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| DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH PROPOSAL SUMMARY AND DATA RECORD | RFP NUMBER/CONTRACT NUMBER |
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PROJECT TITLE (Title of RFP or Contract Proposal)

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| LEGAL NAME AND ADDRESS OF OFFEROR | PLACE OF PERFORMANCE (Full address including ZIP) |
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TYPE OF CONTRACT PROPOSED

COST-REIMBURSEMENT
 FIXED PRICE
 COST-PLUS FIXED-FEE
 OTHER

ESTIMATED TIME REQUIRED TO COMPLETE PROJECT PROPOSED STARTING DATE

ESTIMATED DIRECT COSTS IN PROPOSED YEAR (From Budget)

DOES THIS PROPOSAL INCLUDE A SUBCONTRACT? YES NO

(If yes, please furnish name and location of organization, description of services, basis for selection, responsible person employed by subcontractor and cost information.) (Use attachment if necessary.)

| | | |
|---|-------------------|--------------------|
| NAME AND TITLE OF PRINCIPAL INVESTIGATOR | EST. HOURS WEEKLY | AREA CODE/TEL. NO. |
| NAME AND TITLE OF CO-INVESTIGATOR (Use attachment if necessary) | EST. HOURS WEEKLY | AREA CODE/TEL. NO. |

NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE CONTRACTS

NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE CONTRACTS

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| DOES THIS PROPOSAL INVOLVE HUMAN SUBJECTS RESEARCH? <input type="checkbox"/> YES <input type="checkbox"/> NO | EXEMPTION NUMBER (IF APPLICABLE) |
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| If YES to Human Subjects, is the IRB review Pending? <input type="checkbox"/> YES <input type="checkbox"/> NO | If IRB Review Not Pending, IRB Approval Date |
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Human Subjects Assurance Number

An example of the informed consent for this study is enclosed YES NO N/A

A Clinical Protocol is enclosed YES NO N/A

Are Vertebrate Animals Used? YES NO

If YES to Vertebrate Animals, is the IACUC review Pending? YES NO

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| If IACUC Review Not Pending, IRB Approval Date | Animal Welfare Assurance Number |
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OFFEROR'S ACKNOWLEDGEMENT OF AMENDMENTS TO THE RFP (use attachment if necessary)

| | | | |
|---------------|------|---------------|------|
| ERRATA NUMBER | DATE | ERRATA NUMBER | DATE |
|---------------|------|---------------|------|

NAME, ADDRESS, AND PHONE NUMBER OF COGNIZANT GOVERNMENT AUDIT AGENCY

NUMBER OF EMPLOYEES CURRENTLY EMPLOYED

DOLLAR VOLUME OF BUSINESS PER ANNUM

THIS OFFER EXPIRES _____ DAYS FROM THE DATE OF THIS OFFER. (120 DAYS IF NOT SPECIFIED)

FOR THE INSTITUTION

| | |
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| SIGNATURE OF PRINCIPAL INVESTIGATOR | SIGNATURE OF BUSINESS REPRESENTATIVE |
|-------------------------------------|--------------------------------------|

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|----------------------|----------------------|
| TYPED NAME AND TITLE | TYPED NAME AND TITLE |
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| EMPLOYER IDENTIFICATION NUMBER | DATE OF OFFER |
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