



USUHS FORM 3211A
INTRAMURAL PROTOCOL
MIDYEAR NONCOMPETING CONTINUATION

REA Date Stamp

PROJECT NUMBER:

Year of

1. STUDY TITLE: (75 character maximum)

2. PRINCIPAL INVESTIGATOR:

Name/Rank/Title: _____
 Degree(s): _____
 Position Title: _____
 USUHS Department: _____
 Phones (office/lab/fax): _____
 E-mail/GroupWise: _____

3. PROPOSED BUDGET PD: from Date to Date

