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**Key Personnel Change /**

**Change in Effort Request Form**

**General Instructions:** List any key personnel named in the application who are being replaced or changed and show their % effort on the project. For new appointees and changes in role, specify the new effort and role. Append biographical sketches for each new key personnel. If the key personnel change results in a need to change the budget, please also submit a Budget Change Request form. The request should **be completed using** **MS Word, using electronic signature(s) when possible. Please be aware that scanning/converting the report into PDF format “locks for editing” and creates extra steps to prepare the documents for DOH signatures**. Submitted request must be signed by the Principal Investigator and the Sponsored Research Official (SRO). Questions? Contact Biomedical Research staff at (850) 245-4585.

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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** | **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:** **Title:** **Email:****Telephone:**  | **SPONSORED RESEARCH OFFICIAL****Name:** **Title:** **Email:****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. | **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. |
| **SIGNATURE OF PI:** Date  | **SIGNATURE OF SRO:** Date |

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

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| **SIGNATURE OF GRANT MANAGER:**Grant ManagerPublic Health Research Date  | **SIGNATURE OF DIRECTOR:**Keshia Reid, PhD, DirectorPublic Health ResearchDate  |