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OMB No. 0925-XXXX  
Form approved through XX/XX/XXXX

Listed below are the grant reports to which you have access. Please use the links provided to prepare and submit your Annual Progress Report (APR). Only the current reporting year can be modified.

Public reporting burden for this collection of information is estimated to average 3.5 to 5.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

### APR Status Table

Grants	Program	Status	Web Page Entry
P41GM123456-04	▼	NOT STARTED	START
P41GM124579-03	COBRE ▼	IN PROCESS	
P41GM123456-02	COBRE	LOCKED	

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Grant: P41GM123456-02  
Report Period: 01/15/2015-06/23/2016

Grant Number: **P41GM123456-02**

Grant Title

Institution

Reporting Period From  To

Principal Investigator   
(Last Name, First Name)

Degree(s)\*  Title

Telephone Number   
(Organizational Phone)

E-mail Address   
(Organizational E-mail)

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Grant: P41GM123456-02  
Report Period: 01/15/2015-06/23/2016

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## Personnel Report

Instruction: For the following categories, provide the cumulative total from RPPR. All fields are required.

Co-Investigator
Faculty
Postdoctoral (scholar, fellow, or other postdoctoral position)
Technician
Staff Scientist (doctoral level)
Statistician
Graduate Student (research assistant)
Non-student Research Assistant
Undergraduate Student
High School Student
Consultant
Other
Total Participants reported in RPPR <span style="float:right">System Generated</span>
Of the total participants reported in RPPR, how many are tenured or tenure-track faculty supported by the award? (Do not include EAC members or consultants)
Of the total participants reported in RPPR, how many are non-tenure-track faculty supported by the award? (Do not include EAC members or consultants)
Total Faculty supported by the award <span style="float:right">System Generated</span>
Of the total participants reported in RPPR, how many are Junior Investigators?
Of the total participants reported in RPPR, how many are newly-hired Faculty?
Of the total participants reported in RPPR, how many are Administrative personnel supported by the award?

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## Subproject-Add

SPID System Generated

Resource ID\*

(Instruction: Use the same RPPR-generated ID number here.)

Type\*

Title\*

(Instruction: Provide the same title that was used in RPPR.) (300 character maximum)

### Name of Subproject Lead:

Last Name\*

First Name\*

Did the subproject involve student activity participation?  Yes  No

Complete the following if the subproject had student activity participation

ADD STUDENT ACTIVITY PARTICIPANTS

### Student Activity Participation

Edit	Name of Activity	Type of Activity	Institution Hosting Activity	Delete
	Summer Research Experience (SRE)	Laboratory Research	University of Southern Mississippi	
	Community Outreach for Health	Laboratory Research	Montana State University	

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## Subproject-Student Activity Participation-Add/Edit

Name of Activity\*

Type of Activity\*

Institution Hosting Activity\*

Description of Activity\*

	Total number of students*	Numbers of underrepresented students*
Students who applied for activity*		
Students who enrolled for activity*		
Students who completed activity*		

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Publications-Add/Edit

Instruction: Provide information only for publications not included in NIH RPPR Section C1 (overall)

Publication Type\* [dropdown]

- A = Abstract B = Book BC = Book Chapter O = Other PR = Peer-reviewed manuscripts R = Review article

Number of publications reported in NIH RPPR Section C1 (overall)\* [input]

In Press?\* [radio] Yes [radio] No

Publication Date [input]

Did the publication cite the grant?\* [radio] Yes [radio] No

Reference\*

Author(s), Title, Publication Title, Publication date, volume, issue & pagination (if applicable), Epub date (if applicable)

Author(s), Title, Publication Title, Publication date, volume, issue & pagination (if applicable), Epub date (if applicable)

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**Presentations**

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## Presentations-Add/Edit

Presenter, Subject, Event, Location, Date\*

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## Non-Federal Support-Add

Investigator Name*	<input type="text"/>	Source Type*	<input type="text"/>
Funding Organization*	<input type="text"/>	Grant/Contract Number	<input type="text"/>
Total annual funds for this reporting period* <small>(Note: Do not report the total dollar amount for the entire multi-year project period.)</small>	<input type="text"/>	Total costs for length of award*	<input type="text"/>
Award year in the reporting period*	<input type="text"/>	Length of award (in years)*	<input type="text"/>

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## Federal Non-PHS Support-Add

Investigator Name*	<input type="text"/>	Funding Organization*	<input type="text"/>
Grant/Contract Number*	<input type="text"/>	Total costs for length of award*	<input type="text"/>
Total annual funds for this reporting period* <small>(Note: Do not report the total dollar amount for the entire multi-year project period.)</small>	<input type="text"/>	Length of award (in years)*	<input type="text"/>
Award year in the reporting period*	<input type="text"/>		

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## Federal PHS Support-Add

Investigator Name\*

Grant Number\*

(Enter the grant number e.g. 1R01GM123456-01A1 or R01GM123456 or minimally GM123456)

Total annual funds for this reporting period\*

(Note: Do not report the total dollar amount for the entire multi-year project period.)

