| HCOF PROJECT STATUS UPDATE REPORT | | | | | |
|---|--|---|---------------------|----------------------------|--|
| | | | FOR HRSA USE ONLY | | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration HEALTH CARE AND OTHER FACILITIES REPORT | | Submission Tracking Number | Grant Number | Reporting Period | |
| | | PRC7607372/1 | C76HF09507 | 01/01/2010 - 03/31/2010 | |
| Facility (Name and complete address, including ZIP code) | Florida Institute of Technology, 150 West University Blvd., Melbourne, Florida, 32901-6982 | | | | |
| | | | | | |
| Information Alternate Point Of Contact | t | | | | |
| 3. Total Allowable Cost (Federal + Non-Federal) | \$5,170,481.00 | | | | |
| | Previously R Informa | · • | Current Information | | |
| 4. Project Completion Percentage | 98.53 | 2% | X | | |
| 5. Drawdown Percentage | 86.169 | 2% | X | | |
| 6. Start Date | 08/01/2 | 2008 | X | | |
| 7. Completion Date | 06/30/2 | 2010 | X | | |
| 8. Current Status X | | | | | |
| Certification: I certify to the hest of m | ny knowledge and | helief that this Status Info | ormation report are | true and correct | |
| Certification: I certify to the best of my knowledge and belief that this Status Information report are true and correct. Typed or Printed Name and Title Telephone (Area code, number and extention) | | | | | |
| Typed of Printed Name and Title | Telephone (A | Telephone (Alea code, number and extention) | | | |
| Signature of Authorized Certifying Off | Date Report | Date Report Submitted | | | |

OMB No.: 0915-0309. Expiration Date: 10/31/2010