

Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



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



Required Fields*

Grant Title:

Activity Code:

Reporting Period From:

Principal Investigator:

Title(PI):

Telephone Number:

E-mail Address:

Institution:

Program Name:*

To:

Degree(s):*

Save

Reset

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Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



[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 (<i>scholar, fellow, or other postdoctoral position</i>):*	<input type="text"/>
Technician:*	<input type="text"/>
Staff Scientist (<i>doctoral level</i>):*	<input type="text"/>
Statistician:*	<input type="text"/>
Graduate Student (<i>research assistant</i>):*	<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: **10/31/2022**



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



Resource ID	Subproject Type	Title	Student Activity	Actions
No subprojects found				

[Add Subproject](#)

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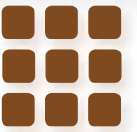
Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**

[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

Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



[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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Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



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



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

[Add Publication](#)

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Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



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



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

Reset

Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



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



Presenters / Authors	Title	Event	Date	Actions
No Presentations found				

[Add Presentation](#)

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Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



[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:

Report Period: - OMB No: **0925-0735** Form approved through: **10/31/2022** 

[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	Applications Submitted*	# Awards Obtained*	Total Award \$*
Non-Federal Sources*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal Non-PHS Sources*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal PHS Sources*	<input type="text"/>	<input type="text"/>	<input type="text"/>
NIH Sources*	<input type="text"/>	<input type="text"/>	<input type="text"/>
All Sources	<input type="text"/>	<input type="text"/>	<input type="text"/>

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*

Save

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Grant:

Report Period: -

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

Reset

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Tel: 301-594-2680

Email: websupport@nigms.nih.gov

Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



[Home](#) [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

Reset

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Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



[Home](#) [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:

Report Period: -

OMB No: **0925-0735**

| Form approved through: **10/31/2022**



[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:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



[Home](#) [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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Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



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



Required Fields*



Faculty Name:*

Name of Panel:*

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

Institution:*

Date:*

Save

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Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



[Home](#) [Grant No](#) ▶ [InstitutionProfiles](#) ▶ [Big I nstitute](#) ▶ [New Jr. Investigator](#)



Name:*

Example: Smith, John

Grant Number:*

Save

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Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



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



Facility	Description	Actions
No Facilities found		

Add Core Facility

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Grant:

Report Period: -

OMB No: **0925-0735**

| Form approved through: **10/31/2022**



[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)*

Number of Unique Users*

Users Fees Charged?*

Users Fees Paid by COBRE II?*

Faculty / Post Doc / Staff:*

Graduate Students:*

Undergraduate Students:*

Save

Reset

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Grant:

Report Period: -

OMB No: **0925-0735**

| Form approved through: **10/31/2022**



[Home](#) [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:

Report Period: - OMB No: **0925-0735** | Form approved through: **10/31/2022** 

[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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Grant:

Report Period: - OMB No: **0925-0735** | Form approved through: **10/31/2022** 

[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

Grant:

Report Period: -

OMB No: **0925-0735**

Form approved through: **10/31/2022**



[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:

auto-filled

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

Grant:

Report Period: -

OMB No: **0925-0735**

| Form approved through: **10/31/2022**



[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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