

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