

Department of Health and Human Services
Public Health Services

Review Group	Type	Activity	Grant Number
Total Project Period			
From:		Through:	
Requested Budget Period			
From:		Through:	

Grant Progress Report

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	If Exempt ("Yes" in 6a): Exemption No.		If Not Exempt ("No" in 6a): IRB approval date
No	Yes		

5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

Tel: _____ Fax: _____

E-MAIL: _____

6b. Federal Wide Assurance No.

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

7. VERTEBRATE ANIMALS No Yes

7a. If "Yes," IACUC approval Date

7b. Animal Welfare Assurance No.

10. PROJECT/PERFORMANCE SITE(S)

Organizational Name: _____

DUNS: _____

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD

8a. DIRECT \$ _____ 8b. TOTAL \$ _____

Street 1: _____

Street 2: _____

9. INVENTIONS AND PATENTS No Yes

If "Yes," Previously Reported
Not Previously Reported

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
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