**GRANT LEGISLATIVE PROGRESS REPORT**

**General Instructions:**

1. **Please complete all the items as instructed. Do not delete instructions.**
2. **Do not leave any items blank. If your response to an item is “None,” please state “None at the time of reporting” as your response.**
3. **All acronyms must be spelled out (first reference).**
4. **Responses should be single-spaced, no smaller than 10-point type font.**
5. **Avoid using personal pronouns and use terms such as “research staff” or “research project staff.”**
6. **The report must be completed using MS Word and submitted in MS Word format, when possible. Please do not scan the report.**
7. **The Legislative Progress Report must be submitted by the date defined in the Attachment II of the Terms & Conditions.**
8. **Bankhead-Coley, James and Esther King, and Live Like Bella grants, the submission date is July 31st of each year. See the Attachment II for more information.**
9. **Alzheimer grants, the submission date is October 31st of each year. See the Attachment II for more information.**

The annual Bankhead-Coley and Live Like Bella Legislative Progress Reports will be compiled into the Biomedical Research Advisory Council annual report and submitted to the Florida Legislature and Governor pursuant to section 381.922(6), Florida Statutes; James and Esther King Legislative Progress Reports pursuant to section 215.5602(12)(b), Florida Statutes; and the Ed and Ethel Moore Alzheimer Legislative Progress Reports pursuant to section 381.82(4), Florida Statutes, and other laws, as applicable, both during and after the grant period.

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| **Select Program:**  **Bankhead-Coley Cancer Research (BHC)**  **Ed and Ethel Moore Alzheimer Research (ALZ)**  James and Esther King Biomedical Research (JEK) **Live Like Bella Initiative (LLB)**  **Florida Cancer Innovation Fund (FCIF)**  **Rare Pediatric Diseases Research Program (RDAC)** | **Select Grant Mechanism:**  Bridge  Clinical Research  Consortium  Discovery Science  Multicenter Clinical Trial  Postdoctoral Research Fellowship  Pilot  Research Infrastructure  Standard Grant  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Grantee Institution and Grant Number:
2. Principal Investigator Name [First Name, M.I., Last Name, Degree(s)]:
3. Start and End Date of Research Project:

From:       Through:

1. Current Reporting Period:

From:       Through:

1. Project Title:
2. Date Prepared:

**PROJECT SUMMARY DETAILS.**

1. **Grant Progress Report:**

***(500-word limit) Provide a summary highlighting the most significant scientific accomplishments made by the research project during the period from July 1, 2020 to June 30, 2021 for BHC, JEK, and LLB and October 1, 2020 to September 30, 2021 for ALZ research projects. This summary must include purpose, context, progress to date and impact to Floridians (health outcomes, return on investment). The summary must be written at a level targeted to a broad non-scientific audience. All acronyms must be spelled out (first reference). Avoid using personal pronouns and use terms such as “research staff” or “research project staff.” If this is a newly awarded grant executed in 2021, update your general audience abstract of proposed research.***

1. **Follow-on funding for the reporting period:**

***List the source and amount of any federal, state, or local government grants, private grants or donations generated as a result of your research project with the Department. For multiple grants, you may copy and insert additional pages into this section. If your response to this item is “None,” please specify “None at the time of reporting.”***

PROPOSAL/GRANT TITLE:

Federal Agency/Institute:       Grant Mechanism:

Principal Investigator:       Proposal Submission Date:

Grant Start – End Date:       Submission Status (Funded/Not funded/Pending):

Total Funds Requested:       Total Funds Awarded:

1. **Collaboration for the reporting period:**

***List any postsecondary educational institutions involved in the research project, give a description of each postsecondary educational institution's involvement in the research project (i.e. what College/Department/Program and the city/state), and the names of those receiving training or performing research under the research project. If your response to this item is “None,” please specify “None at the time of reporting.”***

1. **Peer-reviewed journal publications for the reporting period:**

*Identify all publications that resulted from the research performed during this period that have been submitted to peer-reviewed* ***publications. Include only those publications that acknowledge the Florida Department of Health as a funding source (as required in the grant’s Terms & Conditions). List the author’s last name, initial(s), additional authors similarly, article’s title, publication name, publication year, publication volume: page numbers, doi: and PMCID:. Example: Author, A.B., Co-Author, C.D., Article title, Chem. Bio., 2018, 32: 23-34. doi:11.1002/chbio PMCID: PMC343434. If your response to this item is “None,” please specify “None at the time of reporting.”***

1. **Inventions and patents for the reporting period:**

***List ALL inventions based on your research on this project and note any related patent(s) that were applied for or generated as a result of the research project.  We would like to know the official title, id number, submission/approved date, and the institution who filed the invention(s)/patent(s). If your response to this item is “None,” please specify “None at the time of reporting.”***

**Principal Investigator**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator 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 and to provide the required progress reports as requested.

**Electronic Signature Attestation:**

By providing this electronic signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

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**Signature of PI Date**

**Sponsored Research Official**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsored Research Official Assurance**:

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 associated with this grant. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

**Electronic Signature Attestation:**

By providing this electronic signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

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**Signature of SRO Date**

**\*\* FOR DEPARTMENT OF HEALTH USE ONLY \*\***

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| **GRANT MANAGER ASSURANCES**  **Pursuant to the requirements of s. 287.057, F.S., and DOH Policy 250-14-19, I have reviewed this report for completeness and compliance with program policy and procedure.**  **Electronic Signature Attestion**  **By providing this electronic signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.**  **SIGNATURE OF GRANT MANAGER:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grant Manager Date  Public Health Research  **Electronic Signature Attestion**  **By providing this electronic signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deputy Director Date  Public Health Research |