

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE NATIONAL INSTITUTES OF HEALTH <b>PROPOSAL SUMMARY AND DATA RECORD</b>	RFP NUMBER/CONTRACT NUMBER
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PROJECT TITLE (Title of RFP or Contract Proposal)

LEGAL NAME AND ADDRESS OF OFFEROR	PLACE OF PERFORMANCE (Full address including ZIP)
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TYPE OF CONTRACT PROPOSED  
 COST-REIMBURSEMENT       FIXED PRICE       COST-PLUS-FIXED-FEE       OTHER

ESTIMATED TIME REQUIRED TO COMPLETE PROJECT	PROPOSED STARTING DATE
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ESTIMATED DIRECT COSTS IN PROPOSED YEAR (From budget)

DOES THIS PROPOSAL INCLUDE A SUBCONTRACT  YES  NO (If yes, please furnish name and location of organization, description of services, basis for selection, responsible person employed by subcontractor and cost information.)

NAME AND TITLE OF PRINCIPAL INVESTIGATOR	SOCIAL SECURITY NO.	EST. HOURS WEEKLY	AREA CODE/TEL. NO.
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NAME AND TITLE OF CO-INVESTIGATORS (Use attachment if necessary)	SOCIAL SECURITY NO.	EST. HOURS WEEKLY	AREA CODE/TEL. NO.
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NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE CONTRACTS	AREA CODE/TELEPHONE NUMBER
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NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE CONTRACTS	AREA CODE/TELEPHONE NUMBER
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DOES THIS PROPOSAL INVOLVE EXPERIMENTS WITH HUMAN SUBJECTS?     YES     NO

Institution's General Assurance re Human Subjects	DATE APPROVED	<input type="checkbox"/> PENDING
Institution's Review Board's approval of this proposal	DATE APPROVED	<input type="checkbox"/> PENDING
An example of the informed consent for this study is enclosed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
A Clinical Protocol is enclosed	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OFFEROR'S ACKNOWLEDGEMENT OF AMENDMENTS TO THE RFP (Use attachment if necessary)

ERRATA NUMBER	DATE	ERRATA NUMBER	DATE
NAME, ADDRESS, AND PHONE NUMBER OF COGNIZANT GOVERNMENT AUDIT AGENCY		NUMBER OF EMPLOYEES CURRENTLY EMPLOYED	
		DOLLAR VOLUME OF BUSINESS PER ANNUM	
		THIS OFFER EXPIRES _____ DAYS FROM THE DATE OF THIS OFFER. (120 days if not specified)	

FOR THE INSTITUTION

SIGNATURE OF PRINCIPAL INVESTIGATOR	SIGNATURE OF BUSINESS REPRESENTATIVE
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TYPED NAME AND TITLE	TYPED NAME AND TITLE
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EMPLOYER IDENTIFICATION NUMBER	DATE OF OFFER
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Provision of the Social Security Number is voluntary. Social Security Numbers are requested for the purpose of accurate and efficient identification, review, and management of NIH Extramural Programs. Authority for requesting this information is provided by Title III, Section 301, and Title IV of the Public Health Service Act, as amended.

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