Current and Pending Support



*The following information should be provided for each investigator and all personnel working on the proposed project. Failure to provide this information may delay consideration of this proposal. Use additional sheets as necessary. Attach this document and additional materials to the proposal packet. Please reach out to* [*proposals@biomade.org*](mailto:proposals@biomade.org) *with questions.*

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| **SECTION A. INVESTIGATOR/PERSONNEL INFORMATION** | |
| Investigator Name: |  |
| Investigator Organization: |  |
| Other Agencies to which this proposal has been/will be submitted |  |

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| **SECTION B. TEAM PERSONNEL INFORMATION** | |
| Team Member Name:  (Please identify all proposed project team members) |  |
| Foreign National?  (Y/N) If yes, identify citizenship or nationality. |  |
| Sources of Support:  Please identify all sources of support to the team member, including any honoraria, scholarships, funding, and/or salaries.  NOTE: If source is a non-US entity or government, please identify the relevant country. |  |

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| **SECTION C. SUPPORT INFORMATION** | | | |
| Support: | Choose an item. | | |
| Project/Proposal Title: |  | | |
| Source of Support:  NOTE: If source is a non-US entity or government, please identify the relevant country. |  | | |
| Total Award Amount: | $ | | |
| Total Award Period Covered: | Click or tap to enter a date. | to | Click or tap to enter a date. |
| Location of Project |  | | |
| Person- Month(s) or Partial Person-Month(s) Per Year Committed to the Project | | | |
| **Year (YYYY)** | **Person Month(s) (##.##)** | | |
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\*If this project has previously been funded by another agency, please furnish information for immediately preceding funding.

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| **SECTION D. AKNOWLEDGMENT** | | |
| I hereby certify that my responses contained in the Current and Pending Form are complete and correct to the best of my knowledge and belief. I further understand and agree that no changes may be made to the proposed project team personnel without BioMADE’s prior consent. In connection with any proposed changes to the composition of the project team, I understand and agree that I will promptly disclose to BioMADE the following information: (1) the requested change in team members; (2) all information requested in Section B of this Current and Pending Form; and (3) confirmation that the proposed team member is authorized to work in the United States. By signing this form, I attest to the best of my knowledge that all currently listed proposed project members are authorized to work in the United States. | | |
| X    Date: Click to enter a date. | Name: |  |
| Job Title: |  |
| Email: |  |