

DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH PROPOSAL 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 <input type="checkbox"/> COST-REIMBURSEMENT <input type="checkbox"/> FIXED PRICE <input type="checkbox"/> COST-PLUS FIXED-FEE <input type="checkbox"/> OTHER		
ESTIMATED TIME REQUIRED TO COMPLETE PROJECT		PROPOSED STARTING DATE
ESTIMATED DIRECT COSTS IN PROPOSED YEAR (From Budget)		
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.) (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? <input type="checkbox"/> YES <input type="checkbox"/> NO		EXEMPTION NUMBER (IF APPLICABLE)
If YES to Human Subjects, is the IRB review Pending? <input type="checkbox"/> YES <input type="checkbox"/> NO		If IRB Review Not Pending, IRB Approval Date
Human Subjects Assurance Number		
An example of the informed consent for this study is enclosed		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
A Clinical Protocol is enclosed		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are Vertebrate Animals Used?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES to Vertebrate Animals, is the IACUC review Pending? <input type="checkbox"/> YES <input type="checkbox"/> 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