



## QUARTERLY PROGRESS REPORT - Part 1

This progress report is intended to provide a summary by grant aims of the progress that has occurred on this grant during the reporting period. This report is required for invoice payment. 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 of 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. The report must be completed and submitted using this PDF fillable form. All previous forms are replaced and will not be accepted. A financial consequence may be applied to any invoice that does not contain the current updated forms.
9. Submitted reports must be signed by the Principal Investigator and the Sponsored Research Official (SRO).
10. Demonstration of significant progress is a major factor in the no-cost extension determination.
11. 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 (select only one):**

Bankhead-Coley Cancer Research (BHC)  
Ed and Ethel Moore Alzheimer's Disease Research (ALZ)  
James and Esther King Biomedical Research (JEK)  
Live Like Bella Initiative (LLB)

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

Bridge	Postdoctoral Research Fellowship
Clinical Research	Pilot
Consortium	Research Infrastructure
Discovery Science	Standard
Multicenter Clinical Trial	Other

**Project Information**

1. DOH Grant Number:
2. Grantee Institution:
3. Principal Investigator Name:  
[First Name, M.I., Last Name, Degree(s)]
4. Current Reporting Period:  
From: To:
5. Project Title:
6. Date Prepared:

## **Project Summary Details**

### **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.*

### **2. 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.*

**3. 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 or "accepted" have been published during this period, please include or update as necessary.*

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

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

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

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

## Principal Investigator

**Name:**

**Email:**

**Title:**

**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.

### 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**

## Sponsored Research Official

**Name:**

**Email:**

**Title:**

**Telephone:**

### 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.

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**Signature of SRO**

**Date**

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

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**Signature of Grant Manager**

**Date**

Public Health Research

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**Signature of Director**

**Date**

Keshia Reid, PhD, Director  
Public Health Research