Women's Brain Initiative
2019 Research Fellowship Program

REQUIRED COVER SHEET— 3 pages

APPLICANT

First Name_____ Last Name_____

Email_____

Date PHD and/or MD awarded_____

Academic Rank _____

I confirm that I personally prepared this application:

Signature: _____

PRINCIPAL INVESTIGATOR/ MENTOR

First Name_____ Last Name_____

Academic Rank: _____

BWH Department _____

Email_____

DEPT. ADMINISTRATOR

First Name_____ Last Name_____

Email_____

I have reviewed and approved this application (signature below):

_____

RESEARCH PROPOSAL COVERSHEET

Revised 01/31/2011

PARTNERS HEALTHCARE | FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

Investigator/ Department

Applicant Org: Chief Code: Department/Division Name:

Principal Investigator Name and degrees: PI Email:

Dept. Contact: Phone No./Email:

Sponsor

Immediate Sponsor: Proposal Due Date:

Originating Sponsor:

RFA/RFP/PA No./or cut & paste Sponsor URL:

Proposal

Proposal Title:

Project Start Date: Project End Date: Activity Type: Agreement Type:

Proposal Type: Federal Identifier (Renewal/Resubmision/Transfer) Multi-PI: Clinical Trial:

Budget

Total Project Costs $ # of Subcontract(s) budgeted: Cost Share:

Proposed Performance Location/Institution/Bldg./Floor:

Compliance

Radiation/Isotope Use: Human Studies:

Biohazard/Select Agents: Animal Studies:

Recombinant DNA: Cancer Related:

Human Embryonic Stem Cells: If Yes to hESC, ESCRO #:

Will information, materials or equipment be shipped or transmitted (e.g., via email) outside the country?:

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.

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:

Administrative Contact:

Project Title:

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:

Administrative Contact:

Institution and Dept:

Principal Investigator Signature:

Date:

PI #3

Principal Investigator:

Administrative Contact:

Institution and Dept:

Principal Investigator Signature:

Date:

PI #4

Principal Investigator:

Administrative Contact:

Institution and Dept:

Principal Investigator Signature:

Date:

PI #5

Principal Investigator:

Administrative Contact:

Institution and Dept:

Principal Investigator Signature:

Date: