

Attachment M

OMB APPROVAL NUMBER: 0693-0009
APPROVAL EXPIRES MM/DD/YYYY

BRS QUARTERLY REPORT

Section 1: Administrative Information

Company Name and Location

The information shown below refers to your company. Please verify the accuracy of this information.

COMP_NAME	Company Name:	[COMP_NAME]
UNIT_NAME	Division Name:	[]
ESTAB_ADD1	Address Line 1:	[]
ESTAB_ADD2	Address Line 2:	[]
ESTAB_ADD3	Address Line 3:	[]
ESTAB_CITY	City:	[]
ESTAB_STATE	State:	[]
ESTAB_ZIP	Zip:	[]
ESTAB_WEB	Website Address:	[]

[Programmer note: Prefill company name and address info where available]

[Programmer Note: TCON_FNAME and TCON_LNAME are required fields]

[If TYPE_OF_PARTICIPATION = SA or JVL]

Principal Investigator

The Principal Investigator named in the terms and conditions of your ATP Cooperative Agreement is responsible for the overall direction and supervision of the ATP-funded project.

[If TYPE_OF_PARTICIPATION = JVP]

Technical Contact

The Technical Contact person for your company should be a mid- to senior-level person with responsibility for direction and supervision of technical work on this ATP-funded project.

TCON_CONFIRM

Our records indicate that [TCON_FNAME TCON_LNAME] is the [Principal Investigator] [your company's Technical Contact]. Is this information correct?

Yes.....1

No.....2

If TCON_COMFIRM=Yes:

Please verify the following information for [TCON_FNAME TCON_LNAME].

- TCON_FNAME First Name
- TCON_LNAME Last Name
- TCON_SALUT [Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
- TCON_TITLE Position Title
- TCON_GNDR Gender Male____ Female _____
- TCON_ORG1 Organization Name Line 1
- TCON_ORG2 Organization Name Line 2
- TCON_ADD1 Street Address Line 1 (no PO Box addresses, please)
- TCON_ADD2 Street Address Line 2:
- TCON_ADD3 Street Address Line 3
- TCON_CITY City
- TCON_STATE State
- TCON_ZIP Zip
- TCON_PHONE Telephone
- TCON_EXT Ext.
- TCON_FAX Fax

TCON_EMAIL E-mail

[Programmer note: Pre-fill TCON info if available.]

[If TCON_CONFIRM = NO AND TYPE_OF_PARTICIPATION = SA or JVL]

Principal Investigator

Please identify the Principal Investigator from the following list of personnel, or add a new name.

[If TCON_CONFIRM = NO AND TYPE OF PARTICIPATION = JVP]

Technical Contact

Please identify your company's Technical Contact from the following list of personnel, or add a new name.

[DROP DOWN LIST OF ALL CONTACT NAMES]

[IF OLD NAME IS SELECTED FROM LIST]

Please verify the following information for [TCON_FNAME TCON_LNAME].

- TCON_FNAME First Name
- TCON_LNAME Last Name
- TCON_SALUT [Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
- TCON_TITLE Position Title
- TCON_GNDR Gender Male____ Female _____
- TCON_ORG1 Organization Name Line 1
- TCON_ORG2 Organization Name Line 2
- TCON_ADD1 Street Address Line 1 (no PO Box addresses, please)
- TCON_ADD2 Street Address Line 2:
- TCON_ADD3 Street Address Line 3
- TCON_CITY City
- TCON_STATE State
- TCON_ZIP Zip
- TCON_PHONE Telephone
- TCON_EXT Ext.
- TCON_FAX Fax
- TCON_EMAIL E-mail

[Programmer note: Pre-fill new TCON info if available.]

[IF ADD NEW TCON NAME IS SELECTED AND TYPE_OF_PARTICIPATION = SA or JVL]

Please complete the following contact information for your new Principal Investigator.

[IF ADD NEW TCON NAME IS SELECTED AND TYPE OF PARTICIPATION = JVP]

Please complete the following contact information for your new Technical Contact.

TCON_FNAME	First Name
TCON_LNAME	Last Name
TCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
TCON_TITLE	Position Title
TCON_GNDR	Gender Male____ Female _____
TCON_ORG1	Organization Name Line 1
TCON_ORG2	Organization Name Line 2
TCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
TCON_ADD2	Street Address Line 2:
TCON_ADD3	Street Address Line 3
TCON_CITY	City
TCON_STATE	State
TCON_ZIP	Zip
TCON_PHONE	Telephone
TCON_EXT	Ext.
TCON_FAX	Fax
TCON_EMAIL	E-mail

[Programmer Note: BCON_FNAME and BCON_LNAME are required fields]

Business Contact

The Business Contact person for your company should be a mid- to senior-level person with responsibility for business development and commercialization aspects of this ATP-funded project.

BCON_CONFIRM

Our records indicate that [BCON_FNAME BCON_LNAME] is your company's Business Contact. Is this information correct?

Yes.....1

No.....2

If BCON_CONFIRM=Yes:

Please verify the following information for [BCON_FNAME BCON_LNAME].

