

Attachment A Detail Instructions for Completing InfoEd electronic Proposal Summary Form (ePSF)

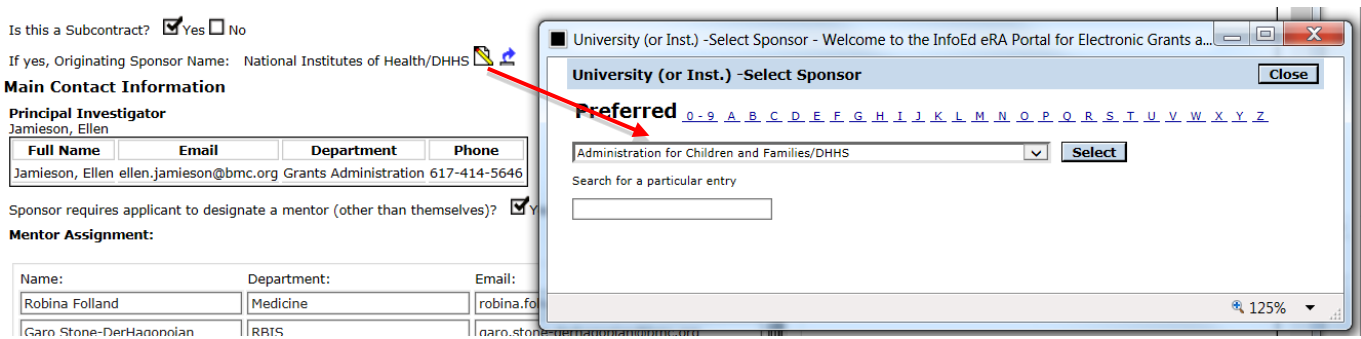
Below is a description of each field on the electronic Proposal Summary Form (ePSF) in InfoEd. Once completed, the ePSF is submitted to the PI by Grants & Contracts for final certification.

Section I: Proposal Information

- Title of Project (Pre-filled): Project title is the same as that designated on InfoEd application
- Funding Agency/Prime Sponsor (Pre-filled): Name of institution or organization providing the funding
- Agency Deadline (Pre-filled): Date application due to sponsor
- Solicitation Number (Pre-filled): This information only needs to be entered if system to system application
- Is this a Subcontract? Yes, or No checkbox (Pre-filled if check “yes” on set up page in application – located at bottom of webpage); If the “yes” is checked on form, the originating sponsor will automatically appear. The originating sponsor can be changed by clicking on the icon, then choosing from the alphabetized list below

Setup Questions UDF

Is this a subcontract? (Yes No)



Section II: Main Contact Information

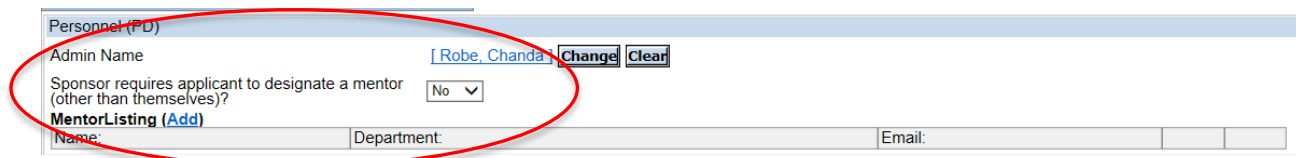
- Principal Investigator (PI) Name, Department, e-mail and phone number should pre-filled. This field can only be altered by changing the PI in the application itself.
- **Mentor Assignment** question: If the sponsor requires the applicant to designate a mentor or co-mentor (example Federal K awards, AHA fellowships, other Fellowship grants) as part of the application, check the “Yes” box after “**Sponsor requires applicant to designate mentor (other than themselves)**” question, then click on the icon. Three fields will pop up under the “Mentor Assignment” section.
- Enter the mentor or co-mentor’s full name, department and e-mail address. More mentors can be added by clicking on the sign again.


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

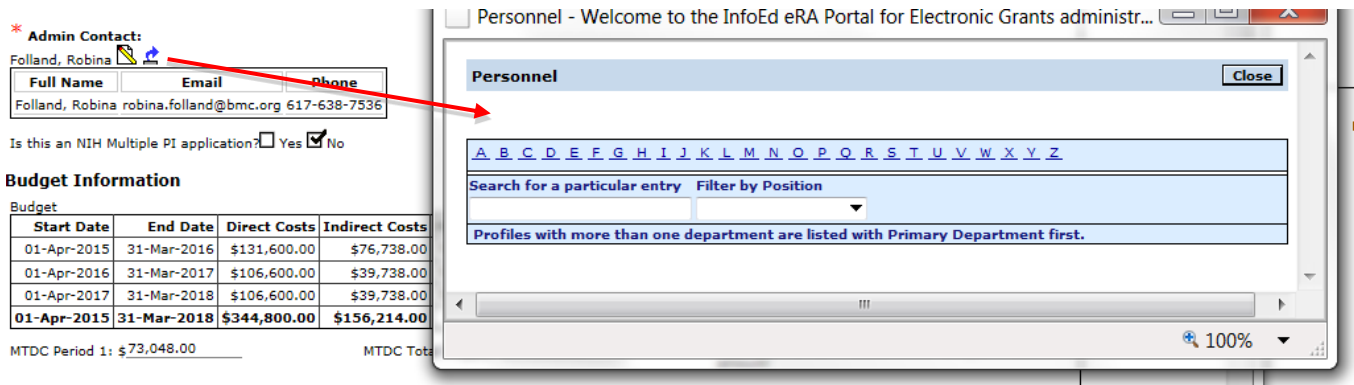
Mentor Assignment:


| | | |
|-------|-------------|--------|
| Name: | Department: | Email: |
| | | |

- If you select “yes” at the bottom of the Personnel tab for the “Sponsor requires applicant to designate mentor” question, the ePSF will pre-fill with a check on the “yes” button.



- The Admin Contract is the Research Department Administrator who will be managing the award once awarded. This field should be prefilled, but can be edited via the  icon, and selecting from the alphabetized list below



*** Admin Contact:**
 Folland, Robina 

| Full Name | Email | Phone |
|-----------------|------------------------|--------------|
| Folland, Robina | robina.folland@bmc.org | 617-638-7536 |

 Is this an NIH Multiple PI application? Yes No

Budget Information

| Budget | | | |
|--------------------|--------------------|---------------------|---------------------|
| Start Date | End Date | Direct Costs | Indirect Costs |
| 01-Apr-2015 | 31-Mar-2016 | \$131,600.00 | \$76,738.00 |
| 01-Apr-2016 | 31-Mar-2017 | \$106,600.00 | \$39,738.00 |
| 01-Apr-2017 | 31-Mar-2018 | \$106,600.00 | \$39,738.00 |
| 01-Apr-2015 | 31-Mar-2018 | \$344,800.00 | \$156,214.00 |

 MTDC Period 1: \$73,048.00 MTDC Total: \$344,800.00

Personnel Close

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Search for a particular entry Filter by Position

Profiles with more than one department are listed with Primary Department first.

- **Is this an NIH Multiple PI application?** The check box will pre-fill with a check in the “yes” box“ if more than one PD/PI are designated in the application. If this question is “yes”, the names of all the PD/PI(s) will automatically appear.


Section III: Budget Information

- All the budget information, such as project/period start and end dates, Direct Costs, Indirect Costs, Overhead rates, and Total Budget Costs will be prefilled. Also the modified total direct costs (Direct costs minus the exceptions – equipment, patient care costs, etc) will be prefilled for the first period and the entire project.
- If there are subcontracts, each subcontractors’ Start and End dates, Total Direct Costs, Total Indirect (or F&A) Costs, and Total Costs for the entire project will be prefilled.
- **Modular Grant? Yes or No Checkboxes** – Check mark the “yes” check box if the application is a federal sponsor containing a direct cost budget made up of \$25K modules (example: up to 10 modules for a federal R01 award – or \$250K direct cost budget per year)


Section IV: Cost Sharing for Proposed Year

- If the sponsoring agency mandates "cost-sharing" or the investigator volunteers the institution to cover part of the project's costs, complete the **Cost Sharing** section.
 - ✓ Type in the Direct, Indirect and Total Costs Dollars of the “cost share”
 - ✓ Enter the source activity number(s) of the funded account(s) to use to cost-share the proposal's expenses; **A federal grant account cannot be used to fund cost share.**
- In addition, please review BMC’s cost-sharing policy.

