**Name of Individual**: Last, First M

**Commons ID**: EXAMPLEID

**Other Support – Project/Proposal**

**ACTIVE**

**Title**: Case Comprehensive Cancer Center Support Grant

**Major Goals**: The objectives of the Center are: 1) to improve the prevention, diagnosis, and therapy of cancer through research; 2) to stimulate and support innovative, coordinated, interdisciplinary research on cancer diagnosis, treatment, and control; 3) to develop clinical applications of research discoveries and to make these applications available as quickly as possible; and 4) to develop cancer prevention and control activities to contribute to the reduction of cancer morbidity and mortality in Northeast Ohio and the surrounding region and nation.

**Status**: Active

**Project Number**: 5 P30 CA043703-31

**PD/PI**: Gerson, Stanton

**Source**: NIH/NCI

**Primary Place of Performance**: Case Western Reserve University, Cleveland, Ohio

**Start/End Date**: 09/30/1991-03/31/2022

**Total Annual Award Amount**: $5,673,191

**Person Months per budget period**:

|  |  |
| --- | --- |
| **Year (YYYY)** | **Person Months** |
| 2021 | X.XX calendar months |
| 2022 | X.XX calendar months |

Add all other grants (federal, industry, foundation, **and** institutional pilot grants. Do NOT include training awards, discretionary accounts, start-up funds, or endowed chairs at your institution). If start-up funds are provided by an outside organization, they must be reported.

(Generally,) you **must** report effort on these projects.

If this is a multi-component/multi-PI grant, dollar and person month amounts should only be for the specific portion(s)/component(s) of the grant for which you are the PI/Co-PI.

**PENDING**

**Title**:

**Major Goals**:

**Status**: Pending

**Project Number**:

**PD/PI**:

**Source**:

**Primary Place of Performance**:

**Start/End Date**:

**Total Annual Award Amount**:

**Person Months per budget period**:

|  |  |
| --- | --- |
| **Year (YYYY)** | **Person Months** |
| 2021 | X.XX calendar months |
| 2022 | X.XX calendar months |
| 2023 | X.XX calendar months |
| 2024 | X.XX calendar months |
| 2025 | X.XX calendar months |

**COMPLETED**

**Title**:

**Major Goals**:

**Status**: Completed

**Project Number**:

**PD/PI**:

**Source**:

**Primary Place of Performance**:

**Start/End Date**:

**Other Support – In-Kind**

**ACTIVE**

**Summary of In-Kind Contribution**: [Summary statement]

**Status of Support**: Active

**Primary Place of Performance**:

**Start/End Date (if available)**:

**Estimated Dollar Value of In-Kind Information**:

**Person Months per budget period (if applicable)**:

***In-kind contributions are office/laboratory space, equipment, supplies, or employees or students supported by an* outside *source.***

* If in-kind contributions **are intended for use on the project being proposed** to NIH in this application, the information must be included as part of the Facilities and Other Resources or Equipment section of the application and need not be replicated on this form.
* In-kind contributions **not intended for use on the project/proposal being proposed** in this application must be reported here. If the time commitment or dollar value is not readily ascertainable, reasonable estimates should be provided.

Gifts are **not** reported in Other Support. Gifts are resources provided where there is no expectation of anything (e.g. time, services, specific research activities, money, etc.) in return. An item or service given with the expectation of an associated time commitment is not a gift and is instead an in-kind contribution and must be reported as such.

A member of your laboratory that is not paid through your institution, but directly by an outside entity, including a foundation (or is not paid), is considered in-kind other support. The amount of salary and tuition paid by the outside entity must be disclosed as well as effort, even if they are not paid.

If you have access to another laboratory outside of the institution for conducting research, this must be reported.

Payments for consulting do not need to be reported unless payments (cash or other) are directly used to support the research program.

**Overlap**

[Summary of any 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: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required supporting documentation should be added as an addendum:**

Provide copies of contracts/agreements specific to senior/key-personnel **foreign appointments** and/or **employment with a foreign institution** for all foreign activities and resources that are reported in Other Support. If the contracts/agreements are not in English, recipients must provide translated copies.