

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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[Home](#) [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"/>
<b>Total Participants reported in RPPR:</b>	<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>	
<b>Total Faculty supported by the award:</b>	<input type="text"/>

Save

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[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				

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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\*

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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\*

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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\*

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Publications	Publication Type	Published		In Press	
		Cited	Total	Cited	Total
No Publications entered.					
<b>Total Publications</b>		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.	
<b>Total Support</b>						<b>\$0</b>

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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	<a href="#">Edit</a> <a href="#">Delete</a>

Add Institution

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[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:\*

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[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:\*

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



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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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

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[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

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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

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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:

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:

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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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