

PHS 398 OTHER SUPPORT
For All Application Types – DO NOT SUBMIT UNLESS REQUESTED

*Name of Individual: _____

Commons ID: _____

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.

Year (YYYY)	Person Months (##.##)
1. _____	
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PENDING

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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: _____

*Estimated Dollar Value of In-Kind Information: \$ _____

*Summary of In-Kind Contribution: _____

*Status of Support: _____

*Primary Place of Performance: _____

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

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

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

*Estimated Dollar Value of In-Kind Information: \$ _____

***Overlap** (summarized for each individual):

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: _____