

Department of Health and Human Services  
Public Health Services

Review Group	Type	Activity	Grant Number
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## Grant Progress Report

Total Project Period

From: \_\_\_\_\_ Through: \_\_\_\_\_

Requested Budget Period

From: \_\_\_\_\_ Through: \_\_\_\_\_

## 1. TITLE OF PROJECT

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

2b. E-MAIL ADDRESS

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

2d. MAJOR SUBDIVISION

2e. Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

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

3b. Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

3c. DUNS: \_\_\_\_\_

4. ENTITY IDENTIFICATION NUMBER

5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

6. HUMAN SUBJECTS  No  Yes6a. Research Exempt  
 No  YesIf Exempt ("Yes" in 6a):  
Exemption No. \_\_\_\_\_If Not Exempt ("No" in 6a):  
IRB approval date \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

6b. Federal Wide Assurance No. \_\_\_\_\_

E-MAIL: \_\_\_\_\_

6c. NIH-Defined Phase III  
Clinical Trial  No  Yes7. VERTEBRATE ANIMALS  No  Yes

10. PROJECT/PERFORMANCE SITE(S)

7a. If "Yes," IACUC approval Date \_\_\_\_\_

Organizational Name: \_\_\_\_\_

7b. Animal Welfare Assurance No. \_\_\_\_\_

DUNS: \_\_\_\_\_

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD

Street 1: \_\_\_\_\_

8a. DIRECT \$

Street 2: \_\_\_\_\_

8b. TOTAL \$

City: \_\_\_\_\_

County: \_\_\_\_\_

9. INVENTIONS AND PATENTS  No  Yes

State: \_\_\_\_\_

Province: \_\_\_\_\_

If "Yes,"  Previously Reported  
 Not Previously Reported

Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Congressional Districts: \_\_\_\_\_

11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

12. Corrections to Page 1 Face Page

13. 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  
11. (In ink)

DATE