



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: Annual Semi-Annual Quarterly	19. Report Type: Not Final 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?

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

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)

Gender: (Select all that apply)

Female

Male

Transgender, non-binary, or another gender

Prefer not to answer

Do you identify with any of the following groups that the federal government, in Executive Order 13985, has identified as underserved? Check all that apply.

Members of religious minorities

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons

Persons with disabilities

Persons who live in rural areas

Persons otherwise adversely affected by persistent poverty or inequality

No, I do not identify with any of these groups

What is your race and/or ethnicity? Check all that apply.

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Disability Status:

Deaf or serious difficulty hearing

Yes Blind or serious difficulty seeing even when wearing glasses

Serious difficulty walking or climbing stairs

Other serious disability related to a physical, mental, or emotional condition

No

Do not wish to provide

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