

Appendix A - Web Forms Screen Shots AD-416

TEST Project / Form Selection
[Help for this screen](#)

Forms Currently in Progress

==> There are no AD-416s in progress for JONES JJ

If you think there should be, go back and try entering the name again or contact Pat Downer pdowner@uvm.edu for assistance.

If you have received instructions to complete the AD-416/417, determine whether the form is for a new project or to revise an existing one. (If you are not sure, before making this selection, check with Pat Downer pdowner@uvm.edu)

New project	Revision
<p>To initiate a new project form, select the funding type and click the New button below:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Hatch project <input type="radio"/> Hatch Multistate participation <input type="radio"/> McIntire-Stennis project <input type="radio"/> Animal Health project <input type="radio"/> Evans-Allen project <input type="radio"/> Renewable Resources Extension <input type="radio"/> Smith-Lever Extension <input type="radio"/> State project (any project not funded by CSREES) <hr/> <ul style="list-style-type: none"> <input type="radio"/> NRI Competitive Grant <input type="radio"/> Special Grant <input type="radio"/> Cooperative Agreement <input type="radio"/> Other CSREES Grant <input type="radio"/> SERD Grant 	<p><i>(only projects with funding types listed in the left top section can be revised using this process)</i></p> <div style="border: 1px solid gray; padding: 5px; width: fit-content;"> <input type="button" value="Revision"/> Lists projects available for revision </div>

Enter / Edit AD-416 Research Resume Information
[Help for this screen](#)

test this process

Enter or modify the following information. Use the underlined links for [Help](#). Click the "Check data" button at the bottom when finished.

[OMB Approved 0524-0042](#)

5. Project Number: *(enter your last name if project number is not normally assigned by you)*

6. Status: To enter an AD-416 to revise an existing project in CRIS, go back and select the **Revision** option to see a list of projects available for revision.

7. Title (limit to 140 characters):

Integrated Activity (optional) *Check this box **only** if this project fits the definition below.*

For Formula Funded projects:
Integrated activities means jointly planned, funded, and interwoven activities between research and Extension to solve problems. This includes the generation of knowledge and the transfer of information and technology.

8. Performing Dept.:

9.a. First Cooperating Dept.:

OMB Control No. OMB-0524-0042

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB-0524-0042. The time required to complete this information collection is estimated to average 234 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

AD-416 (CONT'D)

9.b. Second Cooperating Dept:

11. Cooperating States:

Identify any **OTHER STATES** (other than AA) that are participating in the same research project (complete this for non-Multistate projects only):

To select more than one state, press the **Ctrl** key as you click to highlight each additional state.

AK Alaska
AL Alabama
AR Arkansas

12. Investigators/State Contacts. Last Name, Initials in separate fields (at least one initial required):

example: **Johnson** , **A** , **B** .

1.	JONES	j	J
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

13. Project Contact. This may be the institution's name, director, PI, or public relations contact.

Enter the Name: , . . (Last Name and Initials or enter a full name in the large field with no initials)

Phone number (with extension if needed, label with "x"): Fax number:

(in the format 555-555-5555 x 123, using dashes)

Email address: (include the full address)

URL of project-specific Web site:

14. Project Type:

H - Hatch

19. Start date: (mo/da/year) (example: 10/01/2002)

20. Termination date: (mo/da/year) (example: 10/01/2002)

21. Objectives: (limit to 3200 characters; use complete sentences.)

22. Approach: (limit to 3200 characters; use complete sentences.)

AD-416 (CONT'D)

23. Non-Technical summary Include both the situation addressed and the purpose of this project. Be concise (2 or 3 sentences) max 1600 characters. **The 2 sections will be combined into one paragraph when displayed.**

Enter the **SITUATION** or **PROBLEM** the project addresses. Use complete sentences.

EXAMPLES:

- A** Certain agricultural practices contribute to the problem of phosphorus in water.
- B** Adults with cerebral palsy are often underweight or obese.

Enter the **PURPOSE** of the project. Use complete sentences.

EXAMPLES:

- A** This project examines effectiveness of soils and meadow vegetation at reducing phosphorus runoff from cornfields.
- B** The purpose of this study is to learn more about energy requirements of adults with cerebral palsy.

24. Keywords: (one keyword/phrase per line, **do not use hyphens** to link phrases, limit to 20 lines)

(data validity check)

The information you entered will be checked for errors. This does **not** save or submit anything, but only checks to be sure the information you entered is acceptable.

If you are unable to proceed beyond this screen for any reason contact [Pat Downer](mailto:pdowner@uvm.edu) (pdowner@uvm.edu) before exiting from your browser. There is **NO** reason to lose your work! If you cannot reach Pat Downer, [save your work](#) by copying and pasting the text from the screen to a file, mail message, or any Windows or Mac wordprocessor or text editor such as Notepad.