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**QUARTERLY PROGRESS REPORT**

**General Instructions:** This quarterly progress report is intended to provide a summary by grant aims of the progress that has occurred on this grant during the quarter. This report is required for invoice payment. Please complete all of the items as instructed. Do not delete instructions. Do not leave any items blank; responses must be provided for all items. If your response to an item is “None,” please specify “None” as your response. All acronyms must be spelled out (first reference). Avoid using personal pronouns and use terms such as “research staff” or “research project staff”. There is no limit to the length of your response to any question. Responses should be single-spaced, no smaller than 10-point type font. The report **must be completed using** **MS Word and submitted in PDF format, using electronic signature(s) when possible. Please do not scan the report**. Submitted reports must be signed by the Principal Investigator and the Sponsored Research Official (SRO). Demonstration of significant progress is a major factor in the annual funding continuation (if applicable) and no-cost extension determinations. The information provided in quarterly reports is used for the annual reports to the Florida Legislature and Governor’s office. Questions? Contact Biomedical Research staff at (850) 245-4585.

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| **Select Program:**  **Bankhead-Coley Cancer Research**  **Ed and Ethel Moore Alzheimer’s Disease Research**  James and Esther King Biomedical Research **Live Like Bella Initiative** | **Select Grant Mechanism:**  Bridge  Clinical Research  Consortium  Discovery Science  Multicenter Clinical Trial  Postdoctoral Research Fellowship  Pilot  Research Infrastructure  Standard  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION A – PROJECT INFORMATION**

1. Grantee Institution and Grant Number:

1. Principal Investigator Name (First Name, M.I., Last Name, Degree(s):
2. Current Reporting Period:

From:       Through:

1. Project Title:
2. Date Prepared:

**SECTION B – PROGRESS DETAIL**

1. **Grant Progress Summary:**

*<Describe work performed, progress, challenges, delays, and issues for the reporting quarter.* *If available, present results and conclusions for any analyses conducted in the reporting quarter. Be sure to include relevant data and detail to demonstrate overall progress and work.>*

1. **Follow on funding for the reporting period:**

*<List the source and amount of any federal, state, or local government grants or donations generated as a result of the research project.>*

1. **Collaboration for the reporting period:**

*< List any postsecondary educational institutions involved in the research project, give a description of each postsecondary educational institution's involvement in the research project, and the number of students receiving training or performing research under the research project.>*

1. **Peer reviewed journal publications for the reporting period:**

*<List all citations for publications that have resulted from this research project during the reporting period. If publications previously reported as “submitted, “in review,” or “in press” have been published during this period, please include or update as necessary.>*

1. **Presentations for the reporting period:**

*<List all citations for presentations during the reporting period.>*

1. **Inventions and patents for the reporting period:**

*<List ALL inventions based on your research on this project and note any related patent filings.>*

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| **PRINCIPAL INVESTIGATOR**  **Name:**  **Title:**  **Email:**  **Telephone:** | **SPONSORED RESEARCH OFFICIAL**  **Name:**  **Title:**  **Email:**  **Telephone:** |
| **PRINCIPAL INVESTIGATOR ASSURANCE**:  I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports as requested. | **SPONSORED RESEARCH OFFICIAL ASSURANCE**:  I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with terms and conditions associated with this grant. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. |
| **SIGNATURE OF PI:**  Date | **SIGNATURE OF SRO:**  Date |

**\*\* FOR DEPARTMENT OF HEALTH USE ONLY \*\***

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| **SIGNATURE OF GRANT MANAGER:**  Grant Manager  Public Health Research  Date | **SIGNATURE OF DIRECTOR:**  Keshia Reid, PhD, Acting Director  Public Health Research  Date |