

University of Massachusetts Medical School

Annual Progress Report Form

This form is required for RFS review and approval of sponsor required Progress Reports on an established project.

Document Contact Name Phone Email Requested Return Date

I. AWARD INFORMATION

Award Title
Sponsor Name Type: Continuation SNAP? Yes No
Sponsor Ref. Award #: Date Due to Sponsor Receipt Postmark
PS Award #: PS Project #: Electronic Time (if Elec.)

II. PRINCIPAL INVESTIGATOR INFORMATION

PI Name Current Effort % Will the level of effort for the PI change significantly (25% or more) in the next budget period? Yes No
PI Phone
Dept. Name Project Location (if changed):

III. CO-INVESTIGATORS

Must be UMMS Faculty or Professional Staff unless a Subawardee/Subrecipient is indicated below.

Name	Department	Signature (See Declarations (below) for UMMS Fac/Prof Staff)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

IV. NEXT PERIOD BUDGET & SUBRECIPIENTS

Start Date End Date
Direct Costs Indirect Costs Total Costs

LEGAL NAME OF SUBRECIPIENT (Attach additional sites if necessary)

NEXT PERIOD BUDGET

\$
\$
\$

Does Proposal Involve Cost Sharing?

Yes No

- Sponsor Requires Cost Sharing
- Sponsor Limits Indirect Costs

(Attach Sponsor Documentation for 1 and/or 2)

- Indirect Cost Waiver Requested
- InKind/Voluntary Costs Included

(Add'l Approval Required for Either 3 or 4)

V. COMPLIANCE INFORMATION/CERTIFICATIONS

Human Subjects? Yes No Has the involvement of human subjects changed? Yes No

Docket/Protocol #: Approval Date: Pending

Animal Subjects? Yes No Has the involvement of animal subjects changed? Yes No

Docket/Protocol #: Approval Date: Pending

Inventions? Yes No Previously Reported? Yes No

Indicate below the appropriate activities involved in this project. Please list the valid IBC Protocols that cover this activity.

	Yes	No		Yes	No		Yes	No
Radioactive Materials	<input type="radio"/>	<input type="radio"/>	Pathogen - Animal	<input type="radio"/>	<input type="radio"/>	Microbial Pathogen-Animal	<input type="radio"/>	<input type="radio"/>
Recombinant DNA	<input type="radio"/>	<input type="radio"/>	Pathogen - Human	<input type="radio"/>	<input type="radio"/>	Microbial Pathogen-Human	<input type="radio"/>	<input type="radio"/>
Adult Stem Cells	<input type="radio"/>	<input type="radio"/>	Blood - Animal	<input type="radio"/>	<input type="radio"/>	Cell Lines - Animal	<input type="radio"/>	<input type="radio"/>
Embryonic Stem Cells	<input type="radio"/>	<input type="radio"/>	Blood - Human	<input type="radio"/>	<input type="radio"/>	Cell Lines - Human	<input type="radio"/>	<input type="radio"/>
Select Agent	<input type="radio"/>	<input type="radio"/>	Tissue - Animal	<input type="radio"/>	<input type="radio"/>			
Biologic Toxin	<input type="radio"/>	<input type="radio"/>	Tissue - Human	<input type="radio"/>	<input type="radio"/>			

Docket/Protocol #: Docket/Protocol #: Docket/Protocol #: Docket/Protocol #:

Approval Date: Approval Date: Approval Date: Approval Date:

VI. DECLARATIONS & DEPARTMENT APPROVALS

Signature of the **Principal Investigator** below (and Co-Investigators in Section V) indicates:

- * assurance that the information submitted within the report is true, complete and accurate to their best knowledge
- * certification that they are not currently suspended, debarred, or proposed for debarment or suspension for doing business with the Federal Government.
- * compliance of the award with applicable, institution, sponsor, federal, and state rules, regulations and guidelines,
- * acceptance of the responsibility to continue to conduct and judiciously manage the project in accordance with the terms and conditions of the sponsoring agency and the institution,
- * UMMS resources necessary to complete the project will continue to be available for the project
- * assurance that they are in compliance with the Institutions' Intellectual Property Policy and Conflict of Interest Policy.

Signature of the **Department Administrator** (as required) below indicates:

- * assurance of departmental review of the information and budget for accuracy and compliance with sponsor and institution guidelines.

Signature of the **Department Chair(s)** (as required) below indicates:

- * approval of project and confirmation that appropriate space and facilities are available to continue to meet the project goals,
- * cognizance of the project's risks and administrative obligations,
- * acceptance of the obligation of Department funds to meet any cost sharing in this project.

Principal Investigator

Additional Department Chair/Division Chief (as Required)

Department Administrator

Additional Department Chair/Division Chief (as Required)

Department Chair (optional)

Additional Department Chair/Division Chief (as Required)

VII. INSTITUTION APPROVALS

Authorized Institutional Official - Office of Research Funding

Special Approval (as Required)