

DIVISION OF SPONSORED RESEARCH  
AWARD ADMINISTRATION OFFICE  
207 GRINTER HALL, POB 115500  
352-392-5991 / FAX 352-392-4522

# UNIVERSITY OF FLORIDA NOTIFICATION OF AWARD

CURRENT UPN: \_\_\_\_\_  
FORM TYPE: **DSR-02**

NOA AWARD DATE: \_\_\_\_\_

PRINT DATE: \_\_\_\_\_

RELATED UPN: \_\_\_\_\_ PROJECT UPN: \_\_\_\_\_ HISTORY UPN: \_\_\_\_\_

PI: \_\_\_\_\_ COLL: \_\_\_\_\_ DEPT: \_\_\_\_\_

CO-PI: \_\_\_\_\_ COLL: \_\_\_\_\_ DEPT: \_\_\_\_\_

TITLE: \_\_\_\_\_

SPONSOR: \_\_\_\_\_ ( ) DIVISION: \_\_\_\_\_ OFS: \_\_\_\_\_

AGENCY #: \_\_\_\_\_ SPECIAL PROGRAM: \_\_\_\_\_

PRIME AGENCY: \_\_\_\_\_ ( ) PRIME AGENCY #: \_\_\_\_\_

TYPE	CATEGORY	TERMS & CONDITIONS
<input type="checkbox"/> NEW	<input type="checkbox"/> RESEARCH CFDA #: _____	FDP: _____ EXPANDED AUTHORITY: _____ GENERAL / BASIC: _____ KK LEVEL: _____
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> INSTRUCTION CSFA #: _____	TEMPORARY: _____ GUARANTEED BY: _____
<input type="checkbox"/> CONTINUATION	<input type="checkbox"/> OTHER _____	PERMANENT: _____ SUPERSEDED BY: _____
<input type="checkbox"/> SUPPLEMENTAL	<b>CONTRACT TYPE</b>	<b>IDC PROHIBITED - CAS EXEMPT:</b> YES _____ NO _____
<input type="checkbox"/> SUPPLEMENTAL EXTENSION	<input type="checkbox"/> GRANT	<b>IRB APPROVAL NUMBER:</b> _____ <b>IACUC APPROVAL NUMBER:</b> _____
<input type="checkbox"/> CARRYOVER	<input type="checkbox"/> CONTRACT	EXPIRATION DATE: _____ EXPIRATION DATE: _____
<input type="checkbox"/> NO COST EXTENSION	<input type="checkbox"/> COOPERATIVE AGREEMENT	STATUS: _____ STATUS: _____
<input type="checkbox"/> REVISION	<input type="checkbox"/> SPONSORED PROGRAM AGREEMENT (SPA)	<b>RECOMBINANT DNA/RNA:</b> _____ <b>FINANCIAL CONFLICT OF INTEREST:</b> _____
<input type="checkbox"/> OTHER	<input type="checkbox"/> CLINICAL TRIAL	<b>BIO-HAZARDS:</b> _____ <b>COI DISCLOSURE DATE:</b> _____

SUBRECIPIENT: \_\_\_\_\_ SUBRECIPIENT NAME: \_\_\_\_\_ ( ) SUBCONTRACT #: \_\_\_\_\_

ALL INVESTIGATORS MUST IMMEDIATELY UPDATE A FINANCIAL CONFLICT OF INTEREST FORM IF ANY NEW REPORTABLE SIGNIFICANT FINANCIAL INTERESTS ARE OBTAINED DURING THIS AWARD. THIS STATEMENT APPLIES TO ALL PUBLIC HEALTH SERVICE, NATIONAL SCIENCE FOUNDATION AND AMERICAN HEART ASSOCIATION GRANTS.

BUDGET PERIOD BEGIN: \_\_\_\_\_ END: \_\_\_\_\_ PROJECT PERIOD BEGIN: \_\_\_\_\_ END: \_\_\_\_\_

PROPOSAL MODULE	AWARD MODULE
PROPOSAL NUMBER: _____	CONTRACT NUMBER: _____
PROJECT NUMBER: _____	PROJECT NUMBER: _____
	INDIRECT RATE / BASE : _____ / _____
	DIRECT AMOUNT: _____
	INDIRECT AMOUNT: _____
	TOTAL AWARD: _____
	MANDATORY COST SHARING: _____
	VOLUNTARY COST SHARING: _____

### CUMULATIVE AWARD DATA (PS AWARD MODULE)

TOTAL SPONSOR FUNDING: \_\_\_\_\_  
TOTAL PROJECT MANDATORY COST SHARE: \_\_\_\_\_  
TOTAL PROJECT VOLUNTARY COST SHARE: \_\_\_\_\_  
TOTAL PROJECT FUNDING: \_\_\_\_\_

### REMARKS

COLLEGE/DEPT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
PROCESSED BY: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_