

ANNUAL REPORT

Introduction

This report is one of a series that you will complete throughout the life of your ATP project. These reports provide crucial information for ATP program officials to use in assessing the value of the ATP program, and reporting conclusions to policymakers and stakeholders. Thus it is important that you read the questions carefully and provide your best answer.

The primary purpose of the present report is to gather current information about your project and organization. Because the information requested is quite diverse, the person completing this report may need to gather information from various organization sources and personnel. These sources should include individuals with detailed knowledge of the technical and business aspects of the ATP-funded project, and general knowledge about your organization as a whole.

Please respond to the questions on this report with regard to the following project:

Project title: []

Period of performance: []

Award Number: []

This report includes items regarding the following content areas:

1. Administrative Information
2. Key Personnel
3. Subcontractors
4. Organization Characteristics
5. ATP Project Characteristics
6. Research Effort
7. Project Management
8. Research Outputs
9. Technology Innovation
10. Future BRS Reports

OMB No: 0693-0009 Expiration Date: 11/30/06. This report is authorized under the Paperwork Reduction Act. Under the terms and conditions of your ATP award, your response is mandatory. Data collected will be shared with ATP staff, but considered confidential by ATP staff. Public reporting burden for this collection of information is estimated to average 45 to 75 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Advanced Technology Program, National Institute of Standards and Technology, 100 Bureau Drive, Stop 4700, Administration Building, Room A333, Gaithersburg, Maryland 20899-4700.

Section 1: Administrative Information

Organization Name and Location

The information shown below refers to your organization. Please verify the accuracy of this information.

COMP_NAME	Organization Name:	[COMP_NAME]
UNIT_NAME	Division Name:	<input type="checkbox"/>
ESTAB_ADD1	Address Line 1:	<input type="checkbox"/>
ESTAB_ADD2	Address Line 2:	<input type="checkbox"/>
ESTAB_ADD3	Address Line 3:	<input type="checkbox"/>
ESTAB_CITY	City:	<input type="checkbox"/>
ESTAB_STATE	State:	<input type="checkbox"/>
ESTAB_ZIP	Zip:	<input type="checkbox"/>
ESTAB_WEB	Website Address:	<input type="checkbox"/>

[Programmer note: prefill organization name and address info if available]

[Programmer Note: TCON_FNAME and TCON_LNAME are required fields]

[If TYPE_OF_PARTICIPATION = JVL]

Principal Investigator

The Principal Investigator named in the terms and conditions of your ATP Cooperative Agreement is responsible for the overall direction and supervision of the ATP-funded project.

[If TYPE_OF_PARTICIPATION = JVP]

Technical Contact

The Technical Contact person for your organization should be a mid- to senior-level person with responsibility for direction and supervision of technical work on this ATP-funded project.

TCON_CONFIRM

Our records indicate that [TCON_FNAME TCON_LNAME] is the [Principal Investigator] [your organization’s Technical Contact]. Is this information correct?

Yes1

No.....2

If TCON_COMFIRM=Yes:

Please verify the following information for [TCON_FNAME TCON_LNAME].

- TCON_FNAME First Name
- TCON_LNAME Last Name
- TCON_SALUT [Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
- TCON_TITLE Position Title
- TCON_GNDR Gender Male____ Female _____
- TCON_ORG1 Organization Name Line 1
- TCON_ORG2 Organization Name Line 2
- TCON_ADD1 Street Address Line 1 (no PO Box addresses, please)
- TCON_ADD2 Street Address Line 2:
- TCON_ADD3 Street Address Line 3
- TCON_CITY City
- TCON_STATE State
- TCON_ZIP Zip
- TCON_PHONE Telephone
- TCON_EXT Ext.
- TCON_FAX Fax
- TCON_EMAIL E-mail

[Programmer note: Pre-fill TCON info if available.]

[If TCON_CONFIRM = NO AND TYPE_OF_PARTICIPATION = JVL]

Principal Investigator

Please identify the Principal Investigator from the following list of personnel, or add a new name.

[If TCON_CONFIRM = NO AND TYPE OF PARTICIPATION = JVP]

Technical Contact

Please identify your organization's Technical Contact from the following list of personnel, or add a new name.

[DROP DOWN LIST OF ALL CONTACT NAMES]

[IF OLD NAME IS SELECTED FROM LIST]

Please verify the following information for [TCON_FNAME TCON_LNAME].

TCON_FNAME	First Name
TCON_LNAME	Last Name
TCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
TCON_TITLE	Position Title
TCON_GNDR	Gender Male____ Female _____
TCON_ORG1	Organization Name Line 1
TCON_ORG2	Organization Name Line 2
TCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
TCON_ADD2	Street Address Line 2:
TCON_ADD3	Street Address Line 3
TCON_CITY	City
TCON_STATE	State
TCON_ZIP	Zip
TCON_PHONE	Telephone
TCON_EXT	Ext.
TCON_FAX	Fax
TCON_EMAIL	E-mail

[Programmer note: Pre-fill new TCON info if available.]

