

University of Maryland, Baltimore (UMB) PI:
Please return to the UMB Requestor no later than:



NIH RPPR Subrecipient Progress Report

UMB Requestor:

UMB PO #:

RPPR Reporting Period:

Foreign: YES NO

UMB Requestor Email:

NIH Award #:

Subaward PI:

SECTION B. ACCOMPLISHMENTS

Please summarize the progress and/or outcomes your organization has made towards the project goals in your scope of work below.

Have there been any changes to the original scope of work? * **Note that any change in scope or budget must be approved by the UMB PI and sponsor agency as required.**

YES NO

*If yes, please provide an explanation.

*****If foreign, please provide copies of all lab notebooks, all data, and all documentation that supports the research outcomes describes above to UMB Requestor email address above.**

SECTION D. PARTICIPANTS

D.1 What individuals have worked on the project in the reporting period?

Please report in the table below each person who has worked on the project during the reporting period for at least one calendar month, regardless of the source of compensation

eRA Commons IDs should be included for senior/key personnel and individuals with a postdoctoral, graduate, or undergraduate role. For individuals with a postdoctoral, graduate, or undergraduate role, please assure that their degree has been entered in their eRA Commons Profile when they complete their account set-up.

eRA Commons ID	Senior/Key Personnel? Y/N	Name	Role on the Project	Person Months

D.2.a Level of effort. **This response is for Key Personnel listed in the NOA only.*

Will there be, in the next budget period, either (1) a reduction of 25% or more in the level of effort from what was approved by the agency for the PD/PI(s) or other senior/key personnel designated in the Notice of Award, or (2) a reduction in the level of effort below the minimum amount of effort required by the Notice of Award?

YES NO N/A

*If yes, please provide an explanation.

D.2.b New Senior/Key Personnel. **This response is for New Senior/Key Personnel only.* Are there, or will there be, new senior/key personnel?

YES NO

*If yes, name each new senior/key person(s) below and describe the reason for the change. Please attach an NIH Biosketch using Common Forms for each new Senior/Key Personnel when returning this form.

D.2.c Changes in Other Support. **This response is for all Key Personnel listed in the application.*

Has there been a change in the active other support of senior/key personnel since the last reporting period?

YES NO

*If yes, please provide Current and Pending (Other) Support using Common Forms. (Reference NOT-OD-26-018). **Other support requires a secure electronic signature. DocuSign works well to capture the electronic signature.**

D.2.d New Other Significant Contributors

Are there, or will there be, new other significant Contributors?

YES NO

*If yes, please provide an NIH Biosketch and Biographical Sketch Supplement using Common Forms for all NEW other significant contributors. (Reference NOT-OD-26-018).

Other significant contributors are individuals who have committed to contribute to the scientific development or execution of the project but are not committing any specified measurable effort (i.e., person months) to the project.

SECTION F. CHANGES

F.2 Actual or anticipated challenges or delays and actions or plans to resolve them.

Please describe any actual challenges or delays and your plans to resolve them.

SECTION G. BUDGET

G.10 Estimated Unobligated Balance:

Is it anticipated that an estimated unobligated balance (including prior year carryover) will be greater than 25% of the current year's total approved subaward budget?

YES NO

Regardless of amount, please provide the estimated unobligated balance. This is needed for the overall project budget:

G.10.b

If the unobligated subaward balance is greater than 25%, please provide an explanation:

SECTION H. BUDGET

If this box is checked, please complete an SF424 Research and Related Budget for the upcoming budget period on a non expired form and provide a budget justification for UMB RPPR reporting.

Note: Even if the box is unchecked please attach a revised budget, not to exceed the total approved budget for your organization for the upcoming budget period, **only IF your organization's originally proposed budget for the next period will significantly change.** ***Note that any deviation from the UMB approved scope of work and budget must be reviewed and approved by the UMB PI and sponsor agency as required.