



Proposal Summary Form for Non-Competing Applications

Principal Investigator/Department Information		
BMC Activity No.:	Department/Division/Section:	
Project Title:		
Principal Investigator:	Phone:	Email:
Administrative Contact:	Phone:	Email:
Is this a NIH Multiple PD/PI application? If yes, BMC/BU PD/PI must sign below		

Sponsor Information	
Proposal Sponsor:	Prime Sponsor if Subcontract:
Agency Deadline:	Agency Award No.:
If federal, Is there an anticipated unobligated balance of more than 25% of the current year's award?	

Project Budget Information	
Next Budget Start Date:	End Date:
Total Direct Costs:	
Total Indirect Costs:	F&A Rate:
Total Costs:	
Are there any outgoing subcontracts?	No. of subcontracts: _____
If Cost Sharing exists other than the NIH Salary Caps, are financial records up to date?	
If yes, Provide the BMC Account Number: _____	

International Research
Does this project have any international components such as collaborators outside the US or travel outside of the US by BU and BMC participants?

Compliance Information				
Assurance(s):	Yes	No	Approval Dates	Protocol/Approval No. for Each Project
IRB/Human Subjects				
IACUC/Animals				
IBC: rDNA, Biohazards				
Select Agents				
Radioisotopes				
Human Embryonic Stem Cells				
*Provide a copy of any updated assurances for these areas since previous application.				

Annual Financial Conflict of Interest disclosure for this project was submitted: _____

The undersigned approve of this research project federal or non-federal, and accept responsibility for compliance with all regulations, laws, policies, as well as the use of space, salary verification, cost-sharing and have submitted annual disclosure of conflict of financial interest.

PD/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 (<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 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.

PD/PI Name	PD/PI Signature
PD/PI Name	PD/PI Signature

Instructions- Proposal Summary Form for Non-Competing Applications

The purpose of this form is to ensure that the Principal Investigator meets Boston Medical Center's internal research compliance requirements when submitting annual non-competing applications, i.e., progress reports. This PSF should be submitted with all non-competing applications for federal, non-federal, state, foundation, or for-profit organization grants or contracts that are sent to the Research Operations, Grants and Contracts Office for review and approval.

Principal Investigator/Department Information

Enter the following information:

1. *Boston Medical Center Activity Number:* The BMC activity number associated with the project.
2. *Department/Division/Section:* Principle Investigator's main Department and Section (if applicable)
3. *Project Title:* Full title of the research project being reported
4. *Principal Investigator Name:* Last name, first name, and middle initial, (contact PI only if Multi-PI).
5. *Principal Investigator Information:* Office phone and email address
6. *Administrative Contact:* Name of the PIs research administrator
7. *Administrative Contact Information:* The office phone number and email address of the PIs Research Administrator
8. *Is this an NIH Multiple PD/PI application?* Select yes or no. If yes, then the BMC/BU PIs must sign the form.

Sponsor Information

1. *Proposal Sponsor:* Enter sponsor name (example- NIH/NIDDK, DOD)
2. *Prime Sponsor if Subcontract:* Enter the name of the prime sponsor from whom BMC is obtaining the award (example Boston University, Tufts Medical Center)
3. *Agency Deadline:* Enter the date (month/day/year) when the non-competing application is due to the sponsor.
4. *Agency Award No.:* Enter the existing award number
5. *If federal, is there an anticipated unobligated balance of more than 25% of the current year's award?* Answer yes or no. If yes, for non-competing applications that are NIH and AHRQ, include the amount in the report.

Project Budget Information

1. *Next Budget Start Date:* Enter the upcoming budget period's start date (month/day/year)
2. *End date:* Enter the budget period's end date (month/day/year)
3. *Total Direct Costs:* Enter the amount of the next budget period's direct costs
4. *Total Indirect Costs:* Enter the amount of the next budget period's indirect costs
5. *Total Costs:* This number will automatically calculate once you enter the total direct costs and total indirect costs.
6. *F&A Rate:* enter the facility and administrative (or indirect cost) negotiated rates for BMC. If the sponsoring agency has a 'capped' rate, enter the sponsoring agency's rate in the space provided.
7. *Are there any outgoing subcontracts?* Select yes or no.
8. *No. of subcontracts?* Select the amount of subcontracts on the project.
9. *If cost sharing exists other than the NIH salary caps, are financial records up to date?* Select yes or no. Cost share would include any funds from another source, other than the current award.
10. *If yes, provide the BMC account number:* Enter the BMC account number, usually an unrestricted funding source.

International Research

Does this project have any international components such as collaborators outside the US or travel outside of the US by BU and BMC participants? Select yes or no from the list.

Compliance Information

1. Check the yes or no box next to the appropriate category for any research involving human subjects, animals, IBC: rDNA, Biohazards, select agents, radioisotopes, and human embryonic stem cells.
2. If you checked yes in any of the boxes, in the adjacent fields, enter the project's approval date and its protocol/approval number (if applicable). Include a copy of the approval letters and/or certificates

Annual Financial Conflict of Interest disclosure

Enter the date that the annual financial conflict of interest (FCOI) disclosure was certified for the existing budget period. The BU Compliance office automatically sends an email for certification to the PI and key personnel every budget period.

Assurance

The PD/PI can electronically sign the form using Adobe's electronic signature, or they can print the form and sign manually.

For any issues with saving the completed form. Try the following:

Go to **Files** → **Save As Other** → **Reader Extended PDF** → **Enable More Tools**

A new box will appear → **Select Save Now** → Another pop up box will appear where you can enter the file name and destination to where you would like to save the file.