A. COVER PAGE

Project Title:	
Grant Number:	Project/Grant Period:
Reporting Period:	Requested Budget Period:
Report Term Frequency: Semi-Annual	Date Submitted:
	Recipient Organization:
Program Director/Principal Investigator Information: Phone Number: Email:	DUNS: UEI: EIN: RECIPIENT ID:
Change of Contact PD/PI: NA	
Administrative Official:	Signing Official:
Phone number: Email:	Phone number: Email:
Human Subjects: HS Exempt: Exemption Number: Phase III Clinical Trial:	Vertebrate Animals:
hESC:	Inventions/Patents:

B. ACCOMPLISHMENTS

B.1 WHAT ARE THE MAJOR GOALS OF THE PROJECT?

B.1.a Have the major goals changed since the initial competing award or previous report?

B.2 WHAT WAS ACCOMPLISHED UNDER THESE GOALS?

B.3 COMPETITIVE REVISIONS/ADMINISTRATIVE SUPPLEMENTS

For this reporting period, is there one or more Revision/Supplement associated with this award for which reporting is required?

B.4 WHAT OPPORTUNITIES FOR TRAINING AND PROFESSIONAL DEVELOPMENT HAS THE PROJECT PROVIDED?

B.5 HOW HAVE THE RESULTS BEEN DISSEMINATED TO COMMUNITIES OF INTEREST?

B.6 WHAT DO YOU PLAN TO DO DURING THE NEXT REPORTING PERIOD TO ACCOMPLISH THE GOALS?

C. PRODUCTS

C.1 PUBLICATIONS

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award?

C.2 WEBSITE(S) OR OTHER INTERNET SITE(S)

C.3 TECHNOLOGIES OR TECHNIQUES

C.4 INVENTIONS, PATENT APPLICATIONS, AND/OR LICENSES

Have inventions, patent applications and/or licenses resulted from the award during the reporting period?

If yes, has this information been previously provided to the PHS or to the official responsible for patent matters at the grantee organization?

C.5 OTHER PRODUCTS AND RESOURCE SHARING

D. PARTICIPANTS

D.1 WHAT I	NDIVIDU	ALS HAVE WORKE	D ON THE P	ROJECT?						
Commons ID	S/K	Name	Degree(s)	Role	Cal	Aca	Sum	Foreign Org	Country	SS
Glossary of acronyms:Foreign Org - Foreign Organization AffiliationS/K - Senior/KeySS - Supplement SupportCal - Person Months (Calendar)RS - Reentry SupplementAca - Person Months (Academic)DS - Diversity SupplementSum - Person Months (Summer)OT - OtherNA - Not Applicable										
D.2 PERSON	INEL UPD	ATES								
D.2.a Level	of Effort									
by the agen	cy for the	next budget period PD/PI(s) or other inimum amount of	senior/key	personnel de	esignated	in the No				
D.2.b New S	Senior/Ke	y Personnel								
Are there, o	r will ther	re be, new senior/l	key personne	el?						
D.2.c Chang	es in Oth	er Support								
Has there be	een a cha	inge in the active o	other suppor	t of senior/k	ey person	nel since	the last i	reporting perio	od?	
D.2.d New C	Other Sign	nificant Contributo	rs							
Are there, o	r will ther	re be, new other si	ignificant cor	ntributors?						
D.2.e Multi-F	PI (MPI) L	eadership Plan								
Will there be	e a chang	e in the MPI Leade	ership Plan fo	or the next b	udget per	iod?				

E. IMPACT

E.1 WHAT IS THE IMPACT ON THE DEVELOPMENT OF HUMAN RESOURCES?

E.2 WHAT IS THE IMPACT ON PHYSICAL, INSTITUTIONAL, OR INFORMATION RESOURCES THAT FORM INFRASTRUCTURE?

E.3 WHAT IS THE IMPACT ON TECHNOLOGY TRANSFER?

E.4 WHAT DOLLAR AMOUNT OF THE AWARD'S BUDGET IS BEING SPENT IN FOREIGN COUNTRY(IES)?

F. CHANGES

F.1 CHANGES IN APPROACH AND REASONS FOR CHANGE
F.2 ACTUAL OR ANTICIPATED CHALLENGES OR DELAYS AND ACTIONS OR PLANS TO RESOLVE THEM
F.3 SIGNIFICANT CHANGES TO HUMAN SUBJECTS, VERTEBRATE ANIMALS, BIOHAZARDS, AND/OR SELECT AGENTS
F.3.a Human Subject
F.3.b Vertebrate Animals
F.3.c Biohazards
F.3.d Select Agents

G. SPECIAL REPORTING REQUIREMENTS SPECIAL REPORTING REQUIREMENTS

G.1 SPECIAL NOTICE OF AWARD TERMS AND FUNDING OPPORTUNITIES ANNOUNCEMENT REPORTING REQUIREMENTS G.2 RESPONSIBLE CONDUCT OF RESEARCH G.3 MENTOR'S REPORT OR SPONSOR COMMENTS **G.4 HUMAN SUBJECTS** G.4.a Does the project involve human subjects? Is the research exempt from Federal regulations? G.4.b Inclusion Enrollment Data G.4.c ClinicalTrials.gov Does this project include one or more applicable clinical trials that must be registered in ClinicalTrials.gov under FDAAA? G.5 HUMAN SUBJECTS EDUCATION REQUIREMENT Are there personnel on this project who are newly involved in the design or conduct of human subjects research?

G.6 HUMAN EMBRYONIC STEM CELLS (HESCS)

Does this project involve human embryonic stem cells (only hESC lines listed as approved in the NIH Registry may be used in NIH funded research)?

G.7 VERTEBRATE ANIMALS

Does this project involve vertebrate animals?

G.8 PROJECT/PERFORMANCE SITES

Organization Name	UEI	Congressional District	Address

G.9 FOREIGN COMPONENT

G.10 ESTIMATED UNOBLIGATED BALANCE

G.10.a Is it anticipated that an estimated unobligated balance (including prior year carryover) will be greater than 25% of the current year's total approved budget?

G.11 PROGRAM INCOME

Is program income anticipated during the next budget period?

G.12 F&A COSTS

Is there a change in performance sites that will affect F&A costs?

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

			St	art Date*:	End Da	ate*:		Budg	jet Period	: 1		
A. Senior/Key	y Person											
Prefix Fir		Middle Name	Last Name*	Suffix Proj	ject Role*	Base Salary (\$)				Requested Salary (\$)*		Funds Requested (\$)
Total Funds	Requested for	r all Senior K	Key Persons i	n the attached fil	е							
Additional Se	enior Key Pers	sons:	File Name:							Total Sen	ior/Key Person	
	sonnel Project Role*	*	Ca	llendar Months A	Academic M	onths Sumr	ner Monthe	s Reques	ted Salary			Funds Requested (\$
Number of		*	Ca	Ilendar Months A	Academic M	onths Sumr	ner Months	s Reques	ted Salary			
Number of			Ca	ilendar Months A	Academic M	onths Sumr	ner Months	s Reques	ted Salary			
	Project Role*	Associates	Ca	Ilendar Months A	Academic M	onths Sumr	ner Months	s Reques	ted Salary			
Number of	Project Role* Post Doctoral	Associates dents	Ca	Ilendar Months A	Academic M	onths Sumr	ner Month	s Reques	ted Salary			
Number of	Project Role* Post Doctoral Graduate Stud	Associates dents te Students	Ca	Ilendar Months A	Academic M	onths Sumr	ner Months	s Reques	ted Salary			
	Project Role* Post Doctoral Graduate Stue Undergraduat	Associates dents te Students erical		Ilendar Months A	Academic M	onths Sumr	ner Months	s Reques	ted Salary	/ (\$)* F		Funds Requested (\$

RESEARCH & RELATED Budget {A-B} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

UEI*:				
Budget Type*: • Project	O Subaward/	Consortium		
Enter name of Organization:				
S	tart Date*:	End Date*:	Budget Period: 1	
C. Equipment Description				
List items and dollar amount fo	or each item exce	eding \$5,000		
Equipment Item				Funds Requested (\$)*
Total funds requested for all	equipment liste	ed in the attached file		
			Total Equipment	0.00
Additional Equipment: F	ile Name:			
D. Travel				Funds Requested (\$)*
1. Domestic Travel Costs (Inc	I. Canada. Mexic	o. and U.S. Possessio	ns)	0.00
2. Foreign Travel Costs	,		-,	0.00
			Total Travel Cost	0.00
E. Participant/Trainee Suppo	ort Costs			Funds Requested (\$)*
1. Tuition/Fees/Health Insuran	се			0.00
2. Stipends				0.00
3. Travel				0.00
4. Subsistence				0.00
5. Other:				
0 Number of Participants/T	rainees	٦	otal Participant Trainee Support Costs	0.00

0 Number of Participants/Trainees

RESEARCH & RELATED Budget {C-E} (Funds Requested)

UEI*:

Budget Type*:

Enter name of Organization:

Project

Start Date*:

O Subaward/Consortium

RESEARCH & RELATED BUDGET - SECTIONS F-K, BUDGET PERIOD 1

Budget Period: 1

End Date*:

F. Other Direct Costs		Funds Requested (\$)*
1. Materials and Supplies		0.00
2. Publication Costs		0.00
3. Consultant Services		0.00
4. ADP/Computer Services		0.00
5. Subawards/Consortium/Contractual Costs		0.00
Equipment or Facility Rental/User Fees		0.00
7. Alterations and Renovations		0.00
8.		0.00
9.		0.00
10.		0.00
11.		0.00
12.		0.00
13.		0.00
14.		0.00
15.		0.00
16.		0.00
17.		0.00
	Total Other Direct Costs	0.00
G. Direct Costs		Funds Requested (\$)*
	Total Direct Costs (A thru F)	0.00
H. Indirect Costs		
Indirect Cost Type	Indirect Cost Rate (%) Indirect Cost Base (\$)	Funds Requested (\$)*
	-	Tunus Nequesteu (\$)
	Total Indirect Costs	
Cognizant Federal Agency		
(Agency Name, POC Name, and POC Phone Number)		
I. Total Direct and Indirect Costs		Funds Requested (\$)*
	Total Direct and Indirect Institutional Costs (G + H)	0.00
J. Fee		Funds Requested (\$)*
		0.00
K. Total Costs and Fee		Funds Requested (\$)*
		0.00
L. Budget Justification* File Name:]

J. MISCELLANEOUS DOCUMENTS

J.1 Other Documents

Please upload any additional attachments needed for your award that do not have a specific upload field in another section of the RPPR.