

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) <b>Vanderbilt University Medical Center</b> <b>3319 West End Avenue, Suite 970</b> <b>Nashville, TN 372036856</b>	3b. Tel: <b>615-875-6070</b> Fax: <b>615-343-2447</b>	
	3c. DUNS: <b>079917897</b>	
	4. ENTITY IDENTIFICATION NUMBER <b>35-2528741</b>	

6. HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes	5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL	
6a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes	If Exempt ("Yes" in 6a): Exemption No.	If Not Exempt ("No" in 6a): IRB approval date
6b. Federal Wide Assurance No. <b>FWA00005756</b>	D. Clinton Brown, MBA, CRA Assoc. Vice President, Office of Sponsored Programs 3319 West End Avenue, Nashville, TN 37203-6856	
6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	Tel: <b>615-875-6070</b> Fax: <b>615-343-2447</b> E-MAIL: <b>sponsoredprograms@vumc.org</b>	

7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	10. PROJECT/PERFORMANCE SITE(S)
7a. If "Yes," IACUC approval Date	Organizational Name: <b>Vanderbilt University Medical Center</b>
7b. Animal Welfare Assurance No.	DUNS: <b>079917897</b>

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD	Street 1:
8a. DIRECT \$	8b. TOTAL \$
	Street 2:

9. INVENTIONS AND PATENTS <input type="checkbox"/> No <input type="checkbox"/> Yes  If "Yes," <input type="checkbox"/> Previously Reported <input type="checkbox"/> Not Previously Reported	City:	County:
	State:	Province:
	Country:	Zip/Postal Code:
	Congressional Districts: <b>TN-007</b>	

11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13) <b>D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs</b>		
TEL: <b>615-875-6070</b>	FAX: <b>615-343-2447</b>	E-MAIL: <b>sponsoredprograms@vumc.org</b>

## 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