Form Approved Through 11/30/2010 OMB No. 0925-0001

Department of Health and Human Services
Public Health Services

# Grant Progress Report

| 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:

3a. APPLICANT ORGANIZATION
(Name and address, street, city, state, zip code)

3b. Tel: Fax:

3c. DUNS:

4. ENTITY IDENTIFICATION NUMBER

6. HUMAN SUBJECTS No Yes

| 6a. Research Exempt<br>No Yes | If Exempt ("Yes" in 6a):<br>Exemption No. | If Not Exempt ("No" in 6a):<br>IRB approval date |
|---|---|---|

6b. Federal Wide Assurance No.

6c. NIH-Defined Phase III
Clinical Trial No Yes

5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

Tel: Fax:

E-MAIL:

7. VERTEBRATE ANIMALS No Yes

7a. If "Yes," IACUC approval Date

7b. Animal Welfare Assurance No.

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD

| 8a. DIRECT $ | 8b. TOTAL $ |
|---|---|

9. INVENTIONS AND PATENTS No Yes

If "Yes, Previously Reported
Not Previously Reported

10. PROJECT/PERFORMANCE SITE(S)

Organizational Name:

DUNS:

Street 1:

Street 2:

| 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: |
|---|---|---|

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 |
|---|---|---|