

Grant:

Report Period: - OMB No: **0925-0735** | Form approved through: **03/31/2019**



Select Grant:

Filter Grant List

[Refresh List](#)

Grant	Program	Status
-------	---------	--------

- Grant has been delegated
- Grant has been changed outside, i.e. "Withdrawn"
- Target grant to work on based on the time period

Listed on the left 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 4 to 6 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 (0925-0387*). Do not return the completed form to this address.

DISCLAIMER: All information provided is strictly confidential.

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Grant:

Report Period: -

OMB No: **0925-0735** |

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[Home](#) [Grant No](#) [Cover Page](#) 



Required Fields*

Grant Title:	<input type="text"/>
Activity Code:	<input type="text" value="P20"/>
Reporting Period From:	<input type="text" value="xx/xx/xxxx"/>
Principal Investigator:	<input type="text"/>
Title(PI):	<input type="text"/>
Telephone Number:	<input type="text"/>
E-mail Address:	<input type="text"/>

Institution:	<input type="text"/>
Program Name:*	<input type="text" value="COBRE II"/>
To:	<input type="text" value="xx/xx/xxxx"/>
Degree(s):*	<input type="text" value="BS X PHD X MS X"/>

Grant:

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[Grant No](#) ▶ Personnel Report 



INSTRUCTIONS: For the following categories, provide the cumulative totals from RPPR. All fields are required.

Required Fields* 


Co-Investigator:*	<input type="text"/>
Faculty:*	<input type="text"/>
Postdoctoral (scholar, fellow, or other postdoctoral position):*	<input type="text"/>
Technician:*	<input type="text"/>
Staff Scientist (doctoral level):*	<input type="text"/>
Statistician:*	<input type="text"/>
Graduate Student (research assistant):*	<input type="text"/>
Non-student Research Assistant:*	<input type="text"/>
Undergraduate Student:*	<input type="text"/>
High School Student:*	<input type="text"/>
Consultant:*	<input type="text"/>
Other:*	<input type="text"/>
Total Participants reported in RPPR:	<input type="text"/>

Of the total participants reported in RPPR

- how many are junior investigators?*	<input type="text"/>
- how many are newly-hired faculty?*	<input type="text"/>
- how many are administrative personnel supported by the award?*	<input type="text"/>
- how many are tenured or tenure-track faculty supported by the award?*	<input type="text"/>
<i>(Do not include EAC members or consultants)</i>	
- how many are non-tenure-track faculty supported by the award?*	<input type="text"/>
<i>(Do not include EAC members or consultants)</i>	
Total Faculty supported by the award:	<input type="text"/>

Save

Reset

Grant: Report Period: - OMB No: **0925-0735** | Form approved through: **03/31/2019** 

[Home](#) [Grant No](#) ▶ [Subprojects](#) 



Resource ID	Subproject Type	Title	Student Activity	Actions
No subprojects found				

[Add Subproject](#)

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[Home](#) [Grant No](#) [Subprojects](#) ▶ 01010101



Required Fields*

Resource ID*

INSTRUCTIONS: Use the source RPPR-generated Project ID number here

Subproject Type*

Subproject Title*

INSTRUCTIONS: Provide the same title that was used in RPPR (200 character maximum)

Subproject Lead*

Last Name

First Name

Involves Student Activity Participation:*

Yes No

Save

Reset

Student Activity	Type of Activity	Hosting Institution	Actions
Activities are required			

Add Activity

INSTRUCTIONS: Changes to subproject will be saved

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[Home](#) [Grant No](#) [Subprojects](#) [0101010101](#) [New Activity](#)



Required Fields*

Name of Activity:*

Type of Activity:*

Hosting Institution:*

Activity Description:*

Students

Total #*

Underrepresented #

Applied:*

Enrolled:*

Completed:*

Save

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[Home](#) [Grant No](#) [Publications](#)



Title	Author(s)	Type	Issue Date	In Press?	Cited?	Actions
No Publications found						

[Add Publication](#)

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INSTRUCTIONS: Provide information only for publications not included in NIH RPPR

Required Fields*

Publication Type:*

Review article ▼

Number of Publications reported in NIH RPPR Section C1 (Overall):*

0

In Press?*

Yes No

Did the publication cite the grant?*

Yes No

Reference

Author(s):*

Publication Title:*

Book/Journal/Newsletter:*

Issue Date:*

Volume:

Issue (if applicable):

Pagination (if applicable):

EPub Date (if applicable):

Save

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[Home](#) [Grant No](#) [Presentations](#)



Presenters / Authors	Title	Event	Date	Actions
No Presentations found				

Add Presentation

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[Home](#) [Grant No](#) [Presentations](#) [New Presentation](#)



Required Fields*



Presentation Title:*

Event:*

Location:*

Presentation Date:*

Presenters / Authors

Last Name:*

First Name:*



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Grant:

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[Home](#) [Grant No](#) ▶ [Investigator Support](#) 



Non-Federal Support Federal Non-PHS Support Federal PHS Support

Required Fields*

Investigator Name	Funding Organization	Grant/Contract #	Grant/Contract Title	Total Annual Funds	Award Year	Total Cost	Actions
No Investigators Found							

Add Non-Federal Support

Funding Sources

Non-Federal Sources*

Applications Submitted*

Awards Obtained*

Total Award \$*

Federal Non-PHS Sources*

Federal PHS Sources*

NIH Sources*

All Sources

Save

Reset

Grant:

Report Period: -

OMB No: |

Form approved through:



[Home](#) [Grant No](#) ▶ [Investigator Support](#) ▶ [Add Federal Non-PHS Support](#)



Required Fields*

Investigator Last Name*

Investigator First Name*

Funding Organization*

Grant/Contract #*

Grant/Contract Title*

Total costs for length of award*

Total Annual Funds for this reporting
period*

Length of award (in years)*

Award year in the reporting period*

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OMB No: |

Form approved through:



[Home](#) [Grant No](#) ▶ [Investigator Support](#) ▶ [Add Federal PHS Support](#)



Required Fields*

Investigator Last Name*

Investigator First Name*

Funding Organization*

Grant #*

Grant Title*

NOTE: NIH grant numbers are formatted 2R01GM114051-01A1

Total costs for length of award*

Total Annual Funds for this reporting
period*

Length of award (in years)*

Award year in the reporting period*

Save

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[Grant No](#) ▶ [Investigator Support](#) ▶ [Add Non-Federal Support](#)



Required Fields*

Investigator Last Name*

Investigator First Name*

Funding Organization*

Source Type*

Grant/Contract #*

Grant/Contract Title*

Total costs for length of award*

Total Annual Funds for this
reporting period*

Length of award (in years)*

Award year in the reporting
period*

Save

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[Grant No](#) ▶ [Summary Dashboard](#)



Publications	Publication Type	Published		In Press	
		Cited	Total	Cited	Total
No Publications entered.					
Total Publications		0	0	0	0

Presentations	Total Presentations: 0

Investigator Support	Non-Federal	Total Dollars	Federal Non-PHS	Total Dollars	Federal PHS	Total Dollars
	No Non-Federal Investigator Support entered.		No Federal Non-PHS Investigator Support entered.		No Non-Federal Investigator Support entered.	
Total Support						\$0

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Grant Validation Results

✔ Grant status is "In Progress"

✔ Cover Page

✔ Personnel Report

✘ Subprojects



In Subprojects create at least one subproject

✔ Subproject Activities

⚠ Scientific Research Highlights

⚠ Publications

⚠ Presentations

⚠ Investigation Support Summary

⚠ Investigators

✔ Institution Profiles

⚠ Core Facilities

✔ Evaluation Updates

✔ External Advisory Committee Summary

✔ Advisory Committee Members

Some issues found during validation. Please correct them in order to submit the grant.

Legend:

✔ - Passed Validation. Can be submitted.

⚠ - Missing records, but this is acceptable. Can be submitted.

✘ - Not Passed. Cannot be submitted.

