

Department of Health and Human Services
Public Health Services

Review Group	Type	Activity	Grant Number
Total Project Period			
From:		Through:	
Requested Budget Period			
From:		Through:	

Grant Progress Report

1. TITLE OF PROJECT

2a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR
(Name and address, street, city, state, zip code)

3. APPLICANT ORGANIZATION
(Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

4. ENTITY IDENTIFICATION NUMBER

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

5. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

2d. MAJOR SUBDIVISION

E-MAIL:

6. HUMAN SUBJECTS

No	6a. Research Exempt	6b. Human Subjects Assurance No.
Yes	No Yes	
If Exempt ("Yes" in 6a): Exemption No.		6c. NIH-Defined Phase III Clinical Trial No Yes
If Not Exempt ("No" in 6a): IRB approval date		Full IRB <u>or</u> Expedited Review

7. VERTEBRATE ANIMALS

No	7a. If "Yes," IACUC approval Date
Yes	
7b. Animal Welfare Assurance No.	

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD

8a. DIRECT \$	8b. TOTAL \$
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9. INVENTIONS AND PATENTS

No	Yes	If "Yes,"	Previously Reported
			Not Previously Reported

10. PERFORMANCE SITE(S) (*Organizations and addresses*)

11a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (<i>Item 2a</i>)	TEL
	FAX
11b. ADMINISTRATIVE OFFICIAL NAME (<i>Item 5</i>)	TEL
	FAX
11c. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (<i>Item 14</i>)	
NAME	
TITLE	
TEL	FAX
E-MAIL	

12. Corrections to Page 1 Face Page

13. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR 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 if a grant is awarded as a result of this application.	SIGNATURE OF PI/PD NAMED IN 2a. (<i>In ink. "Per" signature not acceptable.</i>)	DATE
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 11c. (<i>In ink. "Per" signature not acceptable.</i>)	DATE