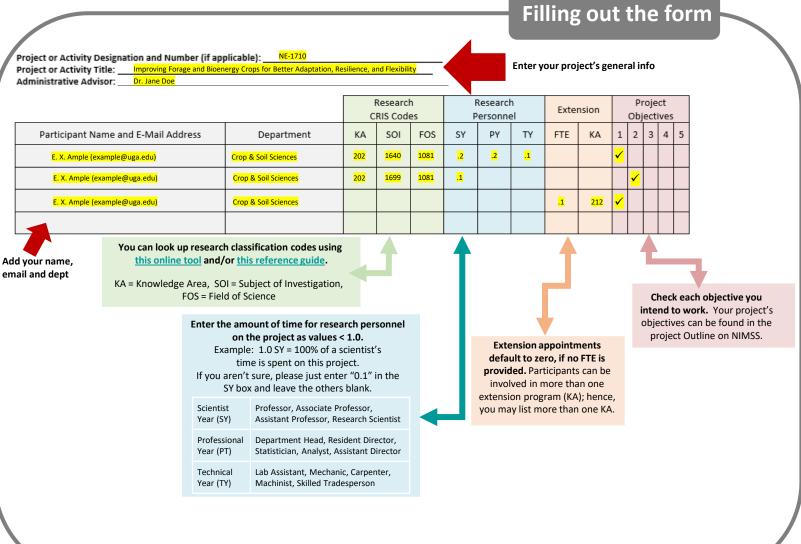
Appendix E Form Instructions

for Joining Hatch Regional/Multi-State Projects http://www.nimss.org/



Return the completed form to Kelly Eisele at agresch@uga.edu or fax 706-542-1119.

Once you are added to the project, you will receive an auto-email via NIMSS. The administrative advisor will also be notified of your intended participation.

Don't forget, you also need to submit a project report outline that details the work you will be doing in Georgia as part of the overall regional project. For more information, visit the <u>Hatch Regional/Multistate Project webpage</u>.

Accounting

Determine if the new participant will be the official voting representative to the project. Only one voting representative is allowed per institution per project (although several faculty members may all serve as members of a project).

A total amount of up to \$1500 will be available for project travel for the project's official representative only. The account information use for this is below. A budget transfer will need to be processed to move the funds from our office dept ID: 17510001 to your dept ID. Please be prepared to cover any additional travel expenses with a departmental or other related account.

Legacy UGA Account Number	Fund	Program	Department	Class	Budget Code
2526GB393002	11500	12100	17510001	61MSH	700000
Research Support Regional					

APPENDIX E Format for Reporting Projected Participation

Appendix E forms are submitted by Experiment Station Directors (for SAES/Extension participants) and by AAs (for non-SAES participants) using the National Information Management and Support System (NIMSS).

- For research commitment, indicate the CRIS classifications [Knowledge Area(s) (KA), Subject(s) of Investigation (SOI), and Field(s) of Science (FOS)], and estimates of time commitment by Scientists Years (SY) (**not less than** 0.1 SY), Professional Years (PY), and Technical Years (TY). Refer to https://cris.nifa.usda.gov/manual.html for more information.
- For extension commitment, indicate FTE (must be ≤ 1.0 , please) and enter your KA code(s).
- Select Objective(s) under which the each participant will conduct their studies.

Project or Activity Designation and Number (if applicable): _______ Project or Activity Title: ______ Administrative Advisor: ______

		Research							Project Objectives					
		CRIS Codes			Personnel		Extension		Objectives					
Participant Name and E-Mail Address	Department	KA	SOI	FOS	SY	PY	ΤY	FTE	KA	1	2	3	4	5