

This instructional form provides the specific lengths which correspond to the field lengths in databases used by the NCI in tracking and awarding contracts and grants. **The maximum field lengths are shown in BOLD.** Maximum field lengths INCLUDE spaces and punctuation. The second page is a copy of the form without the field length descriptions.

<b>BAA N01-CO-57034-48</b>					
<b>NCI Best Case Series (BCS) Program; Developmental Support and Prospective Research Projects</b>					
Project Title: <b>56</b>					
Performance Period		Proposed Costs - Year One		Proposed Costs - All Years	
Start	End	Direct Costs	Total Costs	Direct Costs	Total Costs
09/30/2001	09/29/2004				
Offeror: (Legal Name and Address)			Administrative Official/Authorized Negotiator		
<b>40</b>			Name	<b>30</b>	
Address (5 Lines Max.)			Title	<b>30</b>	
<b>32</b>			Address	<b>32</b>	
<b>32</b>				<b>32</b>	
<b>32</b>				<b>32</b>	
<b>32</b>				<b>32</b>	
<b>32</b>				<b>32</b>	
Type of Organization			Telephone	<b>25</b>	
Public <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local			FAX	<b>25</b>	
Large <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit			Email	<b>40</b>	
Small <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Disadvantaged Small Business <input type="checkbox"/> Women Owned <input type="checkbox"/> Hub Zone					
Entity Identification		<b>12</b>	Congressional District	<b>2</b>	
DUNS Number		<b>13</b>	Organizational Component Code	<b>2</b>	
Principal Investigator    New <input type="checkbox"/>			Degrees:	<b>4, 4, 4</b>	
Name:		<b>30</b>	Address:	<b>32</b>	
Title:		<b>30</b>		<b>32</b>	
Dept./Service /Laboratory (Educational)				<b>32</b>	
<b>30</b>				<b>32</b>	
Major Subdivision (Educational Institutions)				<b>32</b>	
<b>30</b>			Telephone	<b>25</b>	
Email:		<b>40</b>	FAX	<b>25</b>	
Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No			Official Authorized to Bind Organization		
IF Yes:			Name	<b>30</b>	
Exemption No		<b>4</b>	Title	<b>30</b>	
IRB Approval Date		<b>8</b>	Address:	<b>32</b>	
<input type="checkbox"/> Full IRB or <input type="checkbox"/> Expedited Review				<b>32</b>	
Assurance Number		<b>9</b>		<b>32</b>	
Vertebrate Animals <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>32</b>	
If Yes:				<b>32</b>	
IACUC approval date		<b>8</b>	Telephone	<b>25</b>	
Animal Welfare			FAX	<b>25</b>	
Assurance Number		<b>9</b>	Email	<b>40</b>	
Signature of Principal Investigator / Date			Signature of Official Authorized to Bind Organization / Date		

**BAA N01-CO-57034-48**

**NCI Best Case Series (BCS) Program; Developmental Support and Prospective Research Projects**

Project Title:

Performance Period		Proposed Costs - Year One		Proposed Costs - All Years	
Start	End	Direct Costs	Total Costs	Direct Costs	Total Costs
09/30/2001	09/29/2004				

Offeror: (Legal Name and Address) ..... Address (5 Lines Max.) ..... ..... .....	Administrative Official/Authorized Negotiator	
	Name	
	Title	
	Address	

Type of Organization	Telephone
Public <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	FAX
Large <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit	Email
Small <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Disadvantaged Small Business <input type="checkbox"/> Women Owned <input type="checkbox"/> Hub Zone	

Entity Identification	Congressional District
DUNS Number	Organizational Component Code

Principal Investigator    New <input type="checkbox"/>	Degrees:
Name:	Address:
Title:	
Dept./Service /Laboratory (Educational)	
Major Subdivision (Educational Institutions)	
	Telephone
Email:	FAX

Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Official Authorized to Bind Organization	
IF Yes:	Name	
Exemption No	Title	
IRB Approval Date	Address:	
<input type="checkbox"/> Full IRB or <input type="checkbox"/> Expedited Review		
Assurance Number		
Vertebrate Animals <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes:	Telephone	
IACUC approval date	FAX	
Animal Welfare	Email	
Assurance Number		

Signature of Principal Investigator / Date	Signature of Official Authorized to Bind Organization / Date