\*Name of Individual: Anderson, R.R.

**Positions/Scientific Appointments**

**Project/Proposal**

**PREVIOUS**

Title:

Major Goals:

Specific Aims:

Project Number:

Name of PD/PI:

Source of Support:

Source of Support Address:

Contracting/Grants Officer:

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. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

Overlap:

**CURRENT**

Title:

Major Goals:

Specific Aims:

Project Number:

Name of PD/PI:

Source of Support:

Source of Support Address:

Contracting/Grants Officer:

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. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

Overlap:

**PENDING**

Title:

Major Goals:

Specific Aims:

Project Number:

Name of PD/PI:

Source of Support:

Source of Support Address:

Contracting/Grants Officer:

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. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

Overlap:

**IN-KIND**

\*Summary of In-Kind Contribution:

\* Source of Support:

Project/Proposal Start and End Date (MM/YYYY) (if available):

\*Estimated Dollar Value of In-Kind Information:

\*Person Months (Calendar/Academic/Summer) per budget period:

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

I, PD/PI or other senior/key personnel, certify that the statements herein are true, complete and accurate to the best of my knowledge, agree to update such disclosure at the request of the agency prior to the award of support and at any subsequent time the agency determines appropriate during the term of the award and accept the obligation to comply with Section 223(a) of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

\*Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­

Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­