GRANT LEGISLATIVE PROGRESS REPORT

 Annual Report  Final Report

The annual Bankhead-Coley and Live Like Bella Legislative Progress Reports will be compiled into the Biomedical Research Advisory Council annual report and submitted to the Florida Legislature and Governor pursuant to section 381.922(6), Florida Statutes. The annual James and Esther King Legislative Progress Reports will be compiled and submitted by the Biomedical Research Advisory Council to the Florida Legislature and Governor pursuant to section 215.5602(12)(b), Florida Statutes. The annual Ed and Ethel Moore Alzheimer Legislative Progress Reports will be compiled into the Alzheimer Research Grant Advisory Board annual report and submitted to the Florida Legislature and Governor pursuant to section 381.82(4), Florida Statutes, and other laws, as applicable, both during and after the grant period. For Bankhead-Coley, James and Esther King, and Live Like Bella grants, the submission date is no later than July 31st of each year. For Alzheimer grants, the submission date is no later than October 31st of each year. The Legislative Progress Report must be submitted by the date defined in the Attachment II of the Terms & Conditions. Questions?

Contact Biomedical Research staff at (850) 245-4585.

# General Instructions: (Reports that do not comply with these instructions will be returned for correction)

1. Please complete all the items as instructed. Do not delete instructions.
2. Do not leave any items blank. If your response to an item is “None,” please state “None at the time of reporting” as your response.
3. All acronyms must be spelled out (first reference).
4. Avoid using personal pronouns and use terms such as “research staff” or “research project staff.”
5. Responses should be single-spaced, no smaller than 10-point type font.
6. The report must be completed and submitted using this PDF fillable form. The data will be uploaded to a database used to generate the annual report.

# Select Program (select only one):

\_\_\_\_\_Bankhead-Coley Cancer Research (BHC)

\_\_\_\_\_Ed and Ethel Moore Alzheimer Research (ALZ)

\_\_\_\_\_James and Esther King Biomedical Research (JEK) \_\_\_\_\_Live Like Bella Initiative (LLB)

# Select Grant Mechanism/Category (select only one):

\_\_\_\_\_Bridge

\_\_\_\_\_Clinical Research \_\_\_\_\_Consortium

\_\_\_\_\_Discovery Science

\_\_\_\_\_Multicenter Clinical Trial

\_\_\_\_\_Postdoctoral Research Fellowship

\_\_\_\_\_Pilot

\_\_\_\_\_Research \_\_\_\_\_\_Infrastructure \_\_\_\_\_Standard Grant

Other

1. DOH Grant Number:

Grantee Institution:

1. Principal Investigator Name:

[First Name, M.I., Last Name, Degree(s)]

1. Start and End Date of Research Project: From: To:
2. Current Reporting Period:

From: To:

1. Project Title:
2. Date Prepared:

Subject to periodic review due to statutory

requirements rev. 10.01.22

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* 1. **Grant Progress Report:**
		+ *Provide a summary highlighting the most significant scientific accomplishments made by the research project during the period from July 1, 2022 to June 30, 2023 for BHC, JEK, and LLB research projects.*
		+ *Provide a summary highlighting the most significant scientific accomplishments made by the research project during the period from October 1, 2022 to September 30, 2023 for ALZ research projects.*
		+ *This summary must include purpose, context, progress to date and impact to Floridians (health outcomes, return on investment).*
		+ *The summary must be written at a level targeted to a broad non-scientific audience.*
		+ *All acronyms must be spelled out (first reference).*
		+ *Personal pronouns are not allowed. Use terms such as "research staff" or "research project staff."*
		+ *There is a* ***500 word limit*** *due to space limitations in the Annual Report.*
		+ *If this is a newly awarded grant executed in 2023, update your general audience abstract of proposed research to meet the above criteria.*

# Follow-on funding for the reporting period:

*List the source and amount of any federal, state, or local government grants, private grants or donations generated as a result of your research project with the Department. For multiple grants, you may copy and insert additional pages into this section. If your response to this item is “None,” please mark:* **None at the time of reporting.**

PROPOSAL/GRANT TITLE:

Federal Agency/Institute:

Principal Investigator:

Grant Start – End Date:

Total Funds Requested:

Grant Mechanism/Category: Proposal Submission Date:

Submission Status:

Total Funds Awarded:

\_\_\_\_Funded \_\_\_\_Not Funded \_\_\_\_Pending

# 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 (i.e., what College/Department/Program and the city/state), and the names of those receiving training or performing research under the research project. If your response to this item is “None,” please mark: \_\_\_\_\_***None at the time of reporting.**

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# Peer-reviewed journal publications for the reporting period:

*Identify all publications that resulted from the research performed during this period that have been published to peer- reviewed publications. Include only those publications that acknowledge the Florida Department of Health as a funding source (as required in the grant's Terms & Conditions). List the author's last name, initial(s), additional authors similarly, article's title, publication name, publication year, publication volume: page numbers, doi: and PMCID:. Example: Author, A.B., Co-Author, C. D., Article title, Chem. Bio., 2018, 32: 23-34. doi:11.1002/chbio PMCID: PMC343434. If your response to this item is "None," please mark: \_\_\_\_***None at the time of reporting.**

# Inventions and patents for the reporting period:

*List ALL inventions based on your research on this project and note any related patent(s) that were applied for or generated as a result of the research project. We would like to know the official title, id number, submission/approved date, and the institution who filed the invention(s)/patent(s). If your response to this item is “None,” please mark: \_\_\_\_***None at the time of reporting.**

**Principal Investigator Name:**

E**mail:**

**Title: Phone:**

**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.

**Electronic Signature Attestation:**

By providing this electronic signature, I, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

**Signature of PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsored Research
Official Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsored Research Official Assurance:**

**Date -------------------------------------------------------**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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. **Electronic Signature Attestation:**

By providing this electronic signature, I, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

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**Signature of SRO Date**

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

**Electronic Signature Attestation:**

By providing this electronic signature, I, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

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**Signature of Grant Manager Public Health Research Electronic Signature Attestation:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

By providing this electronic signature, I, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Deputy Director Public Health Research**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**