



Tracking Form for Contracts, Purchase (Requisition) & Task Orders, Modifications to Contracts, and for New, Renewal, and Noncompeting Continuation Grants and Cooperative Agreements

Instructions:

1. Complete for each, single award.
2. For Contracts, Grants & Cooperative Agreements, Purchase (Requisition) & Task Orders, Modifications:
 - a. Complete Parts A and B.
 - b. Submit to PGO with RFC (Request for Contract), FOA (Funding Opportunity Announcement), purchase (requisition) request, task order request or modification request.
 - c. Note: Some information requested in Part B may not be available until an award is made.

Part A: Complete for each award. (Complete applicable items.)

CIO: NCHHSTP/DHAP/CBB (including Division/Office)

Purchase Order (Requisition) Number, Contract Number, Grant or Cooperative Agreement number, Task Order Number (including contract number), Modification Number (including contract number): FOA #PS11-1103

Title of Project: Sexually Transmitted Diseases/Human Immunodeficiency Virus Prevention Training Centers

(See attached list of grantees)

Name of CIO Project Officer/Program Official:

Susan Shewmaker MA, RN, Project Officer

Telephone Number: (404) 639-3637

Mailstop: E-40

1. Are there definite research plans? Yes No
 If no, state specific reasons below, and skip to signatures:
Will only provide high-quality curriculum development, training, and training assistance to health care professionals and prevention specialists in the diagnosis, treatment and prevention of STD/HIV.
2. Will the grantee conduct human subject research in the next funding cycle? Yes No
 If no, state specific reasons above, and skip to signatures.

Part B: Complete when award involves human subjects.

Identify each of the research activities involving human participants by title and answer each question.

(1) (Title) _____

1. Is this protocol lacking IRB approvals? Yes No
 If yes, when the plan(s) or protocol is anticipated? _____
 (Estimated Time)
2. Are CDC scientists engaged in the research? Yes No
 If yes, has the project been reviewed at CDC for human subjects' protection? Yes No
 List the CDC human subject protocol number and date of expiration:

Protocol Number: _____

Date of Expiration: _____



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3. Is this activity exempt under one of the 6 exemptions in 45 CFR 46? Yes No

If yes, provide exemption number: _____

4. Is there more than one site engaged in the research? Yes No

If yes, list all sites by organization name that are engaged in the research:

5. Is a human subjects' restriction required on the notice of award? Yes No

If yes, identify the reason for the human subjects' restriction, and the amount of funds to be restricted:

APPROVALS (Signature and Position Title):	DATE	REMARKS
Project Officer/Program Official: Susan Shewmaker MA, RN	01/20/2012	
Branch Chief or Branch ADS: Rashad Burgess, MA, Chief, Capacity Building Branch	01/20/2012	
Division ADS or Human Subjects Contact: Linda Valleroy, PhD		
CIO (Human Subjects Contact):		
CDC/ATSDR Deputy Associate Director for Science:		