University of California Office of the President

Special Research Programs

Progress or Final Report

OTHER 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 PERSONNEL

ACTIVE AND PENDING GRANTS

GRANT NUMBER (PI NAME)	DATES OF ACTIVE/PENDING GRANT SUPPORT	PERCENT EFFORT
SOURCE	ANNUALTOTAL COSTS	(months devoted)

TITLE OF PROJECT (OR SUB-PROJECT)

THE MAJOR GOALS OF THIS PROJECT ARE…

OVERLAP ISSUES: (summarized for each individual)