|  |
| --- |
| NIH OTHER SUPPORT  |

**Other Support – Project/Proposal**

**ACTIVE**

\*Title:

Major Goals:

\*Status of Support:

Project Number:

Name of PD/PI:

\*Source of Support:

\*Primary Place of Performance:

Project/Proposal Start and End Date: (MM/YYYY) (if available):

\* Total Award Amount (including Indirect Costs):

\* Person Months (Calendar/Academic/Summer) per budget period. *(\*Do not list prior years/periods that have already been completed. \*If you have an academic appointment, you must list months for both academic and summer effort, even if academic effort is 0. \*If you have a 12 month appointment specify calendar months.*)

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 1. [enter year 1]  |  |
| 2. [enter year 2]  |  |
| 3. [enter year 3] |  |
| 4. [enter year 4] |  |
| 5. [enter year 5] |  |

**OVERLAP**

Scientific Overlap

Commitment Overlap

**PENDING**

\*Title:

Major Goals:

\*Status of Support:

Project Number:

Name of PD/PI:

\*Source of Support:

\*Primary Place of Performance:

Project/Proposal Start and End Date: (MM/YYYY) (if available):

\* Total Award Amount (including Indirect Costs):

\* Person Months (Calendar/Academic/Summer) per budget period.

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 1. [enter year 1]  |  |
| 2. [enter year 2]  |  |
| 3. [enter year 3] |  |
| 4. [enter year 4] |  |
| 5. [enter year 5] |  |

**OVERLAP**

Scientific Overlap

Commitment Overlap

**IN-KIND**

\*Summary of In-Kind Contribution:

\*Status of Support:

\*Primary Place of Performance:

Project/Proposal Start and End Date (MM/YYYY) (if available):

\*Person Months (Calendar/Academic/Summer) per budget period

|  |  |
| --- | --- |
| Year (YYYY) | Person Months (##.##) |
| 1. [enter year 1]  |  |
| 2. [enter year 2]  |  |
| 3. [enter year 3] |  |
| 4. [enter year 4] |  |
| 5. [enter year 5] |  |

\*Estimated Dollar Value of In-Kind Information:

**OVERLAP**

Scientific Overlap

Commitment Overlap

**FOREIGN AND DOMESTIC RESOURCES (not listed above)**

State NOT APPLICABLE when it doesn’t apply

Other Grants, Contracts, Cooperative Agreements & Funds Not to UTK

Non-UTK Appointments, Affiliations, and Consulting Activities Providing Support for Research at UTK

Materials that are Not Freely Available to Others

Foreign Collaborations/Foreign Components (*not already included in the previously listed Grants/Contracts*)

Visiting Faculty/Scholars/Scientists/Post-docs/Students Receiving Financial Support from Another Institution (*not UTK*)

**OVERLAP**

Scientific Overlap

Commitment Overlap

I, PD/PI or other senior/key personnel, certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

\*Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_