

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	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	5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL		
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	
6b. Federal Wide Assurance No. FWA00002284	Megan White, Director, Joint Rsrch Off For Contracts Campus Box 1054, One Brookings Drive St. Louis, Mo 63130-4862		
6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	Tel: 314-747-5292		Fax: 314-362-8712
7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes		E-MAIL: researchcontracts@wusm.wustl.edu	
7a. If "Yes," IACUC approval Date	10. PROJECT/PERFORMANCE SITE(S)		
7b. Animal Welfare Assurance No. D1600245	Organizational Name: Washington University		
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD	DUNS: 068552207		
8a. DIRECT \$	8b. TOTAL \$		Street 1: One Brookings Drive
9. INVENTIONS AND PATENTS <input type="checkbox"/> No <input type="checkbox"/> Yes	City: St. Louis		County: St. Louis City
	If "Yes, <input type="checkbox"/> Previously Reported <input type="checkbox"/> Not Previously Reported		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: researchcontracts@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	DATE
	11. (In ink)	