

Fee for Service Summary Form

Project Title

PRINCIPAL INVESTIGATOR | PROJECT DIRECTOR

Last Name	First Name	Email	UID
Cost Center Name	Cost Center Number	School	Department
Contact Name	Contact Phone Number	Contact Email	

FEE FOR SERVICE QUESTIONNAIRE

RESEARCH Research Fee For Service uses University research faculty or staff and likely laboratory or equipment resources to produce results or fabrications per the client's specific technological requirements. These resources may or may not be part of a Service Center or Core Facility

ACADEMIC Academic Fee For Service uses University academic faculty or staff to create content and/or training materials per the client's specific content requirements. This content does not lead to a degree, certificate, or other credential; are not a part of any executive education program; and are not a part of any individual participant program

Please describe the proposed work/effort and faculty member's involvement:

How will this project advance the University's mission?

How will this project advance your school or department's/center's research or capacity to do research?

Will this project involve or educate students? If yes, how?

SPONSOR, PROPOSED PROJECT PERIOD & BUDGET

		Project	
Sponsor / Client (who is funding BU?)	Sponsor / Client Type	Effective Project Dates (mm/dd/yyyy)	
		Funds Requested	
Prime Sponsor (who is awarding funds to sponsor?)		F&A Table	
		Start Date	End Date
		Total Direct Costs	Total F&A Costs
		\$ 0.00	
		Total Costs	F&A Rate(s) %

F&A WAIVER

YES NO

Is there an F&A Waiver? If yes, include reason for waiver and \$ difference in the comments box.

FINANCIAL INTEREST DISCLOSURE & CERTIFICATIONS | PI/PD SIGNATURES

PI/PD ASSURANCE: I certify that: (1) in conducting the proposed fee for service work, 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 as well as sponsor/client requirements and applicable regulations; (2) the information submitted within the request/application/ agreement is true, complete, and accurate to the best of my knowledge; (3) any false, fictitious, or fraudulent statements or claims may subject me (as the PI/ PD) to criminal, civil, or administrative penalties; (4) I (as the PI/PD) agree to accept responsibility for the scientific and ethical conduct of the proposed fee for service effort and to adhere to the requirements of the sponsor/client if funded.

Are you aware of any existing relationship or situations that might create the potential for an actual or perceived conflict of interest?

<https://www.bu.edu/research/ethics-compliance/conflicts-of-interest/>

YES NO

If "Yes", describe the potential conflict of interest in detail. Please include any relevant parties names, position, and the nature of the relationships or situations.

PI/PD

PI/PD Signature (ink or electronic)

Printed name (if not e-signing)

Date

PI/PD

PI/PD Signature (ink or electronic)

Printed name (if not e-signing)

Date

APPROVALS & SIGNATURES

Your signature provides approval for any and all commitments outlined in the fee for service proposal/agreement (ie space, equipment, purchases, F&A waiver) and for Boston University to approve. If more approvals/signatures are required attach additional signature pages.

Department
Chair

Department Chair Signature (ink or electronic)

Printed name (if not e-signing)

Date

Center
Director
if applicable

Center Director Signature (ink or electronic)

Printed name (if not e-signing)

Date

Dean

Dean Signature (ink or electronic)

Printed name (if not e-signing)

Date

VP for
Research*

VP for Research Signature (ink or electronic)

Printed name (if not e-signing)

Date

*Not required for Service Center Agreements.

FOR CENTRAL USE ONLY

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