- BCON_FNAME First Name
- BCON_LNAME Last Name
- BCON_SALUT [Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
- BCON_TITLE Position Title
- BCON_GNDR Gender Male___ Female _____
- BCON_ORG1 Organization Name Line 1
- BCON_ORG2 Organization Name Line 2
- BCON_ADD1 Street Address Line 1 (*no PO Box addresses, please*)
- BCON_ADD2 Street Address Line 2:
- BCON_ADD3 Street Address Line 3
- BCON_CITY City
- BCON_STATE State
- BCON_ZIP Zip
- BCON_PHONE Telephone
- BCON_EXT Ext.
- BCON_FAX Fax
- BCON_EMAIL E-mail

[Programmer note: Pre-fill BCON info if available.]

If BCON_CONFIRM= No:

Please identify your company's Business Contact from the following list of personnel, or add a new person.

[DROP DOWN LIST OF ALL CONTACT NAMES]

[IF OLD NAME IS SELECTED FROM LIST]

Please verify the following information for [BCON_FNAME BCON_LNAME].

BCON_FNAME	First Name
BCON_LNAME	Last Name
BCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
BCON_TITLE	Position Title
BCON_GNDR	Gender Male_____ Female _____
BCON_ORG1	Organization Name Line 1
BCON_ORG2	Organization Name Line 2
BCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
BCON_ADD2	Street Address Line 2:
BCON_ADD3	Street Address Line 3
BCON_CITY	City
BCON_STATE	State
BCON_ZIP	Zip
BCON_PHONE	Telephone
BCON_EXT	Ext.
BCON_FAX	Fax
BCON_EMAIL	E-mail

[Programmer note: Pre-fill new BCON info if available.]

[IF ADD NEW BCON NAME IS SELECTED]

Please complete the following contact information for your new Business Contact.

BCON_FNAME	First Name
BCON_LNAME	Last Name
BCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
BCON_TITLE	Position Title
BCON_GNDR	Gender Male____ Female _____
BCON_ORG1	Organization Name Line 1
BCON_ORG2	Organization Name Line 2
BCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
BCON_ADD2	Street Address Line 2:
BCON_ADD3	Street Address Line 3
BCON_CITY	City
BCON_STATE	State
BCON_ZIP	Zip
BCON_PHONE	Telephone
BCON_EXT	Ext.
BCON_FAX	Fax
BCON_EMAIL	E-mail

Administrative Contact

The Administrative Contact person is responsible for administrative issues relating to the ATP Cooperative Agreement, including managing contract, budget, and related matters.

ACON_CONFIRM

Our records indicate that [ACON_FNAME ACON_LNAME] is your company's Administrative Contact. Is this information correct?

Yes.....1

No.....2

If ACON_CONFIRM = Yes:

Please verify the following information for [ACON_FNAME ACON_LNAME].

ACON_FNAME	First Name:
ACON_LNAME	Last Name:
ACON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
ACON_TITLE	Position Title:
ACON_GNDR	Gender: Male____ Female _____
ACON_ORG1	Organization Name Line 1:
ACON_ORG2	Organization Name Line 2:
ACON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please):</i>
ACON_ADD2	Street Address Line 2:
ACON_ADD3	Street Address Line 3:
ACON_CITY	City:
ACON_STATE	State:
ACON_ZIP	Zip:
ACON_PHONE	Telephone:
ACON_EXT	Extension:
ACON_FAX	Fax:
ACON_EMAIL	E-mail:

[Programmer note: Pre-fill ACON info if available.]

If ACON_CONFIRM = No:

Please identify your company's Administrative Contact from the following list of personnel, or add a new person.

[DROP DOWN LIST OF ALL CONTACT NAMES]

[IF OLD NAME IS SELECTED FROM LIST]

Please verify the following information for [ACON_FNAME ACON_LNAME].

ACON_FNAME	First Name:
ACON_LNAME	Last Name:
ACON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
ACON_TITLE	Position Title:
ACON_GNDR	Gender: Male_____ Female _____
ACON_ORG1	Organization Name Line 1:
ACON_ORG2	Organization Name Line 2:
ACON_ADD1	Street Address Line 1 (<i>no PO Box addresses, please</i>):
ACON_ADD2	Street Address Line 2:
ACON_ADD3	Street Address Line 3:
ACON_CITY	City:
ACON_STATE	State:
ACON_ZIP	Zip:
ACON_PHONE	Telephone:
ACON_EXT	Extension:
ACON_FAX	Fax:
ACON_EMAIL	E-mail:

[Programmer note: Pre-fill new ACON info if available.]

[IF ADD NEW ACON NAME IS SELECTED]

Please complete the following contact information for your new Administrative Contact.

ACON_FNAME	First Name:
ACON_LNAME	Last Name:
ACON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
ACON_TITLE	Position Title:
ACON_GNDR	Gender: Male_____ Female _____
ACON_ORG1	Organization Name Line 1:
ACON_ORG2	Organization Name Line 2:
ACON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please):</i>
ACON_ADD2	Street Address Line 2:
ACON_ADD3	Street Address Line 3:
ACON_CITY	City:
ACON_STATE	State:
ACON_ZIP	Zip:
ACON_PHONE	Telephone:
ACON_EXT	Extension:
ACON_FAX	Fax:
ACON_EMAIL	E-mail: