

Department of Health and Human Services Public Health Services <h2 style="margin: 0;">Grant Progress Report</h2>	Review Group	Type	Activity	Grant Number
	Total Project Period			
	From:		Through:	
	Requested Budget Period			
From:		Through:		

1. TITLE OF PROJECT

2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, city, state, zip code)	2b. E-MAIL ADDRESS	
	2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	
	2d. MAJOR SUBDIVISION	
	2e. Tel:	Fax:

3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) The Board of Regents of the University of Wisconsin System University of Wisconsin-Madison Research and Sponsored Programs 21 N. Park Street, Suite 6301 Madison, WI 53715-1218	3b. Tel: 608-262-3822	Fax: 608-262-5111
	3c. DUNS: 161202122 UEI: LCLSJAGTNZQ7	
	4. ENTITY IDENTIFICATION NUMBER 1396006492A1	

6. HUMAN SUBJECTS	No	Yes	5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Brenda Egan, Managing Officer Research and Sponsored Programs 21 N. Park Street, Suite 6301 Madison, WI 53715-1218
6a. Research Exempt	If Exempt ("Yes" in 6a): Exemption No.	If Not Exempt ("No" in 6a): IRB approval date	
No Yes			
6b. Federal Wide Assurance No. FWA00005399			Tel: 608-262-3822 Fax: 608-262-5111
6c. NIH-Defined Phase III Clinical Trial			E-MAIL: preaward@rsp.wisc.edu
No	Yes		

7. VERTEBRATE ANIMALS	No	Yes	10. PROJECT/PERFORMANCE SITE(S) Organizational Name: The Board of Regents of the University of Wisconsin System DUNS:161202122 UEI: LCLSJAGTNZQ7
7a. If "Yes," IACUC approval Date			
7b. Animal Welfare Assurance No. D16-00239			

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD		Street 1: 21 N. Park Street	
8a. DIRECT \$	8b. TOTAL \$	Street 2: Suite 6301	

9. INVENTIONS AND PATENTS	No	Yes	City: Madison	County: Dane
	If "Yes,"	Previously Reported	State: Wisconsin	Province:
	Not Previously Reported		Country: United States	Zip/Postal Code: 53715-1218
			Congressional Districts: WI-002	

11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13) Brenda Egan, Managing Officer		
TEL: 608-262-3822	FAX: 608-262-5111	E-MAIL: preaward@rsp.wisc.edu

12. Corrections to Page 1 Face Page

13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 11. (In ink)	DATE