**Key Personnel Change and**

**Change in Effort Request Form**

***General Instructions:***

1. ***List any key personnel named in the application who are being replaced or changed and show their % effort on the project.***
2. ***For new appointees and changes in role, specify the new effort and role. Include biographical sketches for each new key personnel.***
3. ***If the key personnel change results in a need to change the budget, please also submit a Budget Change Request form and a revised Budget Summary and Budget Narrative (MS Excel format only, signatures not required until DOH initial review is complete).***
4. ***The Key Personnel Change Request must be completed using MS Word and submitted in PDF format with Principal Investigator and the Sponsored Research Official (SRO) signatures.***

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| **Select Program:**  **Bankhead-Coley Cancer Research**  **Ed and Ethel Moore Alzheimer’s Disease Research**  **James and Esther King Biomedical Research**  **Live Like Bella Initiative**  **Florida Cancer Innovation Fund**  **Rare Pediatric Diseases Research Program** | **Select Grant Mechanism:**  Bridge  Clinical Research  Consortium  Discovery Science  Multicenter Clinical Trial  Pilot  Postdoctoral Research Fellowship  Research Infrastructure  Standard  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Grantee Institution and Grant Number:
2. Principal Investigator Name (First Name, M.I., Last Name, Degree(s):
3. Project Title:

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| **NAME** | **% EFFORT** | | **DESCRIBE ROLE AND REASON FOR CHANGE. COMPARE THE NEW PERSONNEL TO THE REPLACED PERSONNEL AND DISCUSS THE QUALIFICATIONS OF THE NEW PERSONNEL.**  **(use additional space below)** | **DATE OF CHANGE** |
|  | **PREVIOUS** | **NEW** |  |  |
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| **Additional Description for Change and Justification:** |
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**Principal Investigator**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator Assurance**:

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports as requested.

**Electronic Signature Attestation:**

By providing this electronic signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

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**Signature of PI Date**

**Sponsored Research Official**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsored Research Official Assurance**:

I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with terms and conditions associated with this grant. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

**Electronic Signature Attestation:**

By providing this electronic signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

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**Signature of SRO Date**

**\*\* FOR DEPARTMENT OF HEALTH USE ONLY \*\***

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| **GRANT MANAGER ASSURANCES**  **Pursuant to the requirements of s. 287.057, F.S., and DOH Policy 250-14-19, I have reviewed this report for completeness and compliance with program policy and procedure.**  **Electronic Signature Attestion**  **By providing this electronic signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.**  **SIGNATURE OF GRANT MANAGER:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grant Manager Date  Public Health Research  **Electronic Signature Attestion**  **By providing this electronic signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deputy Director Date  Public Health Research |