

Department of Health and Human Services Public Health Services <h2 style="margin: 0;">Grant Progress Report</h2>	Review Group	Type 5	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) University of Virginia Box 400195 Charlottesville, VA 22904
2b. E-MAIL ADDRESS	4. ENTITY IDENTIFICATION NUMBER 1546001796A1
2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	5. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Director of Grants and Contracts University of Virginia, Office of Sponsored Programs Box 400195 Charlottesville, VA 22904 E-MAIL: gjk5y@virginia.edu
2d. MAJOR SUBDIVISION School of Medicine	
6. HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes	7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes
6a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes	7a. If "Yes," IACUC approval Date
6b. Human Subjects Assurance No. FWA00006183	
If Exempt ("Yes" in 6a): Exemption No.	7b. Animal Welfare Assurance No. A3245-01
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 8a. DIRECT \$	9. INVENTIONS AND PATENTS <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," <input type="checkbox"/> Previously Reported <input type="checkbox"/> Not Previously Reported
8b. TOTAL \$	
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>) Gerald J. Kane TEL 434-924-4270 FAX 434-982-3096
	11c. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (<i>Item 14</i>) NAME Sarah J. White TITLE Assistant Dean for Research Administration TEL 434-924-8426 FAX 434-924-8725 E-MAIL sjw2b@virginia.edu

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 11c. (<i>In ink. "Per" signature not acceptable.</i>)	DATE
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