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| Form Approved Through 02/28/2023 OMB No. 0925-0002 OMB No. 0925-0001 | | | | | | | | | | | | | | | | |
| Department of Health and Human Services  Public Health Services | | | | | | Review Group | | | Type | | Activity | | | Grant Number | | |
| Grant Progress Report | | | | | | 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)  University of Colorado Denver  Mail Stop F428, Anschutz Medical Campus, Bldg 500, 13001 E. 17th Place, Room W1124, Aurora, CO 80045-2571 | | | | | 3b. Tel: (303) 724-0090 | | | | | | | | Fax: (303) 724-0814 | | | |
| 3c. DUNS: 04-109-6314 | | | | | | | | | | | |
| 4. ENTITY IDENTIFICATION NUMBER  1846000555A7 | | | | | | | | | | | |
| 6. HUMAN SUBJECTS  No  Yes | | | | | 5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL | | | | | | | | | | | |
| 6a. Research  Exempt  No  Yes | If Exempt (“Yes” in 6a):  Exemption No. | | If Not Exempt (“No” in 6a):  IRB approval date | | Garrett Steed, Manager, PreAward, Grants and Contracts, Mail Stop F428, AMC, Bldg 500, 13001 E. 17th Pl, Rm W1124, Aurora, CO 80045-2571 | | | | | | | | | | | |
| 6b. Federal Wide Assurance No. 00005070 | | | | | Tel: (303) 724-0090 | | | | | | | | Fax: (303) 724-0814 | | | |
| 6c. NIH-Defined Phase III  Clinical Trial  No  Yes | | | | | E-MAIL: xenia@ucdenver.edu | | | | | | | | | | | |
| 7. VERTEBRATE ANIMALS  No  Yes | | | | | 10. PROJECT/PERFORMANCE SITE(S) | | | | | | | | | | | |
| 7a. If “Yes,” IACUC approval Date | | | | | Organizational Name: University of Colorado Denver | | | | | | | | | | | |
| 7b. Animal Welfare Assurance No. D16-00171 | | | | | DUNS: 04-109-6314 | | | | | | | | | | | |
| 8. COSTS REQUESTED FOR NEXT BUDGET PERIOD | | | | | Street 1: | | | | | | | | | | | |
| 8a. DIRECT $ | | 8b. TOTAL $ | | | Street 2: | | | | | | | | | | | |
| 9. INVENTIONS AND PATENTS  No  Yes  If “Yes,  Previously Reported  Not Previously Reported | | | | | City: Aurora | | | | | | | | County: | | | |
| State: CO | | | | | | | | Province: | | | |
| Country: USA | | | | | | | | Zip/Postal Code: | | | |
| Congressional Districts: CO-006 | | | | | | | | | | | |
| 11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION *(Item 13)*  Garrett Steed, Manager, PreAward, Grants and Contracts | | | | | | | | | | | | | | | | |
| TEL: (303) 724-0090 | | | | FAX: (303) 724-0814 | | | | | | E-MAIL: xenia@ucdenver.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 |

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