

Department of Health and Human Services Public Health Services <h2 style="margin: 0;">Grant Progress Report</h2>	Review Group	Type	Activity	Grant Number
	Total Project Period			
	From:		Through:	
	Requested Budget Period			
From:		Through:		

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 School of <enter department here>
	2d. MAJOR SUBDIVISION
3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) Washington University Campus Box 1054, One Brookings Drive St. Louis, MO 63130-4862	2e. Tel: _____ Fax: _____
	3b. Tel: 314-747-4134 Fax: 314-362-8712 3c. DUNS: 068552207
4. ENTITY IDENTIFICATION NUMBER 1430653611A1	
6. HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes 6a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If Exempt ("Yes" in 6a): Exemption No. _____ If Not Exempt ("No" in 6a): IRB approval date _____	5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Teri Medley, Director, Sponsored Reseach Services Campus Box 1054, One Brookings Drive St. Louis, MO 63130-4862
6b. Federal Wide Assurance No. FWA00002284 6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	Tel: 314-747-4134 Fax: 314-362-8712 E-MAIL: researchgrants@wusm.wustl.edu
7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes 7a. If "Yes," IACUC approval Date _____ 7b. Animal Welfare Assurance No. D1600245	10. PROJECT/PERFORMANCE SITE(S) Organizational Name: Washington University DUNS: 068552207
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD 8a. DIRECT \$ _____ 8b. TOTAL \$ _____	Street 1: One Brookings Drive Street 2: _____
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	City: St. Louis County: St. Louis City State: MO Province: Country: USA Zip/Postal Code: 63130-4862 Congressional Districts: MO-001
11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13) Teri Medley, Director, Sponsored Research Services	
TEL: 314-747-4134	FAX: 314-362-8712
E-MAIL: researchgrants@wusm.wustl.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 11. (In ink)	DATE
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