**\*\*\*THIS PAGE IS PROVIDED TO SHOW A SAMPLE SIGNATURE**

**ONLY AND SHOULD BE REMOVED BEFORE FINALIZING\*\*\***

Signature must be “Electronic” using Adobe Professional or DocuSign, see examples below:



Helpful links below:

* Link to access UCI DocuSign - <https://docusign.uci.edu/>
* UCI Office of Research page to learn more about Other Support - <https://research.uci.edu/sponsored-projects/proposal-submission/nih-biosketch-and-other-support/>
* NIH page to learn more about Other Support - <https://grants.nih.gov/grants/forms/othersupport.htm>
* Guidance to “Flatten” Other Support PDFs after signature - <https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/format-attachments.htm#flatten>

**PHS OTHER SUPPORT**

**For All Application Types – DO NOT SUBMIT UNLESS REQUESTED**

*There is no "form page" for reporting Other Support. Information on Other Support should be provided in the format shown below.*

**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. [enter year 1]  |  |
| 2. [enter year 2]  |  |
| 3. [enter year 3] |  |
| 4. [enter year 4] |  |
| 5. [enter year 5] |  |

**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] |  |

**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** (summarized for each individual to address scientific, committed effort and financial 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: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_