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

**NIH Other Support:** [**Overview & Example**](https://grants.nih.gov/grants/forms/othersupport.htm) **|** [**Instructions**](http://grants.nih.gov/sites/default/files/nih-other-support-instructions-rev-06-28-2021.docx) **|** [**FAQs**](https://grants.nih.gov/faqs#/other-support-and-foreign-components.htm?anchor=alphaHeader4226) **|** [**Disclosure matrix**](https://grants.nih.gov/grants/forms/NIH-Disclosures-Table.pdf)

*Other support includes all resources made available to researchers or senior key personnel 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.*

*This includes: resources and/or financial support from all foreign and domestic entities that are available to the researcher. This includes, but is not limited to, financial support for laboratory personnel, and provision of high-value materials that are not freely available (e.g., biologics, chemicals, model systems, technology, etc.). Institutional resources, such as core facilities or shared equipment that are made broadly available, should not be included in Other Support, but rather listed under Facilities and Other Resources.*

*Other Support also includes in-kind contributions (such as office/laboratory space, equipment, supplies, or employees or students supported by an outside source)*

If you are unsure if something should be included contact Joanne for guidance (jcouchma@lhs.org)

DELETE ALL **BLUE TEXT** BEFORE SENDING

**PROJECT/PROPOSAL SUPPORT**

* *If you do not have any active/pending support, delete the section below and enter ‘NONE’ here.*
* *Enter all ACTIVE projects first, then enter PENDING ones.*
* ***Active*** *projects also include any that are in a No Cost Extension status.*
* ***Pending*** *projects includes submissions that have been reviewed and received a potentially fundable score, but a final funding decision is still pending, or the award period has not started yet.*
* ***If you are listing a subaward*** *use the overall title, goals, and PI of the project, but the dates, award amount, and place of performance should reflect your subaward portion.*

***Copy the following section for each project.***

**Title:** **Click or tap here to enter text.**

Major Goals: Click or tap here to enter text – the project narrative can be used for this

Status of Support: Choose an item.

Project Number: Click or tap here to enter text (e.g. R01EY12345)

Name of PD/PI: Click or tap here to enter text.

Source of Support: e.g. NIH, or list org name & location

Primary Place of Performance: Legacy Research Institute, Portland, Oregon

Project/Proposal Start and End Date: (MM/YYYY): Click or tap here to enter text.

Total Award Amount (including Indirect Costs): Click or tap here to enter text.

|  |
| --- |
| Person Months (Calendar/Academic/Summer) per budget period: |
| Project year | Year (YYYY-YYYY) | Person Months (X.XX) |
| 1. | Enter year | Enter cal. mo.  |
| 2. | Enter year | Enter cal. mo.  |
| 3. | Enter year | Enter cal. mo.  |
| 4. | Enter year | Enter cal. mo.  |
| 5. | Enter year | Enter cal. mo. |

**IN-KIND SUPPORT**

* *If you do not have any in-kind support, delete the section below and enter ‘NONE’ here.*
* *Use your best reasonable guess when estimating dollar value if actual amounts are unavailable.*
* *In-kind contribution examples: Travel supported/paid by an external entity to perform research activities with an associated time commitment; Consulting that falls outside of an individual’s appointment, separate from institution’s agreement; Visiting scholars, students, and postdoctoral researchers funded by an external entity;*
* *This section should also include details of current or pending participation in, or applications to, programs sponsored by foreign governments, instrumentalities, or entities, including foreign government-sponsored talent recruitment programs. Supporting documentation must be provided (e.g., contracts, grants, other agreements – translated into English)*

***Copy the following section for each project.***

**Summary of In-Kind Contribution:** **Click or tap here to enter text.**

Status of Support: Choose an item.

Primary Place of Performance: Legacy Research Institute, Portland, Oregon

Project/Proposal Start and End Date: (MM/YYYY): **Click or tap here to enter text.**

Total Award Amount (including Indirect Costs): **Click or tap here to enter text.**

|  |
| --- |
| Person Months (Calendar/Academic/Summer) per budget period: |
| Project year | Year (YYYY-YYYY) | Person Months (X.XX) |
| 1. | Enter year | Enter cal. mo.  |
| 2. | Enter year | Enter cal. mo.  |
| 3. | Enter year | Enter cal. mo.  |
| 4. | Enter year | Enter cal. mo.  |
| 5. | Enter year | Enter cal. mo. |

Estimated Dollar Value of In-Kind Contribution: Click or tap here to enter text.

**OVERLAP**

Enter potential commitment, scientific, or budgetary overlap & explain how this will be resolved if funded. If no overlap enter ‘NONE’.

***Certification:***

***DO NOT SIGN YET -*** *NIH requires a ‘certified digital signature’ on the Other Support form and for it to be saved as a ‘flat’ PDF. A hard copy (‘wet’) signature is NOT acceptable*

*In order to sign the document, do the following:*

1. *Send the completed Word file to Joanne.*
2. *She will check it over for compliance with the new guidance and tidy up any formatting if needed.*
3. *Once all is OK she will send it back to you via Adobe Sign for signature, and convert the signed version to a flat format before sending a copy back to you.*

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: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_