*Section A*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **SAEM Office Use Only** | | | | |
| **SAEM Foundation**  **Grant Progress Report**  *Follow instructions carefully.*  *Do not exceed character length restrictions indicated on the sample.* | | | | | Last name | | First name | | |
| Year received (start of funding) | | Progress Report  Year one  Final | | |
| 1. TITLE OF PROJECT | | | | | | | | | |
| 2. PRINCIPAL INVESTIGATOR | | | | |  | | | | |
| 2a. NAME (*Last, first, middle*) | | | | | 2b. DEGREE(S) OBTAINED IF APPLICABLE | | | | |
| 2d. POSITION TITLE | | | | | 2e. MAILING ADDRESS (*Street, city, state, zip code*) | | | | |
| 2f. DEPARTMENT | | | | |  | | | | |
| 2h. TELEPHONE AND FAX (*Area code, number and extension*) | | | | |
| Tel: | | | | |
| Fax: | | | | |
| E-MAIL ADDRESS: | | | | |
| 3. HUMAN SUBJECTS | | | | | 4. VERTEBRATE ANIMALS | | | | |
| No  Yes | If Yes: | IRB approval date:  ***-OR-***  IRB Exemption (please provide documentation) | | | No  Yes | 4a. If "Yes"  IACUC Approval date | | 4b. Animal welfare  assurance no. | |
| 5. DATES OF PROJECT  (*month, day, year – MM/DD/YY*) | | | | PROJECT ONGOING | 6. UNUSED FUNDS (IF APPLICABLE) | | | | |
| No  Yes | $ | | | | |
| From | | | Through |  |  | | | | |
| 7. APPLICANT DEPARTMENT / INSTITUTION | | | | | 8. JUSTIFICATION FOR CARRYOVER OF FUNDS IF REQUESTED | | | | |
| Name | | | | |  | | | | |
| Address | | | | |
| 9. MENTOR | | | | | 10. ADMINISTRATION OFFICIAL | | | | |
| Name  Address | | | | | Name  Title  Address | | | | |
| Telephone | | | | | Telephone | | | | |
| Fax | | | | | Fax | | | | |
| E-mail | | | | | E-mail | | | | |
| 10. PRINCIPAL INVESTIGATOR/ PROGRAM DIRECTOR 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. | | | | | SIGNATURE OF PI NAMED IN 2a. (*In ink. “Per” signature not acceptable*.) | | | | DATE |
| 11. 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 terms and conditions of the grant for which this progress report is filed. | | | | | SIGNATURE OF OFFICIAL NAMED IN 9. (*In ink. “Per” signature not acceptable*.) | | | | DATE |

*Section B*

Principal Investigator (*Last, first, middle*):

**PROGRESS REPORT SUMMARY**

The progress report should be a brief presentation of the accomplishments of the grant recipient during the reporting period. The report should follow the outline below. Use one additional Continuation Page as necessary.

1. Summary: List the proposal’s activities as it relates to the objective and timeline as described in the proposal. List any deficiencies or deviations from the submitted proposal.
2. Studies and Results: Describe studies conducted during the current budget period, or progress made toward beginning studies. Describe any results obtained, including negative results. If technical problems were encountered, describe how your approach was modified.
3. Publications: List presentations and publications generated during the period if applicable. List the complete citation of all publications, including abstracts, submitted or accepted for publication since the last reporting period. Report only those publications resulting directly from this grant.
4. Research/Career Development (for training grants only): Briefly describe the awardee’s involvement in activities designed to increase research skills over the last reporting period. Include formal course work, informal instruction, scientific seminars and meetings, visits to laboratories, etc.
5. Other Activities (for training grants only): Briefly describe the awardee’s involvement in activities other than research and research training during the last reporting period. Describe activities such as teaching, clinical care, professional consultation, committee service, peer review, and administrative activities. Include the percent of time spent on each of these activities and the relationship to the awardee’s research career development.
6. Plans: Summarize plans for research projects, research development, and other activities for the next period of support. Include any important modifications to the original plans. Address any changes involving research using human subjects and/or vertebrate animals.
7. Future plans: For the final report, summarize future plans for research career development, additional funding, and other activities.
8. Financial report: Please include a summary of expenditures to date and describe any significant deviations from the original budget.

Principal Investigator (*Last, first, middle*):

**CONTINUATION PAGE**