

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE NATIONAL INSTITUTES OF HEALTH PROPOSAL SUMMARY AND DATA RECORD	RFP/CONTRACT NUMBER
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PROJECT TITLE

LEGAL NAME AND ADDRESS OF OFFEROR	PLACE OF PERFORMANCE (Full address including ZIP)
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<input type="checkbox"/> COST REIMBURSEMENT <input type="checkbox"/> FIXED PRICE <input type="checkbox"/> COST-PLUS-FIXED-FEE <input type="checkbox"/> OTHER
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ESTIMATED TIME REQUIRED TO COMPLETE PROJECT

ESTIMATED DIRECT COSTS IN PROPOSED YEAR (From budget)	PROPOSED STARTING DATE
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DOES THIS PROPOSAL INCLUDE A SUBCONTRACT <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please furnish name and location of organization, description of services, basis for selection, responsible person employed by subcontractor and cost information.)
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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	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Institution's General Assurance re Human Subjects	DATE APPROVED _____ <input type="checkbox"/> PENDING
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Institution's Review Board's Approval of this Proposal	DATE APPROVED _____ <input type="checkbox"/> PENDING
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An example of the informed consent for this study is enclosed	<input type="checkbox"/> YES <input type="checkbox"/> NO
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A Clinical Protocol is enclosed	<input type="checkbox"/> YES <input type="checkbox"/> NO
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OFFEROR'S ACKNOWLEDGEMENT OF AMENDMENTS TO THE RFP (Use attachment if necessary)
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ERRATA NUMBER	DATE	ERRATA NUMBER	DATE
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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	
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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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