Grant:

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[Home](#) [Grant No](#) ▶ [Institution Profiles](#)



Institution Name	Role	Minority Serving	Direct Dollars Allocated	Actions
Big Insititute	Co-Lead Institution	No	\$45,120.00	Edit Delete

Add Institution

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[Grant No](#) ▶ [Institution Profiles](#) ▶ [New Institution Profile](#)



Required Fields*

Name:*

Role:*

Please Select 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:*

Please Select Degree ▼

Direct Dollars Allocated:*

Research Space

Total Research Space allocated for the
award:*

 sqft

Newly Constructed or Renovated Research
Space:*

 sqft

Junior Investigators

Total on Roster this Reporting Period:*

Independent Status Achieved

with Research or Program Grant:*

without Research or Program Grant:*

No longer participating:*

Still Junior Investigator at Reporting Period end:*

Save

Reset

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[Home](#) [Grant No](#) ▶ [Institution Profiles](#) ▶ [Big_Institute](#) ▶ [New Faculty](#)



Required Fields*

Faculty Name:*

Name of Panel:*

WITHIN this Institution/Network/Center **OUTSIDE** this Institution/Network/Center

Institution:*

Date:*

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Name:*

Example: Smith, John

Grant Number:*

Save

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[Home](#) [Grant No](#) [Core Facilities](#)



Facility	Description	Actions
No Facilities found		

[Add Core Facility](#)

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[Home](#) [Grant No](#) [Core Facilities](#) [New Facility](#)



Required Fields*

Core Facility:*

Description:*

*Briefly describe the function and
contents of this core facility or
equipment
(4000 characters)*

Faculty / Post Doc / Staff:*

Number of Unique Users*

Users Fees Charged?*

Users Fees Paid by COBRE II?*

Graduate Students:*

Undergraduate Students:*

Save

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[Grant No](#) ▶ [Evaluation Updates](#)



Required Fields*

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

1. What were the significant unexpected outcomes (positive or negative) of Center/Network's activities?*(*limit 4000 characters*)

2. What were the challenges or obstacles your Center/Network encountered in reaching its goals?*(*limit 4000 characters*)

3. What other important characteristics of your Center/Network have not been described elsewhere in the RPPR or in SIRS?*(*limit 4000 characters*)

4. For awards completing their first year, describe how you have addressed the concerns raised in your summary statement?(*limit 4000 characters*)

Save

Reset

Grant:

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[Home](#) [Grant No](#) ▶ [External Advisory Committee Summary Report](#)



Required Fields*

Inclusive date of EAC meeting from:*

xx/xx/xxxx

Inclusive date of EAC meeting to:*

xx/xx/xxxx

Venue:*

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

(limit 4000 characters)

Save

Reset

Name	Degree	Title	Department	Institution	Expertise	Voting	Role	Actions
No Committee Members Found								

Add Member

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[Home](#) [Grant No](#) [External Advisory Committee Summary Report](#) [New Member](#)



Required Fields*

Last Name:*

First Name:*

Degrees:*

Title:*

Department:*

Institution:*

Expertise:*

Role:*

Voting Member?*

Yes No

Save

Reset

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[Home](#) [Grant No](#) [Scientific Research Highlights](#)



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

Resource ID(s)	Project Title	Institution	Project PI	Citations Online?	Actions
No Scientific Research Highlights found					

[Add Scientific Research Highlight](#)

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Required Fields*

INSTRUCTIONS: Please make sure you have a related subproject before filling out this screen. You cannot save the Research Highlight without assigning at least one related subproject

Resource ID	Subproject Type	Title
<input type="checkbox"/> 0101010101	Administrative Core	Important Project

Project Title:*

Institution:*

City:*

State:*

Project PI - Last Name:*

First Name:*

Parent Grant PI:

Point of Contact - Last Name:*

First Name:*

Point of Contact - Email:*

Background:*

(limit 2000 characters)

Scientific Advance Highlight:*

(limit 2000 characters)

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

(limit 2000 characters)

Public Health Impact Statement:*

(limit 2000 characters)

Are there publication citations available online?*

 Yes No

Link(s):

Grant Support (Grant number):*

Key words:*

Save

Reset

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[Home](#) [Grant No](#) ▶ [Miscellaneous Documents](#)



INSTRUCTIONS: Submit up to three files for miscellaneous documents.

Click the Browse button to select a file. (Only PDF file format is permitted. Please limit the filename length to 150 characters.)

Name	NIGMS Name	Date	Actions
No Documents found			

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