

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		
		2d. MAJOR SUBDIVISION		
		2e. Tel:	Fax:	
3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) <b>The Trustees of Indiana University Office of Research Administration 620 Union Drive, Room 518 Indianapolis, IN 46202-5167</b>		3b. Tel: (317) 278-3473	Fax: (317) 274-5932	
		3c. DUNS: 60-300-7902		
		4. ENTITY IDENTIFICATION NUMBER 1-35-6001673-A1		
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	
		Jean Mercer, Interim Director 620 Union Drive, Room 518 Indianapolis, IN 46202-5167		
6b. Federal Wide Assurance No.		Tel: (317) 278-3473	Fax: (317) 274-5932	
6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		E-MAIL: spon2@iupui.edu		
7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes		10. PROJECT/PERFORMANCE SITE(S)		
7a. If "Yes," IACUC approval Date		Organizational Name: The Trustees of Indiana University		
7b. Animal Welfare Assurance No.		DUNS: 60-300-7902		
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD		Street 1: 620 Union Drive, Room 518		
8a. DIRECT \$	8b. TOTAL \$	Street 2:		
9. INVENTIONS AND PATENTS <input type="checkbox"/> No <input type="checkbox"/> Yes		City: Indianapolis	County: Marion	
If "Yes, <input type="checkbox"/> Previously Reported <input type="checkbox"/> Not Previously Reported		State: Indiana	Province:	
		Country: USA	Zip/Postal Code: 46202-5167	
		Congressional Districts: 7		
11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13) John W. Talbott, Interim Assistant Vice President for Research Administration				
TEL: (317) 278-3473		FAX: (317) 274-5932		E-MAIL: spon2@iupui.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