[IF ADD NEW TCON NAME IS SELECTED AND TYPE_OF_PARTICIPATION = JVL]

Please complete the following contact information for your new Principal Investigator.

[IF ADD NEW TCON NAME IS SELECTED AND TYPE OF PARTICIPATION = JVP]

Please complete the following contact information for your new Technical Contact.

TCON_FNAME	First Name
TCON_LNAME	Last Name
TCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
TCON_TITLE	Position Title
TCON_GNDR	Gender Male_____ Female _____
TCON_ORG1	Organization Name Line 1
TCON_ORG2	Organization Name Line 2
TCON_ADD1	Street Address Line 1 (<i>no PO Box addresses, please</i>)
TCON_ADD2	Street Address Line 2:
TCON_ADD3	Street Address Line 3
TCON_CITY	City
TCON_STATE	State
TCON_ZIP	Zip
TCON_PHONE	Telephone
TCON_EXT	Ext.
TCON_FAX	Fax
TCON_EMAIL	E-mail

[Programmer Note: BCON_FNAME and BCON_LNAME are required fields]

Business Contact

The Business Contact person for your organization should be a mid- to senior-level person with responsibility for business development and commercialization aspects of this ATP-funded project.

BCON_CONFIRM

Our records indicate that [BCON_FNAME BCON_LNAME] is your organization's Business Contact. Is this information correct?

- Yes1
- No.....2

If BCON_CONFIRM=Yes:

Please verify the following information for [BCON_FNAME BCON_LNAME].

- BCON_FNAME First Name
- BCON_LNAME Last Name
- BCON_SALUT [Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
- BCON_TITLE Position Title
- BCON_GNDR Gender Male____ Female _____
- BCON_ORG1 Organization Name Line 1
- BCON_ORG2 Organization Name Line 2
- BCON_ADD1 Street Address Line 1 (no PO Box addresses, please)
- BCON_ADD2 Street Address Line 2:
- BCON_ADD3 Street Address Line 3
- BCON_CITY City
- BCON_STATE State
- BCON_ZIP Zip
- BCON_PHONE Telephone
- BCON_EXT Ext.
- BCON_FAX Fax
- BCON_EMAIL E-mail

[Programmer note: Pre-fill BCON info if available.]

If BCON_CONFIRM= No:

Please identify your organization's Business Contact from the following list of personnel, or add a new person.

[DROP DOWN LIST OF ALL CONTACT NAMES]**[IF OLD NAME IS SELECTED FROM LIST]**

Please verify the following information for [BCON_FNAME BCON_LNAME].

BCON_FNAME	First Name
BCON_LNAME	Last Name
BCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
BCON_TITLE	Position Title
BCON_GNDR	Gender Male_____ Female _____
BCON_ORG1	Organization Name Line 1
BCON_ORG2	Organization Name Line 2
BCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
BCON_ADD2	Street Address Line 2:
BCON_ADD3	Street Address Line 3
BCON_CITY	City
BCON_STATE	State
BCON_ZIP	Zip
BCON_PHONE	Telephone
BCON_EXT	Ext.
BCON_FAX	Fax
BCON_EMAIL	E-mail

[Programmer note: Pre-fill new BCON info if available.]

[IF ADD NEW BCON NAME IS SELECTED]

Please complete the following contact information for your new Business Contact.

BCON_FNAME	First Name
BCON_LNAME	Last Name
BCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
BCON_TITLE	Position Title
BCON_GNDR	Gender Male____ Female _____
BCON_ORG1	Organization Name Line 1
BCON_ORG2	Organization Name Line 2
BCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
BCON_ADD2	Street Address Line 2:
BCON_ADD3	Street Address Line 3
BCON_CITY	City
BCON_STATE	State
BCON_ZIP	Zip
BCON_PHONE	Telephone
BCON_EXT	Ext.
BCON_FAX	Fax
BCON_EMAIL	E-mail

Administrative Contact

The Administrative Contact person is responsible for administrative issues relating to the ATP Cooperative Agreement, including managing contract, budget, and related matters.

ACON_CONFIRM

Our records indicate that [ACON_FNAME ACON_LNAME] is your organization's Administrative Contact. Is this information correct?

Yes1

No.....2

If ACON_CONFIRM = Yes:

Please verify the following information for [ACON_FNAME ACON_LNAME].

- ACON_FNAME First Name:
- ACON_LNAME Last Name:
- ACON_SALUT [Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
- ACON_TITLE Position Title:
- ACON_GNDR Gender: Male____ Female _____
- ACON_ORG1 Organization Name Line 1:
- ACON_ORG2 Organization Name Line 2:
- ACON_ADD1 Street Address Line 1 (no PO Box addresses, please):
- ACON_ADD2 Street Address Line 2:
- ACON_ADD3 Street Address Line 3:
- ACON_CITY City:
- ACON_STATE State:
- ACON_ZIP Zip:
- ACON_PHONE Telephone:
- ACON_EXT Extension:
- ACON_FAX Fax:
- ACON_EMAIL E-mail:

[Programmer note: Pre-fill ACON info if available.]

