**CUMULATIVE GRANT PROGRESS REPORT**

\_\_\_\_\_ No Cost Extension \_\_\_\_\_ Final

This report is intended to provide details of the comprehensive progress of your grant’s research. Questions? Contact your DOH Grant Manager directly, or email [Research@flhealth.gov](mailto:Research@flhealth.gov).

**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; responses must be provided for all items.
3. If your response to an item is “None,” please specify “None” as your response.
4. All acronyms must be spelled out (first reference).
5. Avoid using personal pronouns and use terms such as “research staff” or “research project staff.”
6. There is no limit to the length of your response to any question.
7. Responses should be single-spaced, no smaller than 10-point type font
8. Submitted reports must be signed by the Principal Investigator and the Sponsored Research Official (SRO).
9. Progress reports must clearly indicate progress toward, or completion of the grant aims, to include detailed administrative progress, graphs/images, data analysis or planning, written progress of results and conclusions specific to the quarter/period reported.

|  |  |
| --- | --- |
| **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  Pilot  Postdoctoral Research Fellowship  Research Infrastructure  Standard  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Grantee Institution and Grant Number:
2. Principal Investigator Name (First Name, M.I., Last Name, Degree(s):
3. Start and End Date of Research Project:

From:       To:

1. Project Title:
2. Date Prepared:

**SECTION B – PROJECT LEVEL DETAILS.**

**B.1.** Provide a summary highlighting the most significant scientific accomplishments on this project to date by reporting period. (More detailed progress reporting will be requested below). Broadly discuss any important changes in key personnel, scientific programs, shared resources, and/or institutional commitments that have favorably or unfavorably impacted your research.

**B.2.** **WHAT ARE THE FUTURE PLANS?** –Include plans for developing any new scientific directions and/or taking advantage of new research opportunities/follow-on funding.

**SECTION C – PROGRESS AGAINST RESEARCH AIMS.**

Please address all aims included in the research project, even if previously completed. Indicate whether each goal/objective/aim was achieved; if something was not achieved, note the reasons why. Describe the methods used. If changes were made to the research goals/objectives/aims, methods, design, or timeline since the original research grant application was submitted, please describe the changes. Provide detailed results of the research project. Include evidence of the data that was generated and analyzed, and provide tables, graphs, and figures of the data. This response should be a DETAILED report of the methods and findings. It is not sufficient to state that the work was completed. Insufficient information may jeopardize approval of the No-Cost Extension Request. If research findings are pending publication, you must still include enough detail to evaluate the progress during the project. For multiple project aims, you may copy and insert additional pages into this section.

**AIM NUMBER:**

**C.1. HYPOTHESIS** – Listhypothesis being tested by the aim, if appropriate.

**C.2. AIM DESCRIPTION** – Describe the specific aim as defined in your research grant application.

**C.3. EXPERIMENT DESCRIPTION** – List and describe the specific experiments as defined in your research grant application. For multiple experiments, you may copy and insert additional pages into this section.

Experiment 1 -

Experiment 2 -

Experiment 3 -

**C.4. PROJECT CHANGES** – If this aim or experiments within this aim have been altered from that stated in the original research grant application for any reason (including amendments, discoveries, reviewer feedback, etc.) describe the change to the aim or experiments and give the reason for the modification(s). For multiple project changes, you may copy and insert additional pages into this section.

Experiment Changed:       Date of Change:

Description of change and reason for modification:

**C.5. PROGRESS / RESULTS** – Describe work performed, progress, challenges, delays, issues, results, and conclusions on each experiment by reporting period. Be sure to include specific relevant data to demonstrate overall progress. Include discussion on deviations, negative results, and future plans as necessary. Results below should be cumulative for the life of the grant to date by reporting period. For more than one reporting period, you may copy and insert additional pages into this section.

Reporting Period: From Date:       To Date:

Experiment 1 -

Experiment 2 -

Experiment 3 -

**SECTION D – HUMAN SUBJECT DATA.**

If your project involves enrolling human subjects, describe any challenges in recruiting, screening, enrolling, or retaining participants, and specific actions taken to overcome challenges. Also, describe any serious risks to participants or suspension or termination of IRB approvals. (Subject and Enrollment documentation should be attached to this report)

**D.1.** Did you *initiate* a study that involves the testing of a treatment, prevention, or diagnostic procedure on human subjects?

YES

NO

**D.2.** Did you *complete* a study that involved the testing of a treatment, prevention, or diagnostic procedure on human subjects?

YES

NO

**D.3.** Is the project IRB approval current?

YES

NO

**D.4.** Have there been any serious or continuing non-compliance, unanticipated problems involving risks to participants or others, or any suspension or termination of IRB approval.  Yes  No

If yes, was the Department of Health notified?  Yes  No

Describe in detail below and provide documentation for any suspensions or terminations.

**D.5.** How many hospital and health care professionals were involved in the research project?

**D.6.** How many participants were included in the study compared to targeted goals?

Number of participants originally targeted to be included in the study:

Number of participants enrolled in the study:

**Note:** Studies that fall dramatically short on recruitment are encouraged to provide the details of their recruitment efforts. For example, the number of eligible participants approached verses the number that refused to participate and the reasons for refusal. Without this information, it is difficult to discern whether eligibility criteria were too restrictive or the study simply did not appeal to participants.

