

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 Research Foundation for SUNY Office of Sponsored Programs Stony Brook University Stony Brook, NY 11794-3362	3b. Tel: _____ Fax: _____
	3c. DUNS: 804878247
	4. ENTITY IDENTIFICATION NUMBER 1-146013200-F7
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	Laureen Velez, Grants Administrator Research Foundation for SUNY Stony Brook University, Stony Brook, NY 11794-3362
If Exempt ("Yes" in 6a): Exemption No. _____	Tel: 631-632-9949 Fax: 631-632-6963
If Not Exempt ("No" in 6a): IRB approval date _____	E-MAIL: osp@stonybrook.edu
6b. Federal Wide Assurance No. FWA00000125	
6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	
7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	10. PROJECT/PERFORMANCE SITE(S)
7a. If "Yes," IACUC approval Date _____	Organizational Name: The Research Foundation for SUNY
7b. Animal Welfare Assurance No. A3011-01	DUNS: 804878247
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD	Street 1: Office of Sponsored Programs
8a. DIRECT \$ _____	Street 2: W5510 Melville Library, Stony Brook University
8b. TOTAL \$ _____	City: Stony Brook County: Suffolk
9. INVENTIONS AND PATENTS <input type="checkbox"/> No <input type="checkbox"/> Yes	State: NY Province: _____
If "Yes, <input type="checkbox"/> Previously Reported <input type="checkbox"/> Not Previously Reported	Country: USA Zip/Postal Code: 11794-3362
	Congressional Districts: _____
11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)	
TEL: 631-632-9949	FAX: 631-632-6963
	E-MAIL: laureen.velez@stonybrook.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