RPPR Checklist   Dept. Contact: _____

Review Date: _____   PI: _____
NIH Grant Number: _____   RPPR Deadline: _____
PIAF:
Rec'd ___Original ___Copy
SFBID **Initialed** by PI ___ yes ___ no   Other investigators ___ yes ___ no   If yes, did faculty update COINS? _____

A. Cover Page (Most of this Pre-populates)

_____ A.1 Must answer question if Project is multi-PI – Change of Contact PD/PI? – Yes/No. If Yes, add eCommons User ID for new contact PD/PI

_____ A.2 and A.3 Select Stephanie Johnson

B. Accomplishments

_____ B.1 Specific Aims – Insert for year 1, then pre-populates for subsequent years – **(No Special Characters in text)**

_____ B.2 Accomplishments **(2 pg limit PDF)** Note: this is the actual "Progress Report" section

_____ B.3 Competitive Revisions/Supplements – Yes/No If Yes, provide Specific Aims and Accomplishments **(700 Character Limit)**

_____ B.4 Professional Development – Required for grants with training component (T, F, K, R25, R13, D43 and other awards to provide training and professional development)

_____ B.5 Result Dissemination – If applicable – **do not** report routine dissemination (ie: websites and press releases)

_____ B.6 Future Goals (Mandatory for all) – **(1 page limit)** – state goals for **NEXT** period

C. Products

_____ C.1 Publications – If yes, must link to NCBI and associate with RPPR – could cause warning if pubs are not compliant with Public Access Policy – PI and ORA will get an email – can submit with warning BUT award will not be made until publication issue is resolved

_____ C.2-C.4 If Applicable (these "open" based on how questions are answered)

_____ C.5.a Other Products – If applicable, upload description of significant products developed during THIS reporting pd.

_____ C.5.b Resource Sharing – If plan was required, describe process in implementing plan. If implemented, provide final statement on data being shared

D. Participants

_____ D.1 Participants – anyone who has worked 1 cal month (8.3%) must be listed (including subaward personnel) **(Note: Must round calendar months to nearest whole number)**

_____ D.2.a Level of Effort – Selecting Yes = prior approval request for 25% or greater reduction – Provide explanation **(700 Character limit)**

_____ D.2.b New Senior/Key Personnel – If yes, upload biosketch(es)

_____ D.2.c. Changes in Other Support of Senior/Key personnel - If yes, upload Other Support (only for those that have a change) **NOTE: must include the current grant being reported on**

_____ D.2.d. New Other Significant Contributors - If yes, upload biosketch(es)

_____ D.2.e Change in MPI Leadership Plan – If yes, upload revised plan

E. Impact

____ E.1 Not applicable for most grant types

____ E.2 Impact – Describe impact on physical, institutional or information resources **(1 page limit)**

____ E.3 Not applicable for most grant types

____ E.4 Foreign Dollars - Provide $ amount obligated to first tier subsTHIS period – enter aggregate if you have 2 subs in same country

F. Changes

____ F.1 Not applicable for most grant types

____ F.2 Anticipated Delays – Describe changes/delays and plans to resolve **(1 page limit)**

____ F.3.a-d If there are changes to Human Subjects,Vertebrate Animals, Biohazards or Select Agents provide revisions

G. Special Reporting Requirements

____ G.1 Address any special reporting requirements in NOA or FOA

____ G.2 Not applicable for most grant types

____ G.3 Letter from mentor – required for training grants

____ G.4.a Human Subjects - If yes, more questions open

____ G.4.b Inclusion Enrollment Data – if applicable, note will appear in RPPR providing information

____ G.4.c Clinical Trials- If yes, NCT number is required – system will validate

____ G.5   Human Subjects Education – If yes, name new individuals involved, enter CITI training and one sentence description of the program (**1/2 page)**

____ G.6 Human Embryonic Stem Cells – If yes, hESC number is required – if changed, explain **(700 Characters)**

____ G.7 Vertebrate Animals – Should pre-populate

____ G.8 Project Performance Site – Congressional District and DUNS required (delete duplicates)

____ G.9 Foreign Component – If yes, provide name, country and description **(700 Characters)**

____ G.10.a Unobligated Balance – If greater than 25% (including prior year carryover) must select yes and provide estimated unobligated balance

____ G.10.b Provide an explanation for unobligated balance

____ G.10.c If carryover is authorized, provide a general description of how balance will be spent. Determine carryover authorization by reviewing in NIH Notice of Award

____ G.11 Program Income – If yes, enter amount and source(s)

____ G.12 F&A Costs – Is there a change in performance site that will affect F&A? If yes, explain changes F&A (1300 characters)

H. Budget – Currently N/A for all grants

RPPR Instruction Guide: http://grants1.nih.gov/grants/rppr/rppr_instruction_guide.pdf

NOTES:

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