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| Appendix G |
| DEPARTMENT OF HEALTH AND HUMAN SERVICESNATIONAL INSTITUTES OF HEALTHPROPOSAL SUMMARY AND DATA RECORD | RFP NUMBER/CONTRACT NUMBER      |
| PROJECT TITLE (Title of RFP or Contract Proposal)      |
| LEGAL NAME AND ADDRESS OF OFFEROR      | PLACE OF PERFORMANCE (Full address including ZIP)      |
| TYPE OF CONTRACT PROPOSED |
| [ ]  COST-REIMBURSEMENT | [ ]  FIXED PRICE | **[ ]**  COST-PLUS FIXED-FEE | [ ]  OTHER |
| ESTIMATED TIME REQUIRED TO COMPLETE PROJECT |       | PROPOSED STARTING DATE |       |
| 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.) (Use attachment if necessary.) |
| NAME AND TITLE OF PRINCIPAL INVESTIGATOR      | EST. HOURS WEEKLY      | AREA CODE/TEL. NO.      |
| NAME AND TITLE OF CO-INVESTIGATOR (Use attachment if necessary)      | EST. HOURS WEEKLY      | AREA CODE/TEL. NO.      |
| NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE CONTRACTS      |
| NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE CONTRACTS      |
| DOES THIS PROPOSAL INVOLVE HUMAN SUBJECTS RESEARCH?  | [ ]  YES [ ]  NO | EXEMPTION NUMBER (IFAPPLICABLE)       |
| If YES to Human Subjects, is the IRB review Pending? [ ]  YES [ ]  NO  | If IRB Review Not Pending, IRB Approval Date       |
| Human Subjects Assurance Number       |
|  An example of the informed consent for this study is enclosed | [ ]  YES [ ]  NO [ ]  N/A |
|  A Clinical Protocol is enclosed | [ ]  YES [ ]  NO [ ]  N/A |
| Are Vertebrate Animals Used? | [ ]  YES [ ]  NO |
| If YES to Vertebrate Animals, is the IACUC review Pending? [ ]  YES [ ]  NO |
| If IACUC Review Not Pending, IRB Approval Date       | Animal Welfare Assurance Number       |
| 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 |
| TYPED NAME AND TITLE      | TYPED NAME AND TITLE      |
| EMPLOYER IDENTIFICATION NUMBER      | DATE OF OFFER      |

 NIH-2043 (Rev. 07/08)