

Partners Research Proposal Coversheet

ReX No. _____

PS No. _____

PRINCIPAL INVESTIGATOR (Name, Degree(s) held) _____

Hospital Title _____

PHS User Log-In Name _____

Department/Division/Unit _____

Bldg/Floor _____

Tel _____

Fax _____

Dept Administrator Name _____

Tel _____

Fax _____

Project Title

Funding Agency/Sponsor Name _____

Agency/Sponsor Deadline _____

RFA-RFP-PA No. _____

Application ID Number _____

Agency/Sponsor Type: Government Industry Foundation Non-Profit Other _____

Proposal Type: New Competing Continuation Non-Competing Supplement Resubmission Transfer

Agreement Type: Grant Contract Subcontract HMS Exchange Gift Miscellaneous

Activity Type:

Clinical

Non-Clinical (Basic)

Training

Other _____

Subactivity Type: (check all that apply)

Clinical Trial

Center

Career/Investigator/Scholar (i.e. K award)

Compassionate Use

Cooperative Agreement

Individual Fellowship (i.e. F32)

Disease Mechanism

Program Project

Institutional Training Program (i.e. T32)

Population Study

SBIR/STTR

Other

Small/Pilot-Feasibility/Development

GCRC

Standard Research (i.e. R01)

Cancer Related? Yes No

Proposed Performance Location: _____

Applicant Organization: BWH MGH HMS Other Institution/Other PI _____

Includes Subcontract to: _____

First/Current Budget Period Dates _____ to _____ Project Period Dates _____ to _____

Total Direct Costs First/Current Budget Period \$ _____ Indirect Cost Rate _____ % IDC Base _____

ASSURANCES:

Yes No

Human Studies

Animal Studies

Radiation/Isotope Use

Biohazard

Recombinant DNA

Human Embryonic Stems Cells: Federally approved Non-Federally approved Derivatives

Use of Core Facility

PROTOCOL NUMBER(S)

APPROVAL DATE

Name/Location of Core: _____

REQUIRED SIGNATURES: By signing below, I certify that the information submitted within the application is 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 result of this application. Furthermore, I acknowledge scientific and financial oversight of this study.

Principal Investigator _____ Date _____

Department/Division/Unit Chief _____ Date _____

Additional _____ Date _____