as “complete.”

This document contains instructions for completing this form in InfoEd, the BMC electronic proposal submission and management system.

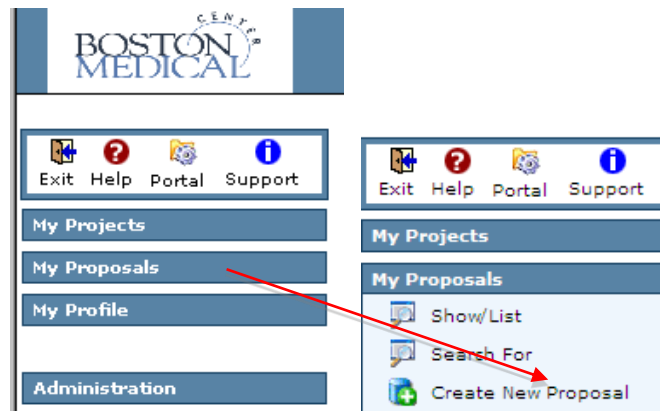
Procedure:

I. *Accessing electronic Proposal Summary Form in InfoEd*

- Log into InfoEd by going to <http://infoed.bmc.org/> website and clicking on the “Login” tab. Enter your username and password, and click on the Login button.



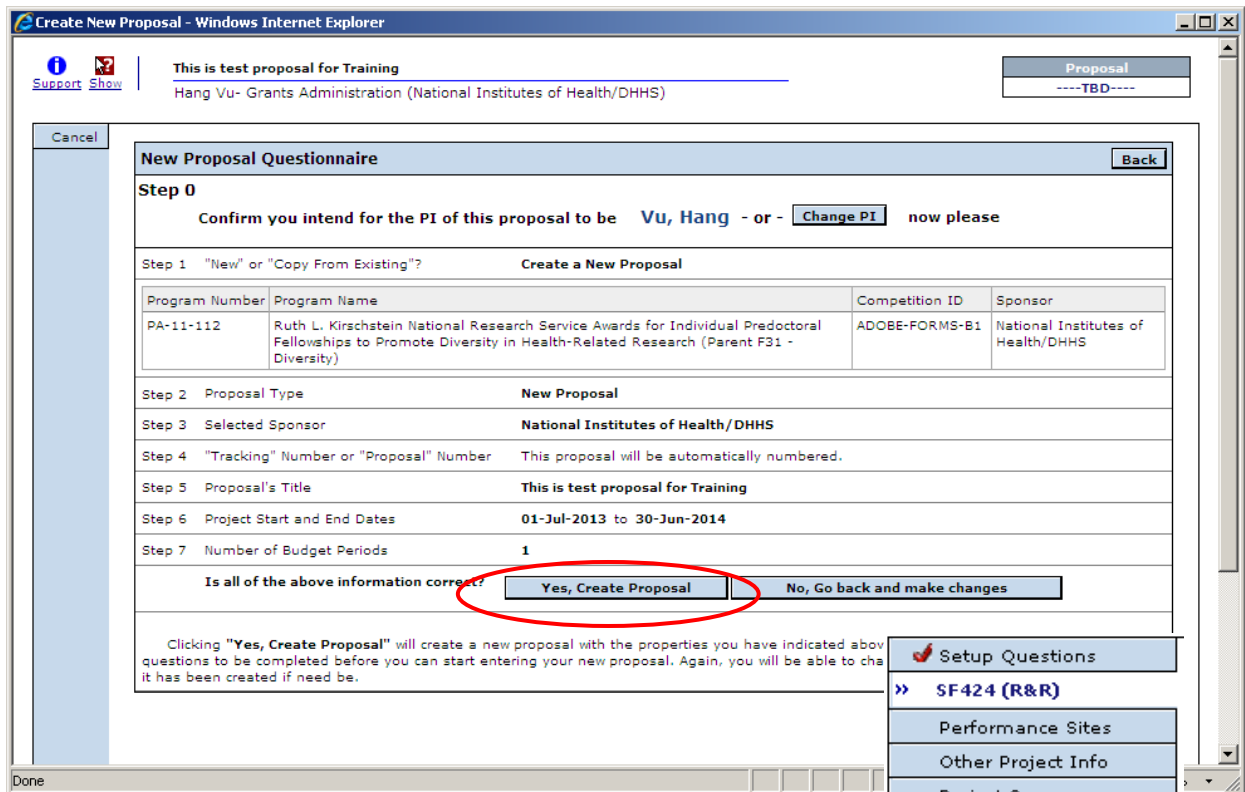
- Click on “Create New Proposal” under the **My Proposals** section in the left handed InfoEd menu



