

PCORI Recipient Information Form

Contact Information Instructions:

Please provide answers to the requests below. The contract manager is an individual who will facilitate contract review and execution on behalf of the principal investigator, and may be a member of your organization's Office of Sponsored Research. The financial point of contact is someone that will assist with invoicing and processing payments. If the latter two POCs are the same, please duplicate the information.

DUNS	
EIN	
Contract Manager First Name	
Contract Manager Last Name	
Contract Manager Title	
Contract Manager Department	
Contract Manager Phone	
Contract Manager Email	
Financial Contact for Payments First Name	
Financial Contact for Payments Last Name	
Financial Contact for Payments Title	
Financial Contact for Payments Department	
Financial Contact for Payments Phone	
Financial Contact for Payments Email	

Human Subjects Instructions:

Please indicate if your research plan involves human subjects. If so, please seek IRB approval for your project and indicate the approval and expiration dates in the template below.

Additionally, please submit a copy of the IRB approval to fundedpfa@pcori.org.

Does your research plan involve human subjects?	
If yes, have you received IRB approval? If not, when is the expected approval date?	
IRB Federal Assurance Identification Number	
IRB Approval Date	
IRB Expiration Date	
Provide additional comments related to your IRB approval here.	

Other Sources of Support Instructions:

Please answer the following questions regarding other sources of support. PCORI is interested in learning whether the PCORI research project being funded receives co-funding or overlapping support.

Does this project receive funding from other sources of support (and hence would constitute <u>co-funding</u>)?	Select "Yes" or "No"
Does this project include costs or expenditures that are also included in the budgets funded by other sources (and hence would constitute a <u>funding overlap</u>)?	Select "Yes" or "No"
Does any key personnel for this project have a funded percentage of effort (e.g., teaching, grant(s), consulting, etc.) that exceed 100 percent?	Select "Yes" or "No"

I certify that all recipient information provided in this document is true and complete. I understand that any misleading or incorrect statements may jeopardize funding.

☐ I agree with the statement above.

Name of Signing Official	
Title of Signing Official	
Name of PI	
Title of PI	