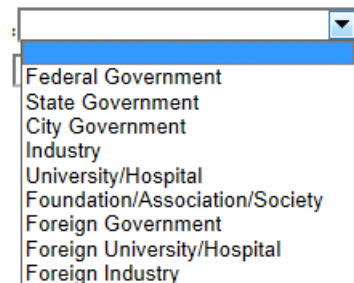
Section V: Application Information

- **Application Types** -This section will be prefilled, or edited by clicking on the  icon, and picking from the following Drop Down Box options:
 - ✓ **New Proposal:** An application that is being submitted to an agency for the first time.
 - ✓ **Continuation:** An application requesting additional funding for the next period in the project – this designation is used for a progress report
 - ✓ **Competing Renewal:** An application requesting additional funding for a period subsequent to that provided by a current award.
 - ✓ **Supplement Request:** An application requesting a supplement to an existing award
 - ✓ **Resubmission:** An application that was previously submitted, but not funded, and is being resubmitted for new consideration

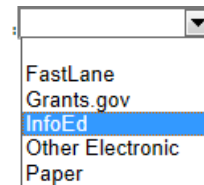
- ✓ **Transfer:** An application for a grant that is being transferred from another institution (if transfer, need to complete the question “If this is a transfer, from where?”)
- ✓ **No Cost Extension:** An application requesting an extension of the project end date
- ✓ **Revision:** An application requesting additional funding for an existing award (similar to Supplemental Request)

- **Activity Type** - This section will be prefilled, but can be changed by clicking on the  icon, and picking from the following Drop Down Box
 - ✓ **Basic Research:** Investigation and analysis focused on a better or fuller understanding of a subject, phenomenon, or a basic law of nature instead of on a specific practical application of the results, including computational research, and review of medical records. Basic research laboratories (wet) are those that use animals, cultured cells, chemicals, and/or other biological reagents.
 - ✓ **Clinical Research:** Patient-oriented research, conducted with human subjects or on materials of human origin. This kind of research aims to advance medical knowledge by studying people, either through direct interaction or through the collection and analysis of blood, tissues, or other samples. There are two main types of clinical studies: clinical trials (also called interventional studies) and observational studies. This Program Type will generally require IRB approval.
 - ✓ **Clinical Trial:** The primary subcategory of clinical research. Clinical Trials follow a pre-defined plan or protocol. Participants receive specific interventions according to the research plan or protocol created by the investigators. These interventions may be medical products, such as drugs or devices; procedures; or changes to participants' behavior. Requires IRB approval.
 - ✓ **Service/Programmatic:** Projects that fund community-driven initiatives, hospital operations, and services.
 - ✓ **Quality Improvement and Outcomes (QI):** Consists of systematic, data-guided activities that lead to measurable improvement in health care services and the health status of targeted patient groups. Quality in health care is defined as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations. QI projects are not considered research, but they can involve human subjects and may require IRB approval.
 - ✓ **Training/Career Development:** Institutional or individual training grant applications (ex. NIH T32, F32 awards) for pre- and/or post-doctoral trainees; or research career awards (ex. NIH "K" awards) for young investigators..
 - ✓ **Equipment:** Applications that only request funding for a piece of equipment
 - ✓ **Other:** Discretionary funds and miscellaneous projects that do not fit the defined Program Type categories but are managed by Research Operations.

- **Prime Sponsor Type** – Select from Drop Down Box
 - ✓ **Federal Government:** Application is for a sponsored grant or contract from the Federal Government.
 - ✓ **State Government:** Application is for a sponsored contract or grant from the State of Massachusetts.
 - ✓ **City Government:** Application is for a sponsored contract or grant from the City of Boston.
 - ✓ **Industry:** Application is supported by a for-profit sponsor
 - ✓ **University/Hospital:** Application for a grant or contract from an educational institution or other medical center
 - ✓ **Foundation/Association/Society** (Public or Private): Application is for a research, service, and/or educational program sponsored by a public or private foundation (non-federal).
 - ✓ **Foreign Government:** Application is for any research program sponsored by a foreign country's government
 - ✓ **Foreign University/Hospital:** Application is for any research program sponsored by a foreign educational institution or medical center
 - ✓ **Foreign Industry:** Application is for any research program sponsored by a foreign industry



- **Submission Method** – Select from Drop Down Box
 - ✓ **Fast Lane:** National Science Foundation electronic website
 - ✓ **Grants.gov:** Using the Grants.gov adobe application form to submit application to federal government
 - ✓ **InfoEd:** The electronic system to system submission program used by Boston Medical Center
 - ✓ **Other Electronic:** Any other electronic method of submitting a grant application
 - ✓ **Paper:** A paper application that has to be mailed to the sponsor



