

SNAP Instructions for Submitting the Progress Report

Complete Face Page (Form Page 1) except for items 8a and 8b, the Progress Report Summary (Form Page 5), and the Personnel Report (Form Page 7). Complete the Checklist Page (Form Page 6) only if there is a change in performance site(s) that will affect facilities and administrative costs and/or if program income is anticipated. If program income is anticipated, the Checklist should reflect the amount and source(s). The Progress Report should begin on Form Page 5. Complete all information and provide a brief, two-page progress report following the instructions for Progress Report Summary. Tables and figures that summarize key accomplishments are not counted in the two-page limit.

**Send ORIGINAL
plus 2 copies, unstapled.**

Answer the following questions at the beginning of Form Page 5. Blank pages should be used for the Progress Report if inadequate space remains on Form Page 5 to answer the questions and to begin the report on the research progress. The questions to be addressed are as follows:

- **Has there been a change in the other support of key personnel since the last reporting period?** If yes, explain the change(s); if no, so state. Specific information is to be provided only if active support has changed. If a previously active grant has terminated and/or if a previously pending grant is now active, the change in support is to be reported. Submission of other support information is not necessary if support is pending or for changes in the level of effort for active support reported previously. Other support information should be submitted only for the principal investigator and for those individuals considered by the principal investigator to be key to the project. Key personnel are defined as individuals who contribute in a substantive way to the scientific development or execution of the project, whether or not a salary is requested.
- **Will there be, in the next budget period, a significant change in the level of effort for key personnel from what was approved for this project?** If yes, please explain; if no, so state. A significant change in level of effort is defined in Federal regulations as a 25 percent reduction in time devoted to the project. For example, if a key person on the project is expected to reduce his/her effort from 40 percent to 30 percent, which represents a 25 percent reduction in the level of effort, an explanation must be provided at the beginning of the Progress Report Summary (Form Page 5).
- **Is it anticipated that an estimated unobligated balance (including prior year carryover) will be greater than 25 percent of the current year's total budget?** If yes, please provide an explanation; if no, so state. An explanation should include why there is a significant balance and how it will be spent if carried forward into the next budget period.

Program or grants management staff may require additional information in order to evaluate the project for continued funding. Failure to provide this information will result in a delayed award.

If a project or grantee organization requires closer monitoring by NIH staff, the project or organization may not use these simplified instructions.

If you have any questions, contact the grants management specialist identified on the current Notice of Grant Award.

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. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Name and address, street, city, state, zip code)	3. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)
2b. E-MAIL ADDRESS	4. ENTITY IDENTIFICATION NUMBER
2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	5. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL E-MAIL:
2d. MAJOR SUBDIVISION	

6. HUMAN SUBJECTS		7. VERTEBRATE ANIMALS	
<input type="checkbox"/> No	6a. Research Exempt	<input type="checkbox"/> No	7a. If "Yes," IACUC approval Date
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
If Exempt ("Yes" in 6a): Exemption No.	6b. Human Subjects Assurance No.	7b. Animal Welfare Assurance No.	
	6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		
If Not Exempt ("No" in 6a): IRB approval date	<input type="checkbox"/> Full IRB or <input type="checkbox"/> Expedited Review		

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD		9. INVENTIONS AND PATENTS	
8a. DIRECT \$	8b. TOTAL \$	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes," <input type="checkbox"/> Previously Reported <input type="checkbox"/> Not Previously Reported
10. PERFORMANCE SITE(S) (<i>Organizations and addresses</i>)		11a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (<i>Item 2a</i>)	TEL FAX
		11b. ADMINISTRATIVE OFFICIAL NAME (<i>Item 5</i>)	TEL FAX
		11c. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (<i>Item 14</i>) NAME TITLE TEL E-MAIL	

12. Corrections to Page 1 Face Page		
13. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.	SIGNATURE OF PI/PD NAMED IN 2a. (<i>In ink. "Per" signature not acceptable.</i>)	DATE
14. 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 11c. (<i>In ink. "Per" signature not acceptable.</i>)	DATE

Principal Investigator/Program Director (Last, first, middle):

PROGRESS REPORT SUMMARY

GRANT NUMBER

PERIOD COVERED BY THIS REPORT

PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR

FROM

THROUGH

APPLICANT ORGANIZATION

TITLE OF PROJECT (Repeat title shown in Item 1 on first page)

A. Human Subjects (Complete Item 6 on the Face Page)

Involvement of Human Subjects No Change Since Previous Submission Change

B. Vertebrate Animals (Complete Item 7 on the Face Page)

Use of Vertebrate Animals No Change Since Previous Submission Change

SEE PHS 2590 INSTRUCTIONS.

WOMEN AND MINORITY INCLUSION: See PHS 398 Instructions. Use Inclusion Enrollment Report Format Page and, if necessary, Targeted/Planned Enrollment Format Page.

Principal Investigator/Program Director (Last, first, middle):

PERSONNEL REPORT

GRANT NUMBER

Place this form at the end of the signed original copy of the application. Do not duplicate.

All Key Personnel for the Current Budget Period

Name	Degree(s)	SSN	Role on Project (e.g. PI, Res. Assoc.)	Date of Birth (MM/DD/YY)	Annual % Effort

Principal Investigator/Program Director (Last, first, middle):

GRANT NUMBER

CHECKLIST

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/ certifications are provided in Section III of the PHS 398. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy• Vertebrate Animals

•Debarment and Suspension •Drug- Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); •Lobbying •Non-Delinquency on Federal Debt •Research Misconduct •Civil Rights (Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690) •Sex Discrimination (Form HHS 639-A or HHS 690) •Age Discrimination (Form HHS 680 or HHS 690); •Recombinant DNA and Human Gene Transfer Research •Financial Conflict of Interest (except Phase I SBIR/STTR) •STTR ONLY: Certification of Research Institution Participation.

3. FACILITIES AND ADMINISTRATIVE (F&A) COSTS

Indicate the applicant organization's most recent F&A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office.

F&A costs will **not** be paid on construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, Small Business Innovation Research/Small Business Technology Transfer Grants, foreign grants, and specialized grant applications.

DHHS Agreement dated: _____ No Facilities and Administrative Costs Requested.

No DHHS Agreement, but rate established with _____ Date _____

CALCULATION*

Entire proposed budget period: Amount of base \$ _____ x Rate applied _____ % = F&A costs \$ _____
Add to total direct costs from Form Page 2 and enter new total on Face Page, Item 8b.

*Check appropriate box(es):

Salary and wages base Modified total direct cost base Other base (Explain)

Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):