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| **University of California Office of the President**Special Research Programs | Progress or Final ReportOTHER SUPPORT (Equivalent NIH form is acceptable)Form 5  |
| *(Check one)* [ ]  Breast Cancer Research [ ]  Tobacco-Related Disease Research [ ]  California HIV/AIDS Research |
|  |
| AWARD NUMBER: |       | PROJECT YEAR *(Check one)*: [ ] 1st [ ] 2nd [ ] 3rd [ ] Final |
| PRINCIPAL INVESTIGATOR(S): |       |  |
|  |
| Provide the following information on all sources of support for research activities for all key personnel, using the format indicated here. Add continuation pages (5B, 5C, etc.), as needed. Total % FTE for any individual cannot exceed 12 person months |
| NAME OF PI OR KEY PERSONNELACTIVE AND PENDING GRANTS |
| GRANT NUMBER (PI NAME)SOURCETITLE OF PROJECT (OR SUB-PROJECT)THE MAJOR GOALS OF THIS PROJECT ARE… | DATES OF ACTIVE/PENDING GRANT SUPPORTANNUALTOTAL COSTS | PERCENT EFFORT(months devoted) |
| OVERLAP ISSUES: (summarized for each individual) |
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