

BU Organizational Information for Completion of Fields in Form SF424 (R&R)

* NOTE: Some data is longer than field limits and should be as shown!

Location/Form 424	Section	Field	Value	Status
Cover Component	5. Applicant Information	Organizational Duns	604483045	Required
		Legal Name	Trustees of Boston University, BUMC	Required
		Department	Office of Research Administrat	Required
		Street 1	715 Albany Street, M-921	Required
		City	Boston	Required
		County	Suffolk	Required
		State	MA	Required
		Country	USA	Required
		ZIP/Postal Code	02118-2394	Required
		Prefix	Dr.	Required
		First Name	Jane	Required
		Last Name	Kinsel	Required
		Phone Number	617-638-4600	Required
Fax Number	617-638-4686	Required		
Email	bumc-era@bu.edu	Required		
Cover Component	6. Employer Identification (EIN) or (TIN)	(Not labeled)	1042103547A1	Required
Cover Component	14. Congressional Districts of Applicant	a. Congressional Districts of Applicant	MA-008	Required
		b. Project	MA-008	Required
Cover Component	15. Project Director/Principal Investigator Contact Information	Organization Name	Trustees of Boston University, BUMC	Required
Cover Component	19. Authorized Representative	Prefix	Dr.	Required
		First Name	Jane	Required
		Last Name	Kinsel	Required
		Position/Title	Director	Required
		Organization	Trustees of Boston University, BUMC	Required
		Department	Office of Research Administrat	Required
		Street1	715 Albany Street, M-921	Required
		City	Boston	Required
		County	Suffolk	Required
		State	MA	Required
		Country	USA	Required
		ZIP/Postal Code	02118-2394	Required
		Phone Number	617-638-4600	Required
Fax Number	617-638-4686	Required		
Email	bumc-era@bu.edu	Required		
Research & Related	Are Human Subjects Involved?	1a. Human Subject Assurance Number	00000301	If applicable
Other Project Info	Are Vertebrate Animals Involved?	2a. Animal Welfare Assurance Number	A-3316-01	If applicable