



DEPARTMENT OF COMMERCE RESEARCH PERFORMANCE PROGRESS REPORT (RPPR)

For instructions, please visit

http://www.osec.doc.gov/oam/grants_management/policy/documents/RPPR%01July%2018.pdf

AWARD INFORMATION	
1. Federal Agency:	2. Federal Award Number:
3. Project Title:	
4. Award Period of Performance Start Date:	5. Award Period of Performance End Date:
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR	
6. Last Name and Suffix:	7. First and Middle Name:
8. Title:	
9. Email:	10. Phone Number:
AUTHORIZING OFFICIAL	
11. Last Name and Suffix:	12. First and Middle Name:
13. Title:	
14. Email:	15. Phone Number:
REPORTING INFORMATION	
Signature of Submitting Official:	
16. Submission Date and Time Stamp:	17. Reporting Period End Date:
18. Reporting Frequency: Annual Semi-Annual Quarterly	19. Report Type: Not Final Final
RECIPIENT ORGANIZATION	
20. Recipient Name:	
21. Recipient Address:	
22. Recipient DUNS:	23. Recipient EIN:

ACCOMPLISHMENTS
24. What were the major goals and objectives of this project?
25. What was accomplished under these goals?
26. What opportunities for training and professional development has the project provided?
27. How were the results disseminated to communities of interest?
28. What do you plan to do during the next reporting period to accomplish the goals and objectives?
PRODUCTS
29. Publications, conference papers, and presentations
30. Technologies or techniques
31. Inventions, patent applications, and/or licenses
32. Other products

Attach a separate document if more space is needed for #6-10, or #24-50.

PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS
33. What individuals have worked on this project?
34. Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?
35. What other organizations have been involved as partners?
36. Have other collaborators or contacts been involved?
IMPACT
37. What was the impact on the development of the principal discipline(s) of the project?
38. What was the impact on other disciplines?
39. What was the impact on the development of human resources?
40. What was the impact on teaching and educational experiences?
41. What was the impact on physical, institutional, and information resources that form infrastructure?
42. What was the impact on technology transfer?

Attach a separate document if more space is needed for #6-10, or #24-50.

43. What was the impact on society beyond science and technology?
44. What percentage of the award's budget was spent in foreign country(ies)?
CHANGES/PROBLEMS
45. Changes in approach and reasons for change
46. Actual or anticipated problems or delays and actions or plans to resolve them
47. Changes that had a significant impact on expenditures
48. Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents
49. Change of primary performance site location from that originally proposed
PROJECT OUTCOMES
50. What were the outcomes of the award?

Attach a separate document if more space is needed for #6-10, or #24-50.

DEMOGRAPHIC INFORMATION FOR SIGNIFICANT CONTRIBUTORS (VOLUNTARY)

Gender: (Select all that apply)

Female

Male

Transgender, non-binary, or another gender

Prefer not to answer

Do you identify with any of the following groups that the federal government, in Executive Order 13985, has identified as underserved? Check all that apply.

Members of religious minorities

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons

Persons with disabilities

Persons who live in rural areas

Persons otherwise adversely affected by persistent poverty or inequality

No, I do not identify with any of these groups

What is your race and/or ethnicity?

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Disability Status:

Deaf or serious difficulty hearing

Yes

Blind or serious difficulty seeing even when wearing glasses

Serious difficulty walking or climbing stairs

Other serious disability related to a physical, mental, or emotional condition

No

Do not wish to provide

Attach a separate document if more space is needed for #6-10, or #24-50.

Public Burden Statement

Public reporting burden for this collection is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the information, 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: Departmental PRA Clearance Officer, 1401 Constitution Ave NW, Room 4855 Washington, DC 20230-0001.

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of the following concerning the collection of the information on this form.

AUTHORITY: Public Law 106–107—NOV. 20, 1999, Federal Financial Assistance Management Improvement Act of 1999; 2 CFR § 200.328.

PURPOSE: This information is required of grant recipients, with the exception of the demographic information. Provision of contact information on principal investigator allows contact, if needed. Contact information, roles, and state/U.S. territory/country of major collaborators allows Commerce to gauge performance in building partnerships. Demographic information for major participants allows Commerce to gauge whether our programs are reaching everyone, regardless of demographic category, and whether under-represented groups have equal access to programs, meetings, and training.

ROUTINE USES: Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among Department staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices DEPT-2, Accounts Receivable and GSA/GOVT-9, System for Award Management (SAM).

DISCLOSURE: Disclosing the information requested on this form is voluntary; however, failure to provide such information impedes Commerce's ability to determine the grant program's progress.