

Department of Health and Human Services Public Health Services <h2 style="text-align: center;">Grant Progress Report</h2>	Review Group	Type	Activity	Grant Number
Total Project Period				
From:		Through:		
Requested Budget Period				
From:		Through:		

1. TITLE OF PROJECT

2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, city, state, zip code)	2b. E-MAIL ADDRESS 2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT 2d. MAJOR SUBDIVISION 2e. Tel: _____ Fax: _____
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3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)	3b. Tel: _____ Fax: _____ 3c. DUNS: 4. ENTITY IDENTIFICATION NUMBER
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<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">6. HUMAN SUBJECTS</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="width:15%;">6a. Research Exempt</td> <td style="width:15%;">If Exempt ("Yes" in 6a): Exemption No.</td> <td style="width:15%;">If Not Exempt ("No" in 6a): IRB approval date</td> <td style="width:55%;"></td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> <td></td> <td></td> </tr> </table> 6b. Federal Wide Assurance No. 6c. NIH-Defined Phase III Clinical Trial <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> </tr> </table>	6. HUMAN SUBJECTS		No	Yes	6a. Research Exempt	If Exempt ("Yes" in 6a): Exemption No.	If Not Exempt ("No" in 6a): IRB approval date		No	Yes			No	Yes	5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Tel: _____ Fax: _____ E-MAIL:
6. HUMAN SUBJECTS		No	Yes												
6a. Research Exempt	If Exempt ("Yes" in 6a): Exemption No.	If Not Exempt ("No" in 6a): IRB approval date													
No	Yes														
No	Yes														

7. VERTEBRATE ANIMALS 7a. If "Yes," IACUC approval Date 7b. Animal Welfare Assurance No.	10. PROJECT/PERFORMANCE SITE(S) Organizational Name: DUNS:
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8. COSTS REQUESTED FOR NEXT BUDGET PERIOD 8a. DIRECT \$ 8b. TOTAL \$	Street 1: Street 2:
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9. INVENTIONS AND PATENTS If "Yes, Previously Reported Not Previously Reported	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">City:</td> <td style="width:50%;">County:</td> </tr> <tr> <td>State:</td> <td>Province:</td> </tr> <tr> <td>Country:</td> <td>Zip/Postal Code:</td> </tr> <tr> <td colspan="2">Congressional Districts:</td> </tr> </table>	City:	County:	State:	Province:	Country:	Zip/Postal Code:	Congressional Districts:	
City:	County:								
State:	Province:								
Country:	Zip/Postal Code:								
Congressional Districts:									

11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)

TEL:	FAX:	E-MAIL:
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12. Corrections to Page 1 Face Page

13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 11. (In ink)	DATE
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