Appendices to the Research Grant*June 2016*

*Note: As scientific reports are now submitted on-line, there's no need for any cover pages.*

Amended Budget Summary G1a

Amended Institution Budget Summary G1b

Change of Investigator/Institution G2a

Change of Investigator/Institution G2b

Semi-annual Declaration G3

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Amended Budget Summary (G1a)

(in US dollars)

(Round annual totals to the nearest $1000, round budget items 1-5 to the nearest $10)

First year budget may not exceed 36% of the total budget

BARD Project Number:

Principal Investigator:

Affiliated Institution:

Preferred Start Date: *(not later than December 1st of the Award year)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Year | | Second Year | | Third Year | | **Totals** | |
| Budget Item | Israel | USA | Israel | USA | Israel | USA | Israel | USA |
| 1. Salaries and Social Benefits |  |  |  |  |  |  |  |  |
| 2. Non-expendable Equipment |  |  |  |  |  |  |  |  |
| 3. Operating Expenses |  |  |  |  |  |  |  |  |
| 4. Foreign Travel |  |  |  |  |  |  |  |  |
| **Total Direct Costs** |  |  |  |  |  |  |  |  |
| 5. Overhead |  |  |  |  |  |  |  |  |
| **Total** | ,000 | ,000 | ,000 | ,000 | ,000 | ,000 | **,000** | **,000** |

Amended Institution Budget Summary (G1b)

If there is more than one institution in the *same* country, each institution must submit the following separate table.

First year budget may not exceed 36% of the total budget

BARD Project Number:

Institution:

Principal Investigator for this Institution:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution Totals | | | | |
| Budget Item | First Year | Second Year | Third Year | **Total** |
| 1. Salaries and Social Benefits |  |  |  |  |
| 2. Non-expendable Equipment |  |  |  |  |
| 3. Operating Expenses |  |  |  |  |
| 4. Foreign Travel |  |  |  |  |
| **Total Direct Costs** |  |  |  |  |
| 5. Overhead |  |  |  |  |
| **Total** | ,000 | ,000 | ,000 | **,000** |

Change of Investigator/Institution (G2a)

BARD Project Number:

Title of Project:

|  |
| --- |
| Name of Current Affiliated Institution |
| Name of Authorized Officer |
| Department |
| E-mail |
| Signature |

|  |
| --- |
| Name of Current Participating Scientist |
| E-mail |
| Signature |

|  |
| --- |
| Name of New Participating Scientist |
| E-mail |
| Signature |

Signature of the Current Institution's Authorized Officer confirms: (check one of the options below)

Withdrawal of the current participating scientist from the above BARD project, to be replaced by the new participating scientist as of \_\_\_\_\_\_\_\_\_\_\_\_ (date).

Withdrawal of the current participating scientist from the above BARD project and termination of the current institution's participation in the project as of \_\_\_\_\_\_\_\_\_\_\_\_ (date), after which no further expenditures will be made from this budget and any overpayments will be returned to BARD.

Date:

Change of Investigator/Institution (G2b)

BARD Project Number:

Title of Project:

|  |
| --- |
| Name of New Affiliated Institution |
| Name of Authorized Officer |
| Department |
| E-mail |
| Signature |

Signature of the new institution's authorized officer confirms the availability of the described facilities and the scientist's access to them and confirms that the regulatory policies are adhered to and any required permits have been applied for and will be presented prior to initiation of the grant.

|  |
| --- |
| Name of New Participating Scientist |
| E-mail |
| Signature |

Signature of the new participating scientist indicates his/her consent to undertake the responsibilities assigned in the original research proposal and confirms the available facilities and access to them in the new Institution.

Date:

Semi-Annual Declaration (G3)

BARD Project Number:

Institution Reference Number:

|  |  |
| --- | --- |
| Name of Institution: | Research Year |
| \_\_\_ First |
| \_\_\_ Second |
| \_\_\_Third |

We certify that the research of the above mentioned project is being carried out in our institution and in the cooperating institution(s) in accordance with the approved research and budget plans.

In order to enable us to continue with our research, we request payment of the next installment as per our agreement.

Date:

Institution’s Authorizing Official:

Signature

Name

Institution’s Stamp

PI or Co-PI of the Project:

Name Signature

Annual Fiscal Report (G4a)

BARD Project Number:

Institution Reference Number:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution: | | Report | | Report Period | |
| First |  | From | To |
| Second |  | From | To |
| Third |  | From | To |
| Final |  | From | To |
| 1. | Expenditures for this reporting period: |  | | US Dollars | New Israeli Shekels |
| a. | Salaries and social benefits | | |  |  |
| b. | Non-expendable equipment (please list items costing $1,000 or more in Item 6 below) | | |  |  |
| c. | Operating expenses (supplies, local travel, etc.) | | |  |  |
| d. | Foreign travel | | |  |  |
| **Total direct costs:** | | | |  |  |
| e. | Overhead ( %) | | |  |  |
| **Total costs of reported period (Item 1):** | | | |  |  |
| 2. | Expenditures as set forth in previous annual reports | | |  |  |
| 3. | Total cumulative expenditures (Items 1 + 2) | | |  |  |
| 4. | Amount of grant awarded to period of report, cumulative | | |  |  |
| 5. | Amount of grant payments made to date | | |  |  |
| 6. List of non-expendable equipment costing $1,000 or more:  Date of Purchase Item Serial Number Cost in US$ | | | | | |
| Remarks: | | | | | |

We hereby certify that this report is true and correct to the best of our knowledge and that all expenditures reported herein have been made in accordance with appropriate grant policies and for the purposes set forth in the application and award documents.

Date:

Institution’s Authorizing Official:

Name Signature

PI or Co-PI of the Project:

Name Signature

Annual Fiscal Report – List of Personnel (G4b)

BARD Project Number: Report:

First

Second

Institution Reference Number: Third

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Personnel | Job Title | Full/Part time (indicate %  if part-time) | Cost in US $ (salaries + social benefits) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total (equal to amount in item 1a of fiscal report form Appendix G4a) | | |  |

Date:

Institution’s Authorizing Official:

Name Signature

PI or Co-PI of the Project:

Name Signature