If ACON_CONFIRM = No:

Please identify your organization's Administrative Contact from the following list of personnel, or add a new person.

[DROP DOWN LIST OF ALL CONTACT NAMES]**[IF OLD NAME IS SELECTED FROM LIST]**

Please verify the following information for [ACON_FNAME ACON_LNAME].

ACON_FNAME	First Name:
ACON_LNAME	Last Name:
ACON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
ACON_TITLE	Position Title:
ACON_GNDR	Gender: Male _____ Female _____
ACON_ORG1	Organization Name Line 1:
ACON_ORG2	Organization Name Line 2:
ACON_ADD1	Street Address Line 1 (<i>no PO Box addresses, please</i>):
ACON_ADD2	Street Address Line 2:
ACON_ADD3	Street Address Line 3:
ACON_CITY	City:
ACON_STATE	State:
ACON_ZIP	Zip:
ACON_PHONE	Telephone:
ACON_EXT	Extension:
ACON_FAX	Fax:
ACON_EMAIL	E-mail:

[Programmer note: Pre-fill new ACON info if available.]

[IF ADD NEW ACON NAME IS SELECTED]

Please complete the following contact information for your new Administrative Contact.

ACON_FNAME	First Name:
ACON_LNAME	Last Name:
ACON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs., Ms.]
ACON_TITLE	Position Title:
ACON_GNDR	Gender: Male_____ Female _____
ACON_ORG1	Organization Name Line 1:
ACON_ORG2	Organization Name Line 2:
ACON_ADD1	Street Address Line 1 (<i>no PO Box addresses, please</i>):
ACON_ADD2	Street Address Line 2:
ACON_ADD3	Street Address Line 3:
ACON_CITY	City:
ACON_STATE	State:
ACON_ZIP	Zip:
ACON_PHONE	Telephone:
ACON_EXT	Extension:
ACON_FAX	Fax:
ACON_EMAIL	E-mail:

Section 2: Key Personnel

Key Project Personnel

In the table below, please identify employees from your organization who are key personnel for the ATP project at this time.

First Name	Last Name	Gender	Position Title	Delete Entry
[TCON_FNAME]	[TCON_LNAME]	Male.....1 Female.....2	[TCON_TITLE]	
[BCON_FNAME]	[BCON_LNAME]	Male.....1 Female.....2	[BCON_TITLE]	
[ACON_FNAME]	[ACON_LNAME]	Male.....1 Female.....2	[ACON_TITLE]	
KP#_FNAME	KP#_LNAME	KP#_GNDR	KP#_TITLE	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

[Programming note: The same person should not be listed more than once in this table]

For the key personnel listed below, please indicate the citizenship status of each person.

Name	Citizenship Status
[KP#_FNAME KP#_LNAME]	Born U.S. citizen = 1 Naturalized U.S. citizen =2 Permanent resident=3 Other=4
[KP#_FNAME KP#_LNAME]	KP#_CITIZEN

[Programmer note: Variables KP#_FNAME KP#_LNAME indicate the names of all key personnel, including TCON, BCON, ACON.]

For the key personnel listed below, please indicate graduate degrees that each person holds. Check all that apply for each person.

Name	Master's	PhD	MD	Other graduate degree
[KP#_FNAME KP#_LNAME]				
[KP#_FNAME KP#_LNAME]	KP#_M	KP#_PHD	KP#_MD	KP#_OTH

For the key personnel listed below, please enter the university and department where the degree indicated was earned.

Name	Graduate degree	University	Department
[KP#_FNAME KP#_LNAME]	[highest degree selected in table above]		
[KP#_FNAME KP#_LNAME]		KP#_DEG_UNIV	KP#_DEG_DEPT

[Programmer note: Show only the “highest” graduate degree selected in previous table. The order of priority is: (1) PhD, (2) MD, (3) Master’s, (4) Other graduate degree.]

For the key personnel listed below, please enter the total years of work experience of each person.

Name	Years of Work Experience
[KP#_FNAME KP#_LNAME]	__ years
[KP#_FNAME KP#_LNAME]	KP#_WRKEXP (0-99)

For the key personnel listed below, please indicate the role(s) each person serves on the ATP-funded project. Check all that apply for each person.

Name	Technical Role	Management Role
[KP#_FNAME KP#_LNAME]		
[KP#_FNAME KP#_LNAME]	KP# _TECHROLE	KP# _MGMTROLE

[Programmer note: In tables above, variable KP#_ indicates names of all key personnel, including TCON, BCON, ACON.]

Project Staffing

Please provide information on the total project staffing for your ATP-funded project during the past reporting year.

The past reporting year covers the period [PY_START] to [PY_END].

PROJ_EMPLOY (0-99)

How many employees in total from your organization worked on the ATP-funded project during the past reporting year?

____ Total employees

PROJ_FTE (0.00-99.99)

How many full-time equivalent (FTE) employees from your organization worked on the ATP project during the past reporting year?

____ FTE employees

In the table below, please indicate the full-time equivalent (FTE) time contributed to the project by key personnel from your organization during the past reporting year.

Name	Position Title	FTE time on the ATP project (0.00-1.00)
[KP#_FNAME KP#_LNAME]	[KP#_TITLE]	
[KP#_FNAME KP#_LNAME]	[KP#_TITLE]	KP#_FTE (0.00-1.00)

[Programmer note: The table above lists all key personnel active on the project during the past reporting year.]

Section 3: Subcontractors

Subcontractor Information

SUBS

Does your organization have any subcontractors for the ATP project?

Yes1

No.....2

In the table below, please identify subcontractors working for your organization on the ATP-funded project. For joint venture (JV) projects, please report only subcontractors that your organization pays directly. Other JV partner organizations will report subcontractors that they pay directly.

Subcontractor Organization Name	City	State	Zip	Delete Entry
SUB#_ORG	SUB#_CITY	SUB#_STATE	SUB#_ZIP	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

[Fill out for each subcontractor]

SUB#_ORGTTYPE

The subcontractor [SUB#_ORG] is a: (Check one)

- For-profit business1
- University.....2
- Government laboratory3
- Non-profit organization4
- Other type of organization5

SUB#_EMPLOY

How many total employees does this subcontractor have?

- Fewer than 10.....1
- 10 to 992
- 100 to 4993
- 500 or more4

Please provide information for the person at [SUB#_ORG] responsible for carrying out the work on the subcontract.

- SUB#_CON_FNAME First Name
- SUB#_CON_LNAME Last Name
- SUB#_CON_SALUT [Drop down box with following options:
Dr., Mr., Miss, Mrs., Ms.]
- SUB#_CON_TITLE Position Title
- SUB#_CON_GNDR Gender Male_____ Female _____
- SUB#_CON_ORG1 Organization Name Line 1
- SUB#_CON_ORG2 Organization Name Line 2
- SUB#_CON_ADD1 Address Line 1
- SUB#_CON_ADD2 Address Line 2
- SUB#_CON_ADD3 Address Line 3
- SUB#_CON_CITY City
- SUB#_CON_STATE State
- SUB#_CON_ZIP Zip
- SUB#_CON_PHONE Telephone
- SUB#_CON_EXT Ext.
- SUB#_CON_EMAIL E-mail

SUB#_PRIOR

Has your organization worked with this subcontractor before (i.e., prior to the current ATP project)?

- Yes1
- No.....2

SUB#_PRIORYRS (0-99)

If yes, how many years of experience has your organization had working with this subcontractor?

____ Years

SUB#_AMOUNT (0.00-999.99)

What is the total amount of this subcontract for the ATP project?

\$ _____
 Thousands1 **SUB#_AMOUNT_UNITS**
 Millions2

Does the work performed by this subcontractor on the ATP project involve:

		Yes	No
SUB#_RD	Collaborative R&D?	1	2
SUB#_EQUIP	Design and delivery of specialized equipment?	1	2
SUB#_MAT	Provision of specialized materials?	1	2
SUB#_TEST	Testing or laboratory services?	1	2
SUB#_OTH	Other	1	2
SUB#_OS	Please specify:		

SUB#_DESC

Please briefly describe the subcontract work, and indicate why this subcontractor was selected to perform the work.

Section 4: Organization Characteristics

Background Information

Please provide descriptive information for your organization [COMP-_NAME]

COMP_MULTI_ESTAB

Does your organization currently have more than one business location?

Yes1

No.....2

Employment Information

Please provide employment information for your organization [COMP_NAME].

COMP_EMPLOY (0-999,999)

Including full-time and part-time employees, how many employees did your organization have at the end of the last calendar quarter?

_____ Total employees

COMP_EMPLOY_RD (0-999,999)

Including full-time and part-time employees, how many employees at your organization worked **in R&D** at the end of the last calendar quarter?

_____ R&D employees

Financial Information

Please provide the following financial information for your organization [COMP_NAME] from your last fiscal year financial report.

COMP_FISCALYR

What was the closing date for your last fiscal year reporting period?

____Month/Day/Year (Month: 1-12, Day: 1-31, Year: 2000-2005)

COMP_REVENUE (0.00-999.99)

Including all sources of revenue (e.g., gifts, sales, licensing, research contracts, grants, etc.), what were total organization revenues for the last fiscal year?

\$ _____

- Thousands1
- Millions2
- Billions3

COMP_REVENUE_UNITS

COMP_RD (0.00-999.99)

What were total R&D expenditures at your organization for the last fiscal year?

\$ _____

- Thousands1
- Millions2
- Billions3

COMP_RD_UNITS

R&D Characteristics of Your Organization

You reported that your organization's total R&D expenditures for the fiscal year were: [COMP_RD][COMP_RD_UNITS].

[If COMP_RD > 0]

What percent of your organization's R&D expenditures last fiscal year was devoted to:

Basic Research	_____%	COMP_RD_BAS	(0-100)
Applied Research	_____%	COMP_RD_APP	(0-100)
Product Development	_____%	COMP_RD_DEV	(0-100)
SUM = 100%			

COMP_RD_LT (0-100)

What percent of your organization's R&D expenditures last fiscal year was devoted to projects with a duration of three years or more?
 _____%

COMP_RD_EXT (0-100)

What percent of your organization's R&D expenditures last fiscal year was funded from external resources (e.g., government sources, companies)?
 _____%

If COMP_RD_EXT > 0:

Of your organization's **externally** funded R&D expenditures last fiscal year, what percent was from:

Federal government	_____%	COMP_RD_FED	(0-100)
State and local government	_____%	COMP_RD_STATE	(0-100)
Companies	_____%	COMP_RD_CORP	(0-100)
Other external sources	_____%	COMP_RD_OTH	(0-100)
SUM = 100%			

The past reporting year covers the project period [PY_START] to [PY_END].

During the past reporting year, did your organization receive any assistance for R&D through:

(Please check all that apply.)

A state or local government program

COMP_LOCALPROG

A university program

COMP_UNIVPROG

A technology or business incubator

COMP_INCUBATOR

(Please check all that apply.)

[If COMP_MULTI_ESTAB = Yes]

R&D Characteristics of Your Location

Since your organization has more than one location, please answer the following questions with respect to your own specific location.

ESTAB_TYPE

Is your location dedicated exclusively to R&D?

Yes1

No.....2

ESTAB_RD (0.00-999.99)

What were total R&D expenditures at your location for the last fiscal year?

\$ _____

Thousands1

Millions2

Billions.....3

ESTAB_RD_UNITS

ESTAB_EMPLOY (0-99,999)

At the end of the last calendar quarter, how many employees worked at your location?

____ Employees

ESTAB_EMPLOY_RD (0-99,999)

At the end of the last calendar quarter, how many employees worked **in R&D** at your location?

____ R&D employees

Section 5: ATP Project Characteristics

Project Description

PROJ_DESC

Please describe the key technology and R&D expertise that your organization brings to this project.

PROJ_GOAL

Please describe your organization's "big-picture" overall technical and business goal for this project.

Project Difficulty and Risk

PROJ_AMBITIOUS

Relative to other R&D initiatives in your industry, how ambitious would you say are the overall goals identified for this project?

Much less ambitious Equally ambitious Much more ambitious
1-----2-----3-----4-----5-----6-----7

Please provide your current assessment of the probability of project success.

Think about the overall goal of the joint venture (JV) project as a whole. Considering all aspects of technical and business risks and challenges, what is your current estimate of the probability, from 0% to 100%, that the **JV project** can fully achieve its overall goals?

____% **PROJ_PROB (0-100)**

Think about your organization’s overall goals for the project. Considering all aspects of technical and business risks and challenges, what is your current estimate of the probability, from 0% to 100%, that **your organization** can fully achieve its goals?

____% **PROJ_COMP_PROB (0-100)**

Technology Diffusion

The past reporting year covers the project period [PY_START] to [PY_END].

Consider the relationship between your ATP project and other R&D projects at your organization.

KNOW_COMP_IN

During the past reporting year, to what extent did your ATP project draw on results and “know-how” from other **current** R&D projects at your organization?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

KNOW_COMP_OUT

During the past reporting year, to what extent did other **current** R&D projects at your organization draw on results and “know-how” from your ATP project?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

Consider external sources of knowledge that you have benefited from in carrying out your ATP project.

	During the past reporting year, to what extent did your ATP project draw on knowledge from ...	Large Extent	Moderate Extent	Small Extent	Not at all
KNOW_UNIV	Universities	4	3	2	1
KNOW_GOV	Government laboratories	4	3	2	1
KNOW_NP	Non-profit institutions	4	3	2	1
KNOW_COMP	Companies	4	3	2	1

Section 6: Research Effort

ATP Project

Please provide information for the past reporting year [PY_START] to [PY_END].

During the past reporting year, how much has your organization spent on the ATP project under the Cooperative Agreement?

PROJ_EXPEND_OWN (0.00-999.99)

Actual project expenditure from own sources:

\$ _____

Thousands1

Millions2

PROJ_EXPEND_OWN_UNITS

PROJ_EXPEND_ATP (0.00-999.99)

Actual project expenditure from ATP sources:

\$ _____

Thousands1

Millions2

PROJ_EXPEND_ATP_UNITS

PROJ_ADD_RD

During the past reporting year, did your organization incur additional R&D expenditures related to the ATP project (beyond the Cooperative Agreement)?

Yes1

No.....2

If Yes:

PROJ_ADD_AMT (0.00-999.99)

How much did your organization spend on additional R&D expenditures related to the ATP project (beyond the Cooperative Agreement)?

Additional project-related R&D expenditure:

\$ _____

Thousands1

Millions2

PROJ_ADD_AMT_UNITS

Line of Research

Consider the specific **line of research** represented by your ATP project.

Please provide a brief descriptive definition for this line of research.

LOR_DESC

LOR_PREV3_RD (0.00-999.99)

In the three years **before the ATP award**, how much R&D expenditure did your organization devote to this line of research? (Your best estimate is fine. Please include expenditures from both internal and external sources of funding.)

\$ _____

Thousands1

Millions2

LOR_PREV3_UNITS

For the next few items, please consider your organization's R&D expenditure in this line of research, aside from ATP project and related R&D expenses.

Please provide information for the past reporting year [PY_START] to [PY_END].

LOR_PAST1_RD (0.00-999.99)

During the past reporting year, how much R&D expenditure did your organization devote to this line of research, excluding the ATP-funded project? (Your best estimate is fine. Please include expenditures from both internal and external sources of funding.)

\$ _____

Thousands1

Millions2

LOR_PAST1_RD_UNITS

[If LOR_PAST1_RD > 0]

LOR_PAST1_RD_EXT (0-100)

What percent of the R&D expenditure for this line of research (excluding the ATP project) was funded from external sources outside your organization (e.g., government sources, companies)?

_____ % Percent of R&D funded from external sources

[If LOR_PAST1_RD_EXT > 0]

Excluding the ATP project, please indicate the sources of external funding for this line of research during the past reporting year.

Did your organization receive funding from the following sources?

LOR_FED, LOR_FED_SPEC

Federal government programs

- Yes1
- No.....2
- Don't Know -7

If Yes:

Specify agency and program:

LOR_LOCAL

State and local government programs

- Yes1
- No.....2
- Don't Know -7

LOR_OTH

Companies

- Yes1
- No.....2
- Don't Know -7

Project Effort

Consider the past reporting year [PY_START] to [PY_END].

PROJ_WO_ATP_PAST1 (0.00-999.99)

Without ATP funding, how much expenditure do you think your organization would have devoted to the ATP project research during the past reporting year?

\$ _____

Thousands1

Millions2

PROJ_WO_ATP_PAST1_UNITS

PROJWORK_WO_ATP

Consider the research work that you have completed to date on the ATP project. Without ATP funding, how much of this research work do you think your organization would have completed to date?

- None0
- 1% to 20%1
- 21% to 40%2
- 41% to 60%3
- 61% to 80%4
- 81% 100%5

COLLAB_WO_ATP

If the ATP funding had not been received, do you think your organization would be conducting collaborative work on this project research with any of your JV partner organizations at this time?

Yes1

No.....2

RD_ACCEL_YRS

Consider your organization’s research objectives for your ATP project. How much has the ATP project accelerated your organization’s progress toward your research objectives?

- None.....0
- 1 year.....1
- 2 years2
- 3 years3
- 4 years4
- 5 years5
- More than 5 years.....6

Would not be able to achieve organization research objectives without the ATP project..... -99

COMM_ACCEL_YRS

Considering the timeline for your ATP project technology, how much has the ATP project shortened the time for your technology to reach the market

- None.....0
- 1 year.....1
- 2 years2
- 3 years3
- 4 years4
- 5 years5
- More than 5 years.....6

Without the ATP project, this technology would not reach the market..... -99

Section 7: Project Management

Organization Developments

Consider the past reporting year [PY_START] to [PY_END].

Have any of the following significant events occurred at your organization during the past reporting year? *(Please check all that apply.)*

- | | |
|--|-------------------|
| _Change in organization top management | SIG_EVENT_TOP |
| _Change in strategic direction of the organization | SIG_EVENT_DIR |
| _Organization re-structuring | SIG_EVENT_RESTRUC |
| _Financial difficulty and/or downsizing | SIG_EVENT_DOWN |
| _Other, please specify: _____ | SIG_EVENT_OTH |
| | SIG_EVENT_OS |
| _None of the above | SIG_EVENT_NONE |

Consider your ATP project plan, overall goals, and progress to date.

Project Progress

PROJ_PROGRESS

How satisfied are you with progress and achievements to date on your project?

- Very satisfied5
- Satisfied.....4
- Neither satisfied nor dissatisfied.....3
- Dissatisfied.....2
- Very dissatisfied.....1

PROJ_SCHEDULE

Are you ahead, behind, or on-track with project milestones and goals?

- Well ahead5
- Somewhat ahead4
- On-track3
- Somewhat behind.....2
- Well behind.....1

Trust and Knowledge Sharing

JV_TRUST_FAIR

To what extent do you trust your JV partners to show good will and treat your organization fairly?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

JV_TRUST_UNFAIR

To what extent do you think your JV partners would take unfair advantage of your organization if they had the chance (e.g., if you did not have proper legal protections in place)?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

JV_SHARE_KNOWLEDGE

To what extent do you think your JV partners share proprietary knowledge or confidential information in order to help the JV achieve its objectives?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

JV_SHARE_RELEVANT

To what extent do you think your JV partners share whatever relevant knowledge they have in order to help the JV achieve its objectives?

- Large extent4
- Moderate extent3
- Small extent2
- Not at all.....1

Project Communication

JV_MEETINGS (0-99)

During the past reporting year, how many project review meetings were held where all partners in the JV were represented?

____ Number of meetings

JV_JOINTWORK (0-999)

During the past reporting year, how much staff time, in person-days, did your organization devote to carrying out joint work on project tasks with staff from your JV partners?

____ Number of person-days

JV_COMMUNICATION

During the past reporting year, how frequently did staff from your organization communicate by telephone, email, or video-conference with staff from your JV partners?

- Several times a week.....5
- Weekly4
- Biweekly3
- Monthly2
- Quarterly1

Section 8: Research Outputs

The following section concerns the research output that may have been generated from your organization's ATP-funded technology. The section is divided into three parts: presentations, publications, and project awards. You will be asked to provide the following information for each subsection:

Presentations:

Date of presentation
Title of presentation
Name of meeting or conference
Location of meeting or conference (city, state, country)
Approximate attendance
Author names

Publications:

Date of paper
Title of paper
Status of paper (unpublished, submitted for publication, accepted for publication)
Name of journal of publication where paper was submitted or published (if applicable)
Volume, issue, page numbers (if published)
Author names

Project awards:

Title of award
Year of award
Awarding organization
Type of award (scientific/technical, business/industry)

Presentations

We are interested in conference or meeting presentations where your organization has publicly disseminated information about your ATP-funded project.

In the table below, please provide information about any presentations regarding the ATP project made by staff of your organization.

Date of Presentation (MM/YYYY)	Title of Presentation	Name of Meeting or Conference	Delete Entry
CP#_DATE	CP#_TTL	CP#_CONF	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH PRESENTATION LISTED IN THE PREVIOUS TABLE.]

Please provide the requested information for the following presentation:

Date of Presentation: [CP#_DATE]

Title of Presentation: [CP#_TTL]

Meeting or Conference: [CP#_CONF]

Where was the meeting or conference held?

CP#_CITY City: _____

CP#_STATE State: _____

CP#_COUNTRY Country: _____

CP#_ATTEND

Approximately how many people attended this presentation?

1-24 persons.....1

25-99 persons.....2

100+ persons.....3

Please enter all author names on the presentation in the table below:

First Name	Last Name	Delete Entry
CP#_FN	CP#_LN	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

Papers and Publications

We are interested in papers and publications authored by staff of your organization that publicly disseminates information and results from your ATP-funded project.

In the table below, please report any ATP-related papers authored by staff of your organization.

Date of Paper (MM/YYYY)	Title of Paper	Status of Paper
		Unpublished paper.....1 Submitted for publication.....2 Accepted for publication.....3
PP#_DATE	PP#_TTL	PP#_STATUS

Add/Update

Press 'Add/Update' button to add another row, or to update table.

[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH PUBLICATION LISTED AS “UNPUBLISHED”]

Please provide the requested information for the following paper:

Title of Paper: [PP#_TTL]

Date of Paper: [PP#_DATE]

Please enter all author names for the paper in the table below:

First Name	Last Name	Delete Entry
PP#_FN	PP#_LN	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH PUBLICATION LISTED AS “SUBMITTED FOR PUBLICATION”]

Please provide the requested information for the following paper:

Title of Paper: [PP#_TTL]

Date of Paper: [PP#_DATE]

PP#_PUB Name of journal or publication submitted to: _____

Please enter all author names for the paper in the table below:

First Name	Last Name	Delete Entry
PP#_FN	PP#_LN	

Add/Update

Press 'Add/Update' button to add another row, or to update table.

[PROGRAMMER NOTE: PLEASE LOOP THROUGH THE FOLLOWING ITEMS FOR EACH PUBLICATION LISTED AS “ACCEPTED FOR PUBLICATION”]

Please provide the requested information for the following paper:

Title of Paper: [PP#_TTL]

Date of Paper: [PP#_DATE]

PP#_PUB Name of journal or publication: _____

Please provide additional citation information, if known:

PP#_VOL Volume number: _____

PP#_ISSUE Issue number: _____

PP#_PGS Page numbers: _____

Please enter all author names for the paper in the table below:

First Name	Last Name	Delete Entry
PP#_FN	PP#_LN	

Add/Update

Press ‘Add/Update’ button to add another row, or to update table.

Project-related Awards

PROJ_AWDS

During the past reporting year, did your organization or project team members receive any scientific or industry awards related to your ATP project?

Yes.....1

No.....2

If PROJ_AWDS = Yes:

Please enter information about ATP project-related awards.

Title of Award	Year of Award	Awarding Organization
AWD#_TTL	AWD#_YR	AWD#_ORG

Add/Update

Press 'Add/Update' button to add another row, or to update table.

Please indicate the type of award your organization or project team members received:

Title of Award	Year of Award	Type of Award
		Scientific/Technical achievement.....1 Business/Industry achievement.....2
AWD#_TTL	AWD#_YR	AWD#_TYPE

Section 9: Technology Innovation

Technology Innovation

TECH_INNOV

Please briefly describe the key technological innovation of your ATP project, and your organization's contribution to that innovation.

TECH_ADVAN

What is the advantage of this technology over existing technologies or alternative technologies?

Product and Applications

[If TYPE_OF_PARTICIPATION = JVL]

We use the term **product** to include both goods and services.

Please think about the product (the good or service) from your organization that incorporates the ATP project technology. This product embodies either a product innovation or a process innovation from the ATP project.

PROD_DESC

Please describe this product from your organization. Describe the product in general terms; later in this section we will ask you to describe specific product applications.

For joint venture (JV) projects, please describe only your organization’s product. Other JV partners will report on their products.

Compared to existing products, does this product provide ...

- New features PROD_ADVAN_FEAT
- Improved performance PROD_ADVAN_PERF
- Lower cost PROD_ADVAN_COST

(Check all that apply.)

We use the term **product application** to mean applications to specific industry uses.

Please describe product applications that your organization has identified.

Product applications
[APP#_DESC]

Add/Update

Press ‘Add/Update’ button to add another row, or to update table.

Section 10: Future BRS Reports

BRS Contact Person

The BRS Contact Person for your organization will receive future emails and notifications regarding upcoming or active BRS reports. Please select from the table below which member of your staff you would like to designate to be the BRS Contact Person.

[INSERT KEY PERSONNEL TABLE WITH “ADD A NEW NAME OPTION”]

If TCON, BCON, or ACON selected, pre-fill all available information:

Please verify the following contact information for [selected name]:

RCON_FNAME	First Name
RCON_LNAME	Last Name
RCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs.]
RCON_TITLE	Position Title
RCON_GNDR	Gender Male_____ Female _____
RCON_ORG1	Organization Name Line 1
RCON_ORG2	Organization Name Line 2
RCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
RCON_ADD2	Street Address Line 2:
RCON_ADD3	Street Address Line 3
RCON_CITY	City
RCON_STATE	State
RCON_ZIP	Zip
RCON_PHONE	Telephone
RCON_EXT	Ext.
RCON_FAX	Fax
RCON_EMAIL	E-mail

If old name that is not TCON, BCON, OR ACON selected (pre-fill all available information):

Please provide the following contact information for [selected name]:

RCON_FNAME	First Name
RCON_LNAME	Last Name
RCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs.]
RCON_TITLE	Position Title
RCON_GNDR	Gender Male_____ Female _____
RCON_ORG1	Organization Name Line 1
RCON_ORG2	Organization Name Line 2
RCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
RCON_ADD2	Street Address Line 2:
RCON_ADD3	Street Address Line 3
RCON_CITY	City
RCON_STATE	State
RCON_ZIP	Zip
RCON_PHONE	Telephone
RCON_EXT	Ext.
RCON_FAX	Fax
RCON_EMAIL	E-mail

If “ADD A NEW NAME selected:

Please provide the following contact information for the BRS Contact Person:

RCON_FNAME	First Name
RCON_LNAME	Last Name
RCON_SALUT	[Drop down box with following options: Dr., Mr., Miss, Mrs.]
RCON_TITLE	Position Title
RCON_GNDR	Gender Male_____ Female _____
RCON_ORG1	Organization Name Line 1
RCON_ORG2	Organization Name Line 2
RCON_ADD1	Street Address Line 1 <i>(no PO Box addresses, please)</i>
RCON_ADD2	Street Address Line 2:
RCON_ADD3	Street Address Line 3
RCON_CITY	City
RCON_STATE	State
RCON_ZIP	Zip
RCON_PHONE	Telephone
RCON_EXT	Ext.
RCON_FAX	Fax
RCON_EMAIL	E-mail

Comments

We are very interested in your reactions to this Annual Report. Below are a few questions which will assist us in improving the report for future administrations.

DIFF_NAV

How difficult or easy was it to navigate through the report?

- Very difficult.....5
- Somewhat difficult.....4
- Neither difficult or easy3
- Somewhat easy.....2
- Very easy1

NUM_CONSULTED

How many people did you consult to answer questions on the report?

REPORT_LIKED

Was there anything you particularly liked about this web-based report? If so, please tell us.

REPORT_IMPROVE

Are there any improvements that you would like to recommend? If so, please tell.
