Columbia University ARRA Funded Awards Progress Report

GRANT NUMBER:		ACCOUNT NUMBER:	
PRINCIPAL INVESTIGATOR:		PERIOD COVERED BY THIS REPORT:	
TAILED ALL IN ESTIDATOR.		TEMOD COVERED DI THIS REFORT.	
DEPARTMENT NUMBER:		DEPARTMENT NAME:	
THE E OF BROLLECTA		DUE DATE.	
TH	LE OF PROJECT:		DUE DATE:
1.	Evaluate the status of the work that has been completed. This evaluation should be based on performance progress reports and other relevant non-financial performance information. Please choose one of the following options:		
	NOT STARTED	COMPLET	TED 50% OR MORE
	LESS THAN 50% COMPLETED	FULLY CO	MPLETED
2.	2. For Grants and Cooperative Agreements that are not supplements, please provide a description of the overall purpose and expected outputs and outcomes or results of the award and first-tier sub-award(s), including significant deliverables and, if appropriate, units of measure. For an award that funds multiple projects such as a formula block grant, the purpose and outcomes or results may be stated in broad terms. If there are no significant changes from the project abstract as it appears in the proposal then state "As defined in the project abstract". As the project progresses, you should supplement this statement with brief descriptions such as personnel in place, research underway and / or equipment purchased and / or installed. For summer research experience supplements, provide a sentence such as, "This grant provided a summer research experience(s) for (insert "X" number of high school student(s), college student(s), science educator(s), etc.) in health-related scientific research." For administrative supplements, do not use the abstract from the parent grant. Instead, you must create a description of the purpose of the supplement. All descriptions must be limited to no more than 2k characters.		