## Instructions:

## For the Brief Summary Section:

In lieu of writing brief statements, institutions may use the critical issues (previously named planned programs) as defined in their Plan of Work, if such information clearly describes multistate and Integrated issues and activities.

Please check the appropriate box in this section and indicate the year of the Plan of Work you would like to refer to in lieu of writing brief statements.

**If you choose to write brief statements**, provide a short (2-3 sentences) statement for each program describing the major activities that satisfy the multi-state and integrated activities requirements set forth in AREERA.

## For the Certification Statement:

Institutions must certify that they met their target percentages or certify that they did not meet their target percentage. Institutions may be subject to an audit of this information.

If Institutions did not meet their target percentages, they must provide a statement justifying why this target was not met. They may also be asked to provide additional documentation and justification.

## 2019 The Ohio State University Combined Research and Extension OGFM Multi-State and Integrated Activity Supplemental Forms

Institution:	The	Ohio	State	University
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State: Ohio

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☑ Use the 2017-2021 Plan of Work in place of submitting brief summaries.

OR

☐ Please provide a brief summaries list of the multi-state and integrated program activities.				
	Enter Brief Summary			
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Certifications:								
OR								
☐ We met the target percentages using carryover funds. Please complete the table below.								
			NAItiototo					
NIFA-REPT Final		Integrated Activities (Hatch)	Multistate Extension Activities (Smith-Lever	Integrated Activities (Smith-Lever)				
Established target %								
This FY Allocation (from 1088) \$								
This FY Target Amount \$								
OR								
☐ We are attaching justification as to why the target percentages were not met. OGFM may require more documentation as part of this justification.								
I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays represented here accurately reflect allowable expenditures of Federal funds only in satisfying AREERA requirements.								
Director Name	Signature		D	ate				
Gary Pierzynski	Cory Pitrayuski			5/01/2020				
Jacqueline K. Wilkins	DocuSigned by:		05	/29/2020				