DO NOT SUBMIT UNLESS REQUESTED – PHS 398 OTHER SUPPORT

Name of Individual:
Commons ID:

Other Support includes all resources made available to a researcher in support of and/or related to all of their research endeavors, regardless of whether or not they have monetary value and regardless of whether they are based at the institution the researcher identifies for the current grant. Other Support includes consulting, when the individual will be conducting research as part of a consulting agreement. *Other Support does not include training awards, prizes, gifts, or start-up support provided by the applicant organization (Harvard), or consulting activities where the individual is not conducting research.*

PROJECTS/PROPOSALS

ACTIVE
Title:
Major Goals:
Status of Support: Active
Project Number:
Name of PD/PI:
Source of Support:
Primary Place of Performance:
Project/Proposal Start and End Date (MM/YYYY):
Total Award Amount (including Indirect Costs): $
Person Months (Calendar/Academic/Summer) per budget period:

<table>
<thead>
<tr>
<th>Year (YYYY)</th>
<th>Person Months (#.##)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. 2022</td>
<td>2.4 calendar</td>
</tr>
<tr>
<td>4. 2023</td>
<td>2.4 calendar</td>
</tr>
<tr>
<td>5. 2024</td>
<td>2.4 calendar</td>
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PENDING
Title:
Major Goals:
Status of Support: Pending

Provide the total award amount, direct plus indirect, for the entire project period (e.g., competitive segment for NIH grants).

For subprojects, recipients should provide the project number and PD/PI name for the overall project. Provide all other information, including total award amount and person months, for the subproject only.

For an active project, provide the level of actual effort in person months (even if unsalaried) for the current budget period and indicate the proposed level effort for each remaining budget period.
IN-KIND

In-Kind contributions include, but are not limited to, office/laboratory space, equipment (other than what is supplied by the Institution), supplies, employees or students supported by an outside source performing research in support of investigator’s research endeavors, and provision of high-value materials that are not freely/broadly available (e.g., biologics, chemical, model systems, technology, etc.). Materials provided within the past 3 years that are still in use must be reported (materials provided more than 3 years ago do not need to be reported).

Summary of In-Kind Contribution:
Status of Support (Active/Pending):
Start and End Date (MM/YYYY), if applicable:
Name of Individual, if applicable:
Effort (Person Months), if applicable:
Estimated Dollar Value of In-Kind Contribution: $

Reasonable estimates of effort (person months) or dollar value must be provided; both are not required.
OTHER RESOURCES/SUPPORT

List any outside employment or other support/resources that are not projects or in-kind contributions. Include any financial resources in support of your research endeavors. Some examples include: consulting, when the consulting activities include the conduct of research; any employment or start-up funds from an institution other than Harvard (e.g., Broad, affiliate hospitals, HHMI Investigators); private equity financing for NIH SBIR/STTR program or similar (e.g., Mass Life Sciences); travel/living expense reimbursements.

Summary of Activities/Resources:
Status of Support (Active/Pending):
Source of Support:
Start and End Date, if applicable:
Estimated Total Dollar Value: $

SUPPORTING DOCUMENTATION

List of attached agreements for foreign appointments and/or employment with a foreign institution for all foreign activities and resources that are reported in Other Support.

Attach copies of active and pending contracts, grants, or any other agreements specific to foreign appointments, affiliations, and/or employment at or with a foreign institution specific to the individual researcher disclosing. Employment includes consulting when the individual will be conducting research as part of the consulting activities.

Agreements should be in English (translated if necessary), and attached as a PDF following your Other Support.

List in this section any documents that are attached; indicate N/A if none.

OVERLAP

Summary of any potential overlap with the projects, activities, positions, affiliations, resources or other support in terms of science, budget, or individual’s committed effort, including resolution of overlap.

Summarize any potential overlap with the active projects, in-kind resources, activities, positions, affiliations, and other support and this application in terms of the science, budget, or committed effort. Then state how it will be resolved (e.g., “if the current proposal is awarded, effort will be reduced by 2 PM on NSF DCF950000 and by 1.8 PM on R01GM468034”). Effort greater than 12 PMs requires an overlap statement and intended resolution.
SIGNATURE

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: ________________________________

The reporting PI/key personnel must sign their Other Support after all required documentation has been attached and after review by their school’s submitting office, prior to submission to NIH. A typed name or picture of a signature as the signature needs to be reasonably authenticated.