

# RESEARCH PROPOSAL COVERSHEET

Revised 01/31/2011



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL  
AND MASSACHUSETTS GENERAL HOSPITAL

Investigator/ Department	Applicant Org: <input type="text"/> Chief Code: <input type="text"/> Department/Division Name: <input type="text"/>		
	Principal Investigator Name and degrees: <input type="text"/>		PI Email: <input type="text"/>
	Dept. Contact: <input type="text"/>		Phone No./Email: <input type="text"/>
Sponsor	Immediate Sponsor: <input type="text"/>		Proposal Due Date: <input type="text"/>
	Originating Sponsor: <input type="text"/>		
	RFA/RFP/PA No./or cut & paste Sponsor URL: <input type="text"/>		
Proposal	Proposal Title: <input type="text"/>		
	Project Start Date: <input type="text"/>	Project End Date: <input type="text"/>	Activity Type: <input type="text"/> Agreement Type: <input type="text"/>
	Proposal Type: <input type="text"/>	Federal Identifier (Renewal/Resubmission/Transfer) <input type="text"/>	Multi-PI: <input type="text"/> Clinical Trial: <input type="text"/>
Budget	Total Project Costs \$ <input type="text"/>	# of Subcontract(s) budgeted: <input type="text"/>	Cost Share: <input type="text"/>
	Proposed Performance Location/Institution/Bldg./Floor: <input type="text"/>		
Compliance	Radiation/Isotope Use: <input type="text"/>	Human Studies: <input type="text"/>	Will information, materials or equipment be shipped or transmitted (e.g., via email) outside the country?: <input type="text"/>
	Biohazard/Select Agents: <input type="text"/>	Animal Studies: <input type="text"/>	
	Recombinant DNA: <input type="text"/>	Cancer Related: <input type="text"/>	If yes, identify countries & collaborating sites & indicate, to the best of your knowledge, whether the project includes information, materials or equipment currently requiring licensure under US export control laws. <input type="text"/>
	Human Embryonic Stem Cells: <input type="text"/>	If Yes to hESC, ESCRO #: <input type="text"/>	

**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 disclosure of conflicts of financial interest.

**Principal Investigators also agree to the following:**

**Mandatory Assurance Certification, per NIH notice dated April 7, 2006:**

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I 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 this application. For information, see: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-054.html>.

**Sub-recipient Monitoring:**

**For New Proposals:** I confirm that I have reviewed all sub-awards included in this proposal. All direct costs have been reviewed and appear reasonable given the proposal statement of work. All fringe benefits and indirect cost rates have been verified with the sub awardee organization as being current for the proposed duration. (Verification may be in the form of a letter from the authorized official of the organization.) There is a reasonable expectation that the sub-award PI and the sub-award institution will competently perform the technical and administrative tasks required for successful completion of the project. Furthermore, I acknowledge scientific and financial oversight of this study.

**For ongoing projects:** I attest that I have been monitoring the sub-recipient technical progress by: (i) Communicating regularly with sub-recipient PI, (ii) Monitoring receipt of technical report for timeliness and content, and (iii) Communicating with Research Management if changes need to be made to the Statement of Work (SOW), reporting requirements, or budgets.

\_\_\_\_\_  
**Principal Investigator (required)**

\_\_\_\_\_  
**Date**

All Principal Investigators who plan to work on this project must sign the NIH Assurance Certification. For additional signatures, please see page 2 of this document.

\_\_\_\_\_  
**Department/Division/Unit Chief (required for New Proposals)**

\_\_\_\_\_  
**Date**

*By signing, I acknowledge scientific and financial oversight*

\_\_\_\_\_  
Additional Dept/Div/Chief/Mentor Approval (if required by Dept/Div policy)

\_\_\_\_\_  
**Date**

MULTI-PI ASSURANCE CERTIFICATION

Use this form if there are multiple Principal Investigators working on a specific project, and you need additional space for more assurance signatures. Please attach this, with appropriate signatures to the Proposal Cover Sheet.

Lead Investigator	Project Director/Principal Investigator:	<input type="text"/>
	Administrative Contact:	<input type="text"/>
	Project Title:	<input type="text"/>

All Principal Investigators, who plan to work on this proposed project, must sign this mandatory Assurance Certificate, per NIH notice, dated April 7, 2006 which states:

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I 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 this application.

PI #2	Principal Investigator:	<input type="text"/>	
	Administrative Contact:	<input type="text"/>	
	Institution and Dept:	<input type="text"/>	
	Principal Investigator Signature:	<input type="text"/>	Date:

PI #3	Principal Investigator:	<input type="text"/>	
	Administrative Contact:	<input type="text"/>	
	Institution and Dept:	<input type="text"/>	
	Principal Investigator Signature:	<input type="text"/>	Date:

PI #4	Principal Investigator:	<input type="text"/>	
	Administrative Contact:	<input type="text"/>	
	Institution and Dept:	<input type="text"/>	
	Principal Investigator Signature:	<input type="text"/>	Date:

PI #5	Principal Investigator:	<input type="text"/>	
	Administrative Contact:	<input type="text"/>	
	Institution and Dept:	<input type="text"/>	
	Principal Investigator Signature:	<input type="text"/>	Date: