

Contact Program Director/Principal Investigator:

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. TELEPHONE AND FAX (Area code, number and extension)

TEL:		FAX:	
------	--	------	--

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. TELEPHONE AND FAX (Area code, number and extension)

TEL:		FAX:	
------	--	------	--

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. TELEPHONE AND FAX (Area code, number and extension)

TEL:		FAX:	
------	--	------	--

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. TELEPHONE AND FAX (Area code, number and extension)

TEL:		FAX:	
------	--	------	--

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT COSTS ONLY		FROM		THROUGH		GRANT NUMBER	
PERSONNEL (Applicant organization only)		Months Devoted to Project			DOLLAR AMOUNT REQUESTED (omit cents)		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Mnths	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
	PD/PI						
SUBTOTALS →							
CONSULTANT COSTS							
EQUIPMENT (<i>Itemize</i>)							
SUPPLIES (<i>Itemize by category</i>)							
TRAVEL							
PATIENT CARE COSTS		INPATIENT					
		OUTPATIENT					
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)							
OTHER EXPENSES (<i>Itemize by category</i>)							
SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD							\$
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS					
		FACILITIES AND ADMINISTRATIVE COSTS					
TOTAL DIRECT COSTS FOR NEXT PROJECT PERIOD (<i>Item 8a, Face Page</i>)							\$

Program Director/Principal Investigator (Last, First, Middle):

BUDGET JUSTIFICATION	GRANT NUMBER
-----------------------------	--------------

Provide a detailed budget justification for those line items and amounts that represent a significant change from that previously recommended. Use continuation pages if necessary.

CURRENT BUDGET PERIOD	FROM	THROUGH
------------------------------	------	---------

Explain any estimated unobligated balance (including prior year carryover) that is greater than 25% of the current year's total budget.

Program Director/Principal Investigator (Last, First, Middle):

PROGRESS REPORT SUMMARY	GRANT NUMBER	
	PERIOD COVERED BY THIS REPORT	
PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR	FROM	THROUGH

APPLICANT ORGANIZATION

TITLE OF PROJECT (Repeat title shown in Item 1 on first page)

A. Human Subjects (Complete Item 6 on the Face Page)		
Involvement of Human Subjects	No Change Since Previous Submission	Change
B. Vertebrate Animals (Complete Item 7 on the Face Page)		
Use of Vertebrate Animals	No Change Since Previous Submission	Change
C. Select Agent Research	No Change Since Previous Submission	Change
D. Multiple PD/PI Leadership Plan	No Change Since Previous Submission	Change

SEE PHS 2590 INSTRUCTIONS.

WOMEN AND MINORITY INCLUSION: See PHS 398 Instructions. Use Inclusion Enrollment Report Format Page and, if necessary, Targeted/Planned Enrollment Format Page.

Program Director/Principal Investigator (Last, first, middle):

GRANT NUMBER

CHECKLIST

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in Part III of the PHS 398, and listed in Part I, 4.1 under Item 14. If unable to certify compliance, where applicable, provide an explanation and place it after the Progress Report (Form Page 5).

3. FACILITIES AND ADMINISTRATIVE (F&A) COSTS

Indicate the applicant organization's most recent F&A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office.

F&A costs will **not** be paid on construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, Small Business Innovation Research/Small Business Technology Transfer Grants, foreign grants, and specialized grant applications.

DHHS Agreement dated: _____ No Facilities and Administrative Costs Requested.

No DHHS Agreement, but rate established with _____ Date _____

CALCULATION*

Entire proposed budget period: Amount of base \$ _____ x Rate applied _____ % = F&A costs \$ _____

Add to total direct costs from Form Page 2 and enter new total on Face Page, Item 8b.

*Check appropriate box(es):

Salary and wages base Modified total direct cost base Other base (Explain)

Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):

Program Director/Principal Investigator (Last, First, Middle):

SENIOR/KEY PERSONNEL REPORT

GRANT NUMBER

Place this form at the end of the signed original copy of the application. Do not duplicate.

All Key Personnel for the Current Budget Period (do not include Other Significant Contributors)

Name	Degree(s)	SSN (last 4 digits)	Role on Project (e.g. PD/PI, Res. Assoc.)	Months Devoted to Project		
				Cal	Acad	Summer

Program Director/Principal Investigator (Last, first, middle):

NEXT BUDGET PERIOD <i>(Follow instructions carefully)</i>	FROM	THROUGH	GRANT NUMBER
ITEMIZE DIRECT COSTS REQUESTED FOR NEXT BUDGET PERIOD			DOLLAR AMOUNT REQUESTED (omit cents)
PREDOCTORAL STIPENDS <i>(List trainee names)</i>			
TOTAL STIPENDS			
TUITION and FEES (including Health Insurance when applicable – see new Instructions) <i>(Itemize)</i> <i>(List each category separately)</i>			
TRAINEE TRAVEL <i>(Describe)</i>			
TRAINING-RELATED EXPENSES (including Health Insurance when applicable – see new Instructions)			
TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD <i>(Also enter on Page 1, Item 8a)</i>			

Program Director/Principal Investigator (Last, First, Middle):

Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

Study Title: _____

Total Planned Enrollment: _____

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino			
Not Hispanic or Latino			
Ethnic Category: Total of All Subjects *			
Racial Categories			
American Indian/Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
Racial Categories: Total of All Subjects *			

* The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

Program Director/Principal Investigator (Last, First, Middle):

Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title: _____
 Total Enrollment: _____ Protocol Number: _____
 Grant Number: _____

PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race				
Ethnic Category	Sex/Gender			Total
	Females	Males	Unknown or Not Reported	
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (individuals not reporting ethnicity)				
Ethnic Category: Total of All Subjects*				*
Racial Categories				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of All Subjects*				*
PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)				
Racial Categories	Females	Males	Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of Hispanics or Latinos**				**

* These totals must agree.
 ** These totals must agree.

Trainee Diversity Report

This report format should NOT be used for data collection from trainees.

Training Grant Title: _____

Total Number of Appointed: _____

Grant Number: _____

PART A. TOTAL TRAINEE APPOINTMENTS REPORT: Number of Trainees Appointed by Ethnicity and Race				
Ethnic Category	Sex/Gender			
	Females	Males	Unknown or Not Reported	Total
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (individuals not reporting ethnicity)				
Ethnic Category: Total of All Trainees*				*
Racial Categories				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of All Trainees*				*
PART B. HISPANIC TRAINEE APPOINTMENTS REPORT: Number of Hispanics or Latinos Appointed				
Racial Categories	Females	Males	Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of Hispanics or Latinos**				**
PART C. TRAINEES WITH DISABILITIES OR FROM DISADVANTAGED BACKGROUNDS				
Number of Trainees with Disabilities:				
Number of Trainees from Disadvantaged Backgrounds:				

(*) (**) These totals must agree.