DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE NATIONAL INSTITUTES OF HEALTH **PROPOSAL SUMMARY AND DATA RECORD**	RFP/CONTRACT NUMBER

PROJECT TITLE (Title or RFP or Contract Proposal)

LEGAL NAME AND ADDRESS OF OFFEROR	PLACE OF PERFORMANCE (Full address including ZIP)

TYPE OF CONTRACT PROPOSED

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

ESTIMATED TIME REQUIRED TO COMPLETE PROJECT

ESTIMATED DIRECT COSTS IN PROPOSED YEAR (From Budget	PROPOSED STARTING DATE

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.)

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

NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE CONTRACTS	AREA CODE/TELEPHONE NUMBER
NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE CONTRACTS	AREA CODE/TELEPHONE NUMBER

DOES THIS PROPOSAL INVOLVE EXPERIMENTS WITH HUMAN SUBJECTS ☐ YES ☐ NO

Institution's General Assurance re: Human Subjects DATE APPROVED _____ ☐ PENDING

Institution's Review Board's Approval of this Proposal DATE APPROVED _____ ☐ PENDING

An example of the informed consent for this study is enclosed ☐ YES ☐ NO

A Clinical Protocol is enclosed ☐ YES ☐ NO

OFFEROR'S ACKNOWLEDGMENT 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

SIGNATURE OF PRINCIPAL INVESTIGATOR	SIGNATURE OF BUSINESS REPRESENTATIVE
TYPED NAME AND TITLE	TYPED NAME AND TITLE
EMPLOYER IDENTIFICATION NUMBER	DATE OF OFFER

Provision of the Social Security Number is voluntary. Social Security Numbers are requested for the purpose of accurate and efficient identification, review, and management of NIH Extramural Programs. Authority for requesting this information is provided by Title III, Section 301, and Title IV of the Public Health Service Act, as amended.