

## A. COVER PAGE

<b>Project Title:</b>	
<b>Grant Number:</b>	<b>Project/Grant Period:</b>
<b>Reporting Period:</b>	<b>Requested Budget Period:</b>
<b>Report Term Frequency:</b> Semi-Annual	<b>Date Submitted:</b>
<b>Program Director/Principal Investigator Information:</b>  <b>Phone Number:</b> <b>Email:</b>	<b>Recipient Organization:</b>  <b>DUNS:</b> <b>UEI:</b> <b>EIN:</b>  <b>RECIPIENT ID:</b>
<b>Change of Contact PD/PI:</b> NA	
<b>Administrative Official:</b>  <b>Phone number:</b> <b>Email:</b>	<b>Signing Official:</b>  <b>Phone number:</b> <b>Email:</b>

**B. ACCOMPLISHMENTS**

**B.1 WHAT ARE THE MAJOR GOALS OF THE PROJECT?**

**B.1.a Have the major goals changed since the initial competing award or previous report?**

**B.2 WHAT WAS ACCOMPLISHED UNDER THESE GOALS?**

**B.3 COMPETITIVE REVISIONS/ADMINISTRATIVE SUPPLEMENTS**

**For this reporting period, is there one or more Revision/Supplement associated with this award for which reporting is required?**

**B.4 WHAT OPPORTUNITIES FOR TRAINING AND PROFESSIONAL DEVELOPMENT HAS THE PROJECT PROVIDED?**

**B.5 HOW HAVE THE RESULTS BEEN DISSEMINATED TO COMMUNITIES OF INTEREST?**

**B.6 WHAT DO YOU PLAN TO DO DURING THE NEXT REPORTING PERIOD TO ACCOMPLISH THE GOALS?**

## C. PRODUCTS

### C.1 PUBLICATIONS

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award?

### C.2 WEBSITE(S) OR OTHER INTERNET SITE(S)

### C.3 TECHNOLOGIES OR TECHNIQUES

### C.4 INVENTIONS, PATENT APPLICATIONS, AND/OR LICENSES

Have inventions, patent applications and/or licenses resulted from the award during the reporting period?

If yes, has this information been previously provided to the PHS or to the official responsible for patent matters at the grantee organization?

### C.5 OTHER PRODUCTS AND RESOURCE SHARING

Please provide information for C4 below.

## D. PARTICIPANTS

### D.1 WHAT INDIVIDUALS HAVE WORKED ON THE PROJECT?

Commons ID	S/K	Name	Degree(s)	Role	Cal	Aca	Sum	Foreign Org	Country	SS

#### Glossary of acronyms:

S/K - Senior/Key

Cal - Person Months (Calendar)

Aca - Person Months (Academic)

Sum - Person Months (Summer)

Foreign Org - Foreign Organization Affiliation

SS - Supplement Support

RS - Reentry Supplement

DS - Diversity Supplement

OT - Other

NA - Not Applicable

### D.2 PERSONNEL UPDATES

#### D.2.a Level of Effort

Will there be, in the next budget period, either (1) a reduction of 25% or more in the level of effort from what was approved by the agency for the PD/PI(s) or other senior/key personnel designated in the Notice of Award, or (2) a reduction in the level of effort below the minimum amount of effort required by the Notice of Award?

#### D.2.b New Senior/Key Personnel

Are there, or will there be, new senior/key personnel?

#### D.2.c Changes in Other Support

Has there been a change in the active other support of senior/key personnel since the last reporting period?

#### D.2.d New Other Significant Contributors

Are there, or will there be, new other significant contributors?

#### D.2.e Multi-PI (MPI) Leadership Plan

Will there be a change in the MPI Leadership Plan for the next budget period?

Please provide information for D.2.c below.

## E. IMPACT

E.1 WHAT IS THE IMPACT ON THE DEVELOPMENT OF HUMAN RESOURCES?

E.2 WHAT IS THE IMPACT ON PHYSICAL, INSTITUTIONAL, OR INFORMATION RESOURCES THAT FORM INFRASTRUCTURE?

E.3 WHAT IS THE IMPACT ON TECHNOLOGY TRANSFER?

E.4 WHAT DOLLAR AMOUNT OF THE AWARD'S BUDGET IS BEING SPENT IN FOREIGN COUNTRY(IES)?

## F. CHANGES

**F.1 CHANGES IN APPROACH AND REASONS FOR CHANGE**

**F.2 ACTUAL OR ANTICIPATED CHALLENGES OR DELAYS AND ACTIONS OR PLANS TO RESOLVE THEM**

**F.3 SIGNIFICANT CHANGES TO HUMAN SUBJECTS, VERTEBRATE ANIMALS, BIOHAZARDS, AND/OR SELECT AGENTS**

**F.3.a Human Subject**

**F.3.b Vertebrate Animals**

**F.3.c Biohazards**

**F.3.d Select Agents**

## G. SPECIAL REPORTING REQUIREMENTS SPECIAL REPORTING REQUIREMENTS

### G.1 SPECIAL NOTICE OF AWARD TERMS AND FUNDING OPPORTUNITIES ANNOUNCEMENT REPORTING REQUIREMENTS

### G.2 RESPONSIBLE CONDUCT OF RESEARCH

### G.3 MENTOR'S REPORT OR SPONSOR COMMENTS

### G.4 HUMAN SUBJECTS

G.4.a Does the project involve human subjects?

Is the research exempt from Federal regulations?

