Other Support Information Sample Format

**For Application Submissions:** Information on active, pending and/or in-kind Other Support is required for all PD/PIs and Senior/Key Personnel, including Other Significant Contributors (OSCs), at the time of application submission. This is an attachment to Section 3.5 R&R Senior/Key Person Profile Form, Profile PD/PI and Profile Senior/Key Person, Attach Current and Pending Support.

**For Just in Time (JIT):** If requested for JIT processing, *updated information* on active, pending and/or in-kind Other Support is required for all PD/PIs and Senior/Key Personnel listed on the application SF 424 Cover, including OSCs. Upload a combined document for all personnel in response to the JIT area.

There is no template/form page for Other Support. This sample is intended to provide guidance on a basic format regarding the type and extent of information requested.

For individuals with no Other Support, indicate “None” in the uploaded attachment. Neither the application under consideration nor the current VA-ORD award for this project should be listed as Other Support. If the support is provided under a consortium/other performance site arrangement or is part of a multi-project award, indicate the project number, PD/PI, and source for the overall project and provide all other information for the subproject only. You may list all other support in one document.

Instructions:

Name of Individual: Last Name, First Name Middle Name/Initial.

Commons ID: eRA Commons login ID.

Other Support:

* *Project Number:* If applicable, include a code or identifier for the project such as the eRA full research application award/grant number (e.g., 1I01RX001234).
* *Title*: Provide full title of project/proposal.
* *Name of PD/PI:* Last Name, First Name Middle Name/Initial (e.g., Green, Alton M)
* *Your Role on Project:* (e.g., Site PI, Co-PI, co-investigator)
* *Status of Support:* Indicate if the project/proposal is active, pending, or in-kind.
* *Source of Support:* Identify the agency, institute, foundation, or other organization that is providing the support.
* *Dates of Approved/Proposed Project:* Indicate the inclusive dates of the project as approved/proposed. For example, in the case of VA-ORD or NIH support, provide the dates of the approved/proposed competitive segment.
* *Primary Place of Performance*: Note primary performance site for the research being conducted.
* *Major Goals:* Provide a brief statement of the overall objectives of the project, subproject or subcontract.
* *Total Award Amount*: Note full amount awarded/granted by the funding agency, institute, foundation, or other organization.
* *Percent Effort/Person Months Per Budget Period:* For an active or pending project, provide the level of actual effort in person months (even if unsalaried) for all budget periods. Person months should be classified as academic, calendar and/or summer. In cases where an individual’s appointment is divided into academic and summer segments, indicate the proportion of each devoted to the project.

**In-Kind:** This support is often accepted as an alternative or in addition to a financial contribution and includes the donations of goods or services that may be received towards a project. Often, an organization or group contributes to a project with their own resources, which may reduce the amount of actual dollars needed (i.e., office/laboratory space, equipment, supplies or employees or students supported by an outside source). *NOTE:* Licensed medical professionals donate their effort and do not provide in-kind support.

* If in-kind contributions **are intended for use on the project being proposed** to VA-ORD 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 below. If the time commitment or dollar value is not readily ascertainable, reasonable estimates should be provided.

**Overlap:**Summarize for each individual any potential overlap with the active or pending projects and this application in terms of the science, budget, or an individual’s committed effort. This must be provided for each project separately.

**PD/PI or Other Senior/Key Person Certification:**Include the following statement at the end of the Other Support document. Handwritten and electronic signatures are acceptable; typed names in the signature box will not be approved. Be sure to complete the date field when handwritten signatures are used.

I, [enter full name], certify that the statements herein are true, complete and accurate to the best of my knowledge and accept the obligation to comply with VA terms and conditions if an award is made 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Sample Format** |
| **OTHER SUPPORT**  **Name of Individual:** Bunny, Bugs B.  **Commons ID:** BugsBB |
| * Project Number: 1I01RX001234-01 * Title: Do Carrots Prevent Bad Eyesight? * Name of PD/PI: Bunny, Bugs B. * Your Role on Project: Site PI * Status of Support: Active * Source of Support: VA-ORD * Dates of Approved/Proposed Project: 01/2022 – 12/2026 * Primary Place of Performance: VAMC, New Castle, ST * Major Goals: To determine if eating carrots on a daily basis prevents bad eyesight and supports overall good eye health. * Total Award Amount: $1,492,232 * Percent Effort/Person Months per budget period:  | Year | Person Months | | --- | --- | | 1. 2022 | 3.6 calendar | | 2. 2023 | 3.6 calendar | | 3. 2024 | 3.6 calendar | | 4. 2025 | 3.6 calendar | | 5. 2026 | 3.6 calendar |   **Overlap**: None. There is no scientific, budgetary, or commitment overlap of this project with the VA Merit Project, which is pending approval in the Just-In-Time (JIT) process.   * Project Number: 5 R01 HL 00000-07 * Title: Does Daily Swimming Promote Overall Body Strength and Good Health? * Name of PD/PI: Duck, Daffy D. * Your Role on Project: Co-I * Status of Support: Active * Source of Support: NIH, Forestville, FT * Dates of Approved/Proposed Project: 04/2017 – 03/2022 * Primary Place of Performance: Lakeside University * Major Goals: Does swimming on a daily basis for 30 minutes or less promote overall body strength and good health? * Total Award Amount: $981,736 * Percent Effort/Person Months per budget period:  | Year | Person Months | | --- | --- | | 4. 2021 | 1.2 calendar | | 5. 2022 | 1.2 calendar |   **Overlap**: None. There is no scientific, budgetary, or commitment overlap of this project with the VA Merit Project, which is pending approval in the Just-In-Time (JIT) process   * Summary of In-Kind Contribution: Post-doctoral fellow, Dr. Snow White, conducts research activities in the Bugs B. Bunny lab. Salary supported by New Castle University. * Status of Support: Active * Primary Place of Performance: New Castle University * Start and End Date: 10/2021 – 9/2022 * Person Months per budget period: N/A * Estimated Dollar Value of In-Kind Information: $80,000   **Overlap**: None. There is no scientific, budgetary, or commitment overlap of this project with the VA Merit Project, which is pending approval in the Just-In-Time (JIT) process.   * Summary of In-Kind Contribution: Cell line XYZ provided by Dr. Happy G. O’Luckee at Huntsmen University. * Status of Support: Active * Primary Place of Performance: University of Forestville * Start and End Date: N/A * Person Months per budget period: N/A * Estimated Dollar Value of In-Kind Information: estimate $1,000 * Summary of In-Kind Contribution: C57BL/6-ABC1tm1jbp mice provided by Dr. Gru M. Pi at the Forest Glen VAMC. * Status of Support: Active * Primary Place of Performance: Mountain University * Start and End Date: N/A * Person Months per budget period: N/A * Estimated Dollar Value of In-Kind Information: estimate $4,000 |
| **OVERLAP**  There is scientific overlap between Aim 2 of 1I01RX001234-01 and Aim 4 of the application under consideration. If both are funded, the budgets will be adjusted appropriately in conjunction with VA-ORD staff. |
| **CERTIFICATION**  I, Bugs B. Bunny, certify that the statements herein are true, complete and accurate to the best of my knowledge and accept the obligation to comply with VA terms and conditions if an award is made 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: ­­­­­­­­­­­­­­­­­­­­­­­­­­ electronic signature  Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­ January 10, 2022 |