



BOSTON UNIVERSITY MEDICAL CAMPUS
OFFICE OF SPONSORED PROGRAMS
 Institutional Information for Applications and Proposals

APPLICANT INFORMATION:

Legal Name: Trustees of Boston University, BUMC
 Department: Office of Sponsored Progr
 Street 1: 85 East Newton St., M-921
 City/State: Boston, MA 02118 County: Suffolk Country: United States

TYPE OF APPLICANT:

Select: Private Institution of Higher Education

Organizational DUNS Number:	604483045
Employer Identification Number (EIN):	1042103547A1
Federal-wide Assurance Number (IRB):	00000301
Animal Welfare Assurance:	A-3316-01

CONGRESSIONAL DISTRICT:

Applicant: MA-008
 Project: MA-008 Note: Slone Epidemiology Center: MA-008

PERSON TO BE CONTACTED REGARDING APPLICATION, and AUTHORIZED REPRESENTATIVE:

Name: Jane F. Kinsel, Ph.D., M.B.A.
 Position/Title: Director
 Department: Office of Sponsored Programs (OSP-MED)
 Street 1: 85 East Newton St., M-921
 City/State: Boston, MA 02118
 Phone: 617-638-4600
 Fax: 617-638-4686
 Email: bumc-era@bu.edu

ORGANIZATIONAL NAME (used for Key Personnel section): Trustees of Boston University, BUMC

INDIRECT COSTS INFORMATION (used for budget pages):

Indirect Costs Rate Agreement Date: Feb. 10, 2009
 Indirect Costs Type: MTDC (Modified Total Direct Costs)
 Cognizant Agency Name: DHHS (Department of Health and Human Services)
 Point of Contact Name/Phone: Michael Leonard, 212-264-2069

ELECTRONIC PROPOSAL SUBMISSION:

Applications: Copy the electronic proposal from your “Working” to “Ready to Submit” folder so that OSP-MED may access and review it. Drop off signed originals at OSP-MED office.

Subaward/Consortium Proposals: Email application to OSP-MED at bumc-egrants@bu.edu.

Prior to each submission please visit the OSP-MED website for changes/updates to this information, at: [Application Forms](#).