- Type in the text boxes the answers to the following questions, if relevant.
 - ✓ **If this is a transfer, from where?** Type in the name of the institute that was initially awarded the grant or contract
 - ✓ **If this is an existing grant, please provide:** Type in the following-
 - **Agency Award #:** Enter the sponsor’s award number (example: R01 AR000000 if a federal award)
 - **BMC Activity #:** The BMC 6 digit activity number (example 032001) assigned to a previously awarded sponsored application

Section VI: Financial Interest Disclosure(s)

- Make sure the “Financial Interest Disclosure(s)” section is answered, and the date when all the COI Disclosures were submitted to the BUMC Financial Conflict of Interest Office is entered into the date field.

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 the financial interest disclosure forms and training as dictated at <http://www.bu.edu/orc/coi/forms/>.

All COI disclosure(s) for this project were submitted on: (Date) _____

Section VII: International Research

- The check boxes for the following questions should be completed if there is any foreign travel, or involvement with foreign countries for the proposed research
- **Does this project have any of the following international components?** (Indicate “yes” or “no”, by check marking the correct check boxes)
 - ✓ A collaborator outside of the US?
 - ✓ Travel outside of the US by any participant (e.g faculty, staff, students) in this project (paid or unpaid)?
 - ✓ Travel to the US by any collaborator involved with this study (paid or unpaid)?
 - ✓ Transport of any samples (e.g tissue, blood, chemical) to or from the US?

NOTE: If the PI answers “yes” to any of these questions, a copy of the e-form should be sent to the BUMC Compliance Office

Section VIII: Compliance Information

- The IACUC and/or IRB “yes” or “no” check boxes should be automatically checked depending on how the initial set up questions in the application were answered.
 - ✓ Complete the **Project Approval** text box by typing in either a date or “pending”;
 - ✓ Complete the **Protocol/Approval No. for Each Project** text box by typing in the assigned protocol number
- Please check mark the rest of the compliance questions (IBC approvals for biohazardous materials or rDNA; Select Agents; Radioisotope Safety approval; and Human Embryonic Stem Cell research), and complete text boxes if relevant.

Section VIII: Location of Project and Special Requirements


- The following questions should be answered using the “yes” or “no” check boxes
 - ✓ ***Does this project require renovations to existing research space?***
(including renovations related to new equipment or equipment moves)
 - ✓ ***Does this project require new space?***
 - ✓ ***Does this project require a major IT commitment?***
 - ✓ ***Do you plan to purchase capital equipment* under this award?***

A copy of the ePSF should be sent to the Department Chief/Chair or their designee if any of these questions are checked “yes”.

Section IX: PI/PD Assurance, Signatures, and Approvals

All PD/Pis are responsible for reading the Assurances on the ePSF. These Assurances will also appear in the “I AGREE” e-mail sent by the Grant Administrators with the ePSF attached. If it’s a Multi-PI application, all PD/PI names should appear in this section.

Signatures +

| PI Name | Signature | Date |
|----------------------------------|-----------|---|
| Jamieson, Ellen | |  |
| Full Name Jamieson, Ellen | | |
| | |  |

add

Finalizing Form

- When all data is entered or reflected in the ePSF, check mark the “Complete” box at the top of the form, and inform the Pre-Award/Grants and Contract Office by e-mail that the ePSF is complete.
- The Grants and Contracts Grant Administrators will save the form as a *.pdf; then send the form by e-mail along with the Assurances to the Principal Investigator(s) for final certification.
- The Principal Investigator can either sign and return the ePSF to the Grants Administrator by e-mail, or just respond to the e-mail with “I AGREE”

A Sample of the completed ePSF Form is attached (see next page).

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

Jamieson, Ellen

| 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:

Robe, Chanda

| 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/PDs 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

*Prime Sponsor Type: Federal Government

Activity Type: Clinical Research

*Submission Method: InfoEd

*If this is a transfer, from where:

Agency Award # (if available)

BMC Activity #

*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 the financial interest disclosure forms and training as dictated at <http://www.bu.edu/orc/coi/forms/>.

All COI disclosure(s) for this project were submitted on: (Date) 16-Apr-2017

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

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 _____