

*****EXAMPLE*****

OMB No. 0925-0001 and 0925-0002 (Rev. 12/2020 Approved Through 02/28/2023)

**For New and Renewal Applications – DO NOT SUBMIT UNLESS REQUESTED
PHS 398 OTHER SUPPORT**

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

*Name of Individual:
Commons ID:

Other Support – Project/Proposal

*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]	

Commented [A1]: CHANGE – For Other Support submissions that include foreign activities and resources, recipients are required to submit copies of contracts, grants or any other agreement specific to senior/key personnel foreign appointments and/or employment with a foreign institution as supporting documentation. If they are not in English, recipients must provide translated copies. This supporting documentation must be provided as part of the Other Support PDF following the Other Support Format page.

Commented [A2]: CHANGE – The format page has been re-organized to separate funded projects from in-kind contributions.

NIH Other Support Guidance Document

IN-KIND

Commented [A3]: CHANGE – The format page has been re-organized to separate funded projects from in-kind contributions.

*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):

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: _____

Commented [A4]: CHANGE – Signature block added, for Program Director/Principal Investigator or Other Senior/Key Personnel to certify the accuracy of the information submitted. Each PD/PI or senior/key personnel must electronically sign their respective Other Support form as a PDF prior to submission.