

## 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](mailto: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               |  |