**D.7.** Challenges:

**D.8.** Strategies/Action plans:

**D.9.** How many participants were enrolled in the study by gender, ethnicity, and race?

|  |  |
| --- | --- |
|  | **Gender** |
| **Male** |  |
| **Female** |  |
| **Undisclosed** |  |
| **Total** |  |

|  |  |
| --- | --- |
|  | **Ethnicity** |
| **Latinos or Hispanics** |  |
| **Non-Latinos or Hispanics** |  |
| **Undisclosed** |  |
| **Total** |  |

|  |  |
| --- | --- |
|  | **Race** |
| **American Indian or Alaska Native** |  |
| **Asian** |  |
| **Black or African American** |  |
| **Native Hawaiian or other Pacific Islander** |  |
| **White** |  |
| **Other, specify** |  |
| **Undisclosed** |  |
| **Total** |  |

**SECTION E – VERTEBRATE ANIMALS DATA.**

If your project involves the use of vertebrate animals, describe any challenges and specific actions taken to overcome the challenge. Also describe any serious risks to animals or suspension or termination of Institutional Animal Care and Use Committee (IACUC) approvals. Up-to-date IACUC approval documentation should be attached to this report.

**E.1.** Did you *initiate* a study that involves the testing on or use of vertebrate animals?

YES

NO

**E.2.** Did you *complete* a study that involved the testing on or use of vertebrate animals?

YES

NO

**E.3** Have there been any serious or continuing non-compliance, unanticipated problems involving risks to study animals or any suspension or termination of IACUC approval?  Yes  No

If yes, was the Department of Health notified?  Yes  No

Describe in detail below and provide documentation for any suspensions or terminations.

**SECTION F – NEW INVESTIGATOR TRAINING AND DEVELOPMENT.**

Did students participate in project-supported internships or graduate or post-graduate training for at least one semester or one summer?

Yes  No

If yes, how many students? Please specify in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | **Undergraduate** | **Masters** | **Predoc** | **Postdoc** |
| **Male** |  |  |  |  |
| **Female** |  |  |  |  |
| **Undisclosed** |  |  |  |  |
| **Total** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity** | **Undergraduate** | **Masters** | **Predoc** | **Postdoc** |
| **Hispanic** |  |  |  |  |
| **Non-Hispanic** |  |  |  |  |
| **Undisclosed** |  |  |  |  |
| **Total** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Race** | **Undergraduate** | **Masters** | **Predoc** | **Postdoc** |
| **White** |  |  |  |  |
| **Black or African American** |  |  |  |  |
| **Asian** |  |  |  |  |
| **Native Hawaiian or other Pacific Islander** |  |  |  |  |
| **Other** |  |  |  |  |
| **Undisclosed** |  |  |  |  |
| **Total** |  |  |  |  |

**SECTION G – PEER-REVIEWED JOURNAL PUBLICATIONS**.

List ALL citations for publications that have resulted from this research grant. If publications previously reported as “submitted,” “in review,” or “in press” have been published during this period, please include or update as necessary.

**G.1.** Identify all publications that resulted from the research performed during this period that have been submitted 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 title of the journal article, the authors, the name of the peer-reviewed publication, the month and year when it was submitted or published, and the status of publication (submitted for publication, accepted for publication, or published). Submit an electronic copy of each publication or paper submitted for publication in a PDF format. Filenames for each publication should include the grant number of the research project, the last name of the PI, the number of the publication and an abbreviated research project title.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Journal Article:** | **Author(s):** | **Name of Peer-Reviewed Publication:** | **Month and Year Submitted or Published:** | **Publication Status (check appropriate box):** |
|  |  |  |  | Submitted  Accepted  Published |

**G.2.** Based on this project, are you planning to submit articles to peer-reviewed publications in the future?

Yes  No If yes, describe your plans:

**SECTION H – PRESENTATIONS.**

List ALL citations for presentations that have resulted from this research grant.

**SECTION I – INVENTIONS, PATENTS, COMMERCIAL DEVELOPMENT OPPORTUNITY.**

List ALL inventions, patents, licenses, and commercial development based on your research on this project and note any related patent filings.

**I.1.** Based on the results of this project, are you planning to file for any licenses or patents, or undertake any commercial development opportunities in the future?  Yes  No If yes, please describe your plans:

**SECTION J – COLLABORATION.**

List ALL collaborative activities or relationships developed as a result of this grant.

**J.1**. Did the research lead to new involvement with community groups, consortia, or institutions?  Yes  No

If yes, please describe:

**J.2.** Did the research lead to the opening of new clinics?  Yes  No If yes, list the number of patients seen and staff hired as a result of this research project.

**SECTION K – STATUS OF FOLLOW-ON FUNDING.**

List ALL additional grants applied for and/or received for work related to research on this project. Include project title, source, amount, and term of award. Describe how the data/results from this research project are related to or helped support the proposal submission(s)/grant(s). For multiple grants, you may copy and insert additional pages into this section.

PROPOSAL/GRANT TITLE:

Federal Agency/Institute:       Grant Mechanism:

Principal Investigator:       Proposal Submission Date:

Grant Start – End Date:       Submission Status (Funded/Not Funded/Pending):

Total Funds Requested:       Total Funds Awarded:

Total Funds Requested:       Total Funds Awarded:

|  |  |
| --- | --- |
| **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 report 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. | **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.  **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:**  Date | **SIGNATURE OF SRO:**  Date |

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

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