Award year in the reporting period\*

Funding Organization\*

Total costs for length of award\*

Length of award (in years)\*

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### Institution Profile-Add/Edit

Institution Name\*  Role\*

Minority-serving\*  Yes  No \*A minority-serving institution is one with an enrollment of more than 50% minority/ethnic students (African American, Hispanics, American Indians, Native Hawaiians and Pacific Islanders).

Most Advanced Degree Awarded\*  Direct Dollars Allocated!\*

Complete the following for this Report Period for this Institution\*

**Faculty Served on Peer Review Groups**

**Within this Institution/Network/Center**

Name	Name of Panel	Institution	Date
			+ ADD

**Outside this Institution/Network/Center**

Name	Name of Panel	Agency/Organization	Date
			+ ADD

Research Space	Number
TOTAL RESEARCH SPACE	
NEWLY CONSTRUCTED OR RENOVATED RESEARCH SPACE	

Junior Investigators <sup>2</sup>	Number
TOTAL ON ROSTER THIS REPORTING PERIOD	
INDEPENDENT STATUS ACHIEVED	
with Research or Program Grant	
without Research or Program Project Grant	
NO LONGER PARTICIPATING	
STILL JUNIORINVESTIGATOR AT REPORTING PERIOD END	

Junior Investigators Achieving Independent Status		
NAME	GRANT NUMBER	DELETE?

1. Enter only numbers for dollar amount. Do not use punctuation or symbols.
2. Junior Investigator: 1) an individual who does not have or has not previously had an external, peer-reviewed RPG or PPG from either a Federal or non-Federal source that names that investigator as the PI; 2) an established investigator who is making a significant change to his/her career.

Independent Status: the PI and External Advisory Committee (EAC) can determine that a Junior Investigator has achieved independent status either by receipt of an RPG or PPG and/or through an indication that independence has been achieved through the acquisition of sufficient skills and knowledge.

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## Shared Facilities-Add/Edit

Facility\*   
(80 character maximum)

Briefly describe the function and contents of this shared facility or equipment:\*  
(less than 4000 character maximum)

If this shared resource/facility is funded by INBRE, COBRE, or CTR how many unique users did it serve?

Users	Number of Unique Users	User fees charged?	User fees paid by COBRE
FACULTY/POST DOC/STAFF		YES	YES
GRADUATED STUDENTS		NO	NO
UNDERGRADUATE STUDENTS		YES	YES

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## Evaluation Updates

Instruction: Refer to the reporting period day, provide responses to the following questions.

1. What were the significant unexpected outcomes (positive or negative) of your Center/Network's activities?\*

2. What were the challenges or obstacles your Center/Network encountered in reaching its goals?\*

3. What other important characteristics of your Center/Network have not been described elsewhere in the RPPR or in SIRS?\*

4. For awards completing their first year, describe how you have addressed the concerns raised in your summary statement.\*

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## External Advisory Committee Evaluation

ADD NEW COMMITTEE MEMBER

Name	Degree	Title	Department	Institution	Expertise	Voting Y/N	Role

Inclusive dates of EAC meeting\*

Venue\*

Audience\*

Major findings and recommendations for each component/core/project of the center network:\*

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## External Advisory Committee Evaluation - Add Member

Last Name*	<input type="text"/>	Institution*	<input type="text"/>
First Name*	<input type="text"/>	Expertise*	<input type="text"/>
Degrees*	<input type="text"/>	Role*	<input type="text"/>
Title*	<input type="text"/>	Voting Member*	<input type="radio"/> Yes <input type="radio"/> No
Department*	<input type="text"/>		

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## Scientific Research Highlights - Add

**Instruction:** Please provide at least 3 notable scientific advances.  
Generate a separate entry for each scientific advance.

Project title\*  Subject ID\*

Institution\*  City\*  State\*

Project PI: Last name\*  First Name\*

Background\*

Scientific advance highlight\*

How did the NIGMS/IDeA grant enable the advance?\*

Public Health Impact Statement\*

Are there publication citations available online?\*  Yes  No Link(s)

Key words\*

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## Miscellaneous Documents

Submit one file for miscellaneous documents:

Enter the full path of the file or click the Browse button to select a file. (Only PDF file format is permitted.)

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[UPLOAD](#)

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### Document last submitted NAME

Name:

NIGMS Name:

Date:

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