



DEPARTMENT OF COMMERCE RESEARCH PERFORMANCE PROGRESS REPORT (RPPR)

For instructions, please visit

http://www.osec.doc.gov/oam/grants_management/policy/documents/RPPR%01July%2018.pdf

AWARD INFORMATION	
1. Federal Agency:	2. Federal Award Number:
3. Project Title:	
4. Award Period of Performance Start Date:	5. Award Period of Performance End Date:
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR	
6. Last Name and Suffix:	7. First and Middle Name:
8. Title:	
9. Email:	10. Phone Number:
AUTHORIZING OFFICIAL	
11. Last Name and Suffix:	12. First and Middle Name:
13. Title:	
14. Email:	15. Phone Number:
REPORTING INFORMATION	
Signature of Submitting Official:	
16. Submission Date and Time Stamp:	17. Reporting Period End Date:
18. Reporting Frequency: <input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Quarterly	19. Report Type: <input type="radio"/> Not Final <input type="radio"/> Final
RECIPIENT ORGANIZATION	
20. Recipient Name:	
21. Recipient Address:	
22. Recipient DUNS:	23. Recipient EIN:

ACCOMPLISHMENTS
24. What were the major goals and objectives of this project?
25. What was accomplished under these goals?
26. What opportunities for training and professional development has the project provided?
27. How were the results disseminated to communities of interest?
28. What do you plan to do during the next reporting period to accomplish the goals and objectives?
PRODUCTS
29. Publications, conference papers, and presentations
30. Technologies or techniques
31. Inventions, patent applications, and/or licenses
32. Other products

Attach a separate document if more space is needed for #6-10, or #24-50.

PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS
33. What individuals have worked on this project?
34. Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?
35. What other organizations have been involved as partners?
36. Have other collaborators or contacts been involved?
IMPACT
37. What was the impact on the development of the principal discipline(s) of the project?
38. What was the impact on other disciplines?
39. What was the impact on the development of human resources?
40. What was the impact on teaching and educational experiences?
41. What was the impact on physical, institutional, and information resources that form infrastructure?
42. What was the impact on technology transfer?

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43. What was the impact on society beyond science and technology?
44. What percentage of the award's budget was spent in foreign country(ies)?
CHANGES/PROBLEMS
45. Changes in approach and reasons for change
46. Actual or anticipated problems or delays and actions or plans to resolve them
47. Changes that had a significant impact on expenditures
48. Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents
49. Change of primary performance site location from that originally proposed
PROJECT OUTCOMES
50. What were the outcomes of the award?

Attach a separate document if more space is needed for #6-10, or #24-50.

DEMOGRAPHIC INFORMATION FOR SIGNIFICANT CONTRIBUTORS (VOLUNTARY)	
<p>Gender:</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Do not wish to provide</p>	<p>Ethnicity:</p> <p><input type="radio"/> Hispanic or Latina/o</p> <p><input type="radio"/> Not Hispanic or Latina/o</p> <p><input type="radio"/> Do not wish to provide</p>
<p>Race:</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> Native Hawaiian or other Pacific Islander</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Do not wish to provide</p>	<p>Disability Status:</p> <p><input type="radio"/> Yes</p> <p><input type="checkbox"/> Deaf or serious difficulty hearing</p> <p><input type="checkbox"/> Blind or serious difficulty seeing even when wearing glasses</p> <p><input type="checkbox"/> Serious difficulty walking or climbing stairs</p> <p><input type="checkbox"/> Other serious disability related to a physical, mental, or emotional condition</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not wish to provide</p>

Attach a separate document if more space is needed for #6-10, or #24-50.