G.4.b Inclusion Enrollment Data

G.4.c ClinicalTrials.gov

Does this project include one or more applicable clinical trials that must be registered in ClinicalTrials.gov under FDAAA?

### G.5 HUMAN SUBJECTS EDUCATION REQUIREMENT

Are there personnel on this project who are newly involved in the design or conduct of human subjects research?

### G.6 HUMAN EMBRYONIC STEM CELLS (HESCS)

Does this project involve human embryonic stem cells (only hESC lines listed as approved in the NIH Registry may be used in NIH funded research)?

**G.7 VERTEBRATE ANIMALS**

Does this project involve vertebrate animals?

**G.8 PROJECT/PERFORMANCE SITES**

Organization Name	UEI	Congressional District	Address

**G.9 FOREIGN COMPONENT**

**G.10 ESTIMATED UNOBLIGATED BALANCE**

G.10.a Is it anticipated that an estimated unobligated balance (including prior year carryover) will be greater than 25% of the current year's total approved budget?

**G.11 PROGRAM INCOME**

Is program income anticipated during the next budget period?

**G.12 F&A COSTS**

Is there a change in performance sites that will affect F&A costs?

**RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1**

**(BUDGET SECTION CURRENTLY NOT FORM FILLABLE)**

UEI\*:

Budget Type\*:  Project  Subaward/Consortium

Enter name of Organization:

Start Date\*:

End Date\*:

Budget Period: 1

**A. Senior/Key Person**

Prefix	First Name*	Middle Name	Last Name*	Suffix	Project Role*	Base Salary (\$)	Calendar Months	Academic Months	Summer Months	Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
Total Funds Requested for all Senior Key Persons in the attached file												
Additional Senior Key Persons: File Name:											Total Senior/Key Person	

**B. Other Personnel**

Number of Personnel*	Project Role*	Calendar Months	Academic Months	Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
<b>0</b>	<b>Total Number Other Personnel</b>					<b>Total Other Personnel</b>	
							<b>Total Salary, Wages and Fringe Benefits (A+B)</b>

RESEARCH & RELATED Budget {A-B} (Funds Requested)

## RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

**(BUDGET SECTION CURRENTLY NOT FORM FILLABLE)**

UEI\*:

Budget Type\*:     Project     Subaward/Consortium

Enter name of Organization:

Start Date\*:

End Date\*:

Budget Period: 1

<b>C. Equipment Description</b>		<b>Funds Requested (\$)*</b>
List items and dollar amount for each item exceeding \$5,000		
<b>Equipment Item</b>		
<b>Total funds requested for all equipment listed in the attached file</b>		
	<b>Total Equipment</b>	<b>0.00</b>
<b>Additional Equipment:</b> File Name:		

<b>D. Travel</b>		<b>Funds Requested (\$)*</b>
1. Domestic Travel Costs ( Incl. Canada, Mexico, and U.S. Possessions)		0.00
2. Foreign Travel Costs		0.00
	<b>Total Travel Cost</b>	<b>0.00</b>

<b>E. Participant/Trainee Support Costs</b>		<b>Funds Requested (\$)*</b>
1. Tuition/Fees/Health Insurance		0.00
2. Stipends		0.00
3. Travel		0.00
4. Subsistence		0.00
5. Other:		
<b>0 Number of Participants/Trainees</b>	<b>Total Participant Trainee Support Costs</b>	<b>0.00</b>

RESEARCH & RELATED Budget {C-E} (Funds Requested)

**RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 1**  
**(BUDGET SECTION CURRENTLY NOT FORM FILLABLE)**

UEI\*:

Budget Type\*:     Project     Subaward/Consortium

Enter name of Organization:

Start Date\*:

End Date\*:

Budget Period: 1

<b>F. Other Direct Costs</b>	<b>Funds Requested (\$)*</b>
1. Materials and Supplies	0.00
2. Publication Costs	0.00
3. Consultant Services	0.00
4. ADP/Computer Services	0.00
5. Subawards/Consortium/Contractual Costs	0.00
6. Equipment or Facility Rental/User Fees	0.00
7. Alterations and Renovations	0.00
8.	0.00
9.	0.00
10.	0.00
11.	0.00
12.	0.00
13.	0.00
14.	0.00
15.	0.00
16.	0.00
17.	0.00
<b>Total Other Direct Costs</b>	<b>0.00</b>

<b>G. Direct Costs</b>	<b>Funds Requested (\$)*</b>
<b>Total Direct Costs (A thru F)</b>	<b>0.00</b>

<b>H. Indirect Costs</b>			<b>Funds Requested (\$)*</b>
<b>Indirect Cost Type</b>	<b>Indirect Cost Rate (%)</b>	<b>Indirect Cost Base (\$)</b>	
			<b>Total Indirect Costs</b>
<b>Cognizant Federal Agency</b>			
(Agency Name, POC Name, and POC Phone Number)			

<b>I. Total Direct and Indirect Costs</b>	<b>Funds Requested (\$)*</b>
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<b>0.00</b>

<b>J. Fee</b>	<b>Funds Requested (\$)*</b>
	<b>0.00</b>

<b>K. Total Costs and Fee</b>	<b>Funds Requested (\$)*</b>
	<b>0.00</b>

<b>L. Budget Justification*</b>	File Name:

## J. MISCELLANEOUS DOCUMENTS

### J.1 Other Documents

Please upload any additional attachments needed for your award that do not have a specific upload field in another section of the RPPR.