Research Operations

www.bmc.org

- Answer all the set up questions (see InfoEd instructions <http://internal.bmc.org/grants/nihcommons.html>) and click on “Yes, Create Proposal” button.



New Proposal Questionnaire [Back]

Step 0
Confirm you intend for the PI of this proposal to be **Vu, Hang** - or - [Change PI](#) now please

Step 1 "New" or "Copy From Existing"? **Create a New Proposal**

Program Number	Program Name	Competition ID	Sponsor
PA-11-112	Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellowships to Promote Diversity in Health-Related Research (Parent F31 - Diversity)	ADOBE-FORMS-B1	National Institutes of Health/DHHS

Step 2 Proposal Type **New Proposal**

Step 3 Selected Sponsor **National Institutes of Health/DHHS**

Step 4 "Tracking" Number or "Proposal" Number This proposal will be automatically numbered.

Step 5 Proposal's Title **This is test proposal for Training**

Step 6 Project Start and End Dates **01-Jul-2013 to 30-Jun-2014**

Step 7 Number of Budget Periods **1**

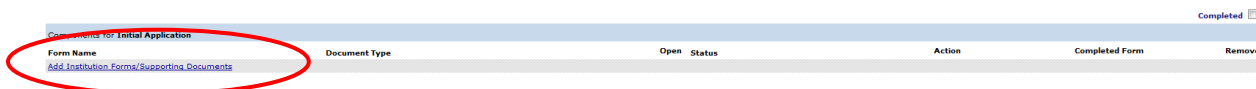
Is all of the above information correct? **Yes, Create Proposal** **No, Go back and make changes**

Clicking "Yes, Create Proposal" will create a new proposal with the properties you have indicated above. Questions to be completed before you can start entering your new proposal. Again, you will be able to change it has been created if need be.

Setup Questions

- SF424 (R&R)
- Performance Sites
- Other Project Info
- Project Summary
- Project Narrative
- References Cited
- Resources
- Other Attachments
- Personnel
- Budget
- PHS 398 Cover Page
- PHS 398 Research Plan
- PHS 398 Checklist
- Approvals
- Internal Documents**
- Finance

- Complete the electronic application (either Generic or System to System) by entering the required information in each of the sections listed in the side bar, then clicking the “completed” button on the top of the section’s webpage (See Instructions for [“Electronic Grant Submissions using InfoEd”](#) or [“Proposal Development - Generic Sponsor”](#)). A red check (✓) should be seen on each tab.
- **Adding e-PSF to Proposal Record:** Click on the **Internal Documents** tab, and then in the new window, click on the [Add Institution Forms/Supporting Documents](#) link. The following window (next page) will appear.



Form Name	Document Type	Open	Status	Action	Completed Form	Remove
Add Institution Forms/Supporting Documents						

Research Operations

www.bmc.org

Upload

Upload **Close**

Would you like to upload a new **document** **version of an existing document**

Upload new document

Name

Location **Browse...**

Category Agreement

Folder [ROOT]


Add Initial Application Components


Add

Form Name	Type	Add
electronic Proposal Summary Form (ePSF)	Mandatory	<input type="checkbox"/>

- Click the check box next the “electronic Proposal Summary Form (ePSF)” in the window above, and then click on the **Add** button next to the **Add Initial Application Components** section

II. Editing the ePSF form

- Click the paper icon  next to “electronic Proposal Summary Form (ePSF)” in the next window, and you will see Proposal Summary Form. Please note that Status will be “Incomplete” until you finalize form

Form/Document Name	Edit	Status	Upload	Remove
electronic Proposal Summary Form (ePSF) (Proposal Summary Internal Form)		Incomplete		Mandatory

[Add Institution Forms/Supporting Documents](#)

- Most of the questions will be prefilled, but answer the rest of the form’s questions, which are marked by a red asterisk (*), by either clicking on the appropriate check boxes, or accessing the drop down menus (See Attachment A – Instructions), or typing in the required information (Cost Sharing, and IRB or IACUC information, etc)
- You can save the form without completing by clicking the “save button” on the left hand side of the form




Research Operations

www.bmc.org

Updated By: Ellen Jamieson @ 26-Apr-2017 05:30:53 PM

electronic Proposal Summary Form (ePSF)



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Proposal ID#: BMC-000003853

Proposal Information

Title of Project Test proposal 2017

* Funding Agency/Prime Sponsor: National Institutes of Health/DHHS

Agency Deadline: 07-May-2017 Solicitation Number: PA-16-198

Is this a Subcontract? Yes No

If yes, Originating Sponsor Name: National Institutes of Health/DHHS

Main Contact Information

Principal Investigator

Full Name	Email	Department	Phone
Jamieson, Ellen	ellen.jamieson@bmc.org	Grants Administration	617-414-5646

Sponsor requires applicant to designate a mentor (other than themselves)? Yes No

Mentor Assignment:

Name:	Department:	Email:
Robina Folland	Medicine	robina.folland@bmc.org
Garo Stone-DerHagopian	RBIS	garo.stone-derhagopian@bmc.org

* Admin Contact:

Full Name	Email	Phone
Robe, Chanda	Chanda.Robe@bmc.org	617-414-2852

Is this an NIH Multiple PI application? Yes No

If yes, all PI/PCs must sign below.

Multi- PI

Multiple Principal Investigators

Folland, Robina
Full Name Folland, Robina
Jamieson, Ellen
Full Name Jamieson, Ellen

Budget Information

Budget

Start Date	End Date	Direct Costs	Indirect Costs	FA Rate	Total Project
01-Apr-2018	31-Mar-2019	\$0.00	\$0.00	0.0000	\$0.00
01-Apr-2019	31-Mar-2020	\$0.00	\$0.00	0.0000	\$0.00
01-Apr-2020	31-Mar-2021	\$0.00	\$0.00	0.0000	\$0.00
01-Apr-2021	31-Mar-2022	\$0.00	\$0.00	0.0000	\$0.00
01-Apr-2018	31-Mar-2022	\$0.00	\$0.00	-	\$0.00

MTDC Period 1: \$0.00 MTDC Total Project: \$0.00 *Reflects the Non-Modular Detail Budget MTDC amount

*Modular Grant Yes No

Subawards

Institution	Start Date	End Date	Direct Costs	F & A	Total Cost
-------------	------------	----------	--------------	-------	------------

Cost Sharing for Proposed Year

*Direct \$ 0 If Cost Share, list account #(s)

*Indirect \$ 0

Total \$ 0

Application Information

Application Type: New Proposal

Activity Type: Clinical Research

*Prime Sponsor Type: Federal Government

*Submission Method: InfoEd

*If this is a transfer, from where:

Agency Award # (if available)

*If this is an existing grant, please provide:


Financial Interest Disclosure(s)

*Financial Interest Disclosure(s) Yes (required)

The PI must ensure that all those responsible for the design, conduct, or reporting of the proposed program have completed <http://www.bu.edu/orc/coi/forms/>.

All COI disclosure(s) for this project were submitted on: (Date) 26-Apr-2017

Answer questions with (*) next to them by either 1) checking boxes, 2) using drop down menus, or 2) entering the required information.

Also you can change the prefilled information by clicking on the  icon and selecting a new Sponsor; or a new Admin Contact; or different Application Information from the alphabetized list in the new pop up window

(See Attachment A - instructions)

Make sure the Financial Conflict of Interest (COI) question is answered and put in the date when ALL the COI disclosures were submitted

Research Operations

www.bmc.org

International Research

*Does this project have any of the following international components? (check all that apply)

A collaborator outside of the US Yes No

Travel outside of the US by any participant (e.g faculty, staff, students) in this project (paid or unpaid) Yes No

Travel to the US by any collaborator involved with this study (paid or unpaid) Yes No

Transport of any samples (e.g tissue, blood, chemical) to or from the US Yes No

Compliance Information

Special Reviews:

IRB Yes No

IACUC Yes No

*rDNA and/or Biohazards Yes No

*Select Agents Yes No

*Radioisotopes Yes No

*Human Embryonic Stem Cells Yes No

Project Approval (Date or "Pending")

Pending

Protocol/Approval No. for Each Project

Answer questions or sections with asterisk (*) by checking marking Yes/No Boxes; or typing in the text boxes the required information, such as IACUC or IRB protocol numbers, approval dates, or "pending" approval

Location of Project and Special Requirements

*Does this project require renovations to existing research space? (including renovations related to new equipment or equipment moves) Yes No

*Does this project require new space? Yes No

*Does this project require a major IT commitment? Yes No

Do you plan to purchase capital equipment under this award? Yes No

(defined as being equal to or greater than \$5000 in value and having a useful life of one year or more)

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 (<http://www.bu.edu/research/compliance/>) 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 (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 and financial oversight 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: <http://clinicaltrials.gov/>) and NIH Public Access (<http://publicaccess.nih.gov/>) regulations.

Signatures

PI Name	Signature	Date
Folland, Robina Full Name Folland, Robina		
Jamieson, Ellen Full Name Jamieson, Ellen		

Approvals

Chief of Service	Date
Department Chair	Date
Department Chair	Date

III. Finalizing and Electronically Approving the ePSF form

- All the Principal Investigator's name(s) will appear in the Signatures Section of the Form, once you have confirmed with the PI(s) that all the information is correct. Please enter date that the application was submitted. You can click on the "plus" sign if you want to add other Investigators not listed on the form.



Research Operations

www.bmc.org

- Once the form is completed, save, then check mark the “complete” box at the top of the form, and inform the Pre-Award Office by e-mail that the form is complete.
- The Grant Development Specialists will save the form as a *.pdf; then send the form by e-mail along with the following text (see below) to the Principal Investigator(s) for final certification.
- The Principal Investigator (s) can either sign and return the form to Grants and Contracts Office by e-mail, or just respond to the e-mail with “I AGREE”

Research Operations

www.bmc.org

Dear <<INVESTIGATOR NAME>>

Your application, entitled << TITLE>> to <<SPONSOR NAME>> has been reviewed and approved for submission. Prior to final submission to the sponsor, please certify the following statements by responding “**I AGREE**” to this e-mail.

As Principal Investigator, 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 (<http://www.bu.edu/research/compliance/>) as well as sponsor requirements and applicable Federal regulations;
- 2) All Financial Conflict of Interest forms have been submitted to the Financial Conflict of Interest Office prior to the submission of the application;
- 3) The information submitted within the application is true, complete, and accurate to the best of my (the PI's) knowledge;
- 4) Any false, fictitious, or fraudulent statements or claims may subject me (as the PI) to criminal, civil, or administrative penalties;
- 5) I (as the PI) agree to accept responsibility for the scientific conduct and financial oversight of the project and to provide the required progress reports if a grant is awarded as a result of the application; and
- 6) I will abide, as applicable, by the Federal clinical trials (ClinicalTrials.gov: <http://clinicaltrials.gov/>) and NIH Public Access (<http://publicaccess.nih.gov>) regulations.

If you have any questions about this request, please contact the Grants and Contracts Office by e-mail at grants.admin@bmc.org, or by phone, 617-414-5646

Sincerely

<<Grant Administrator Name>>

<<Title>>

Research Operations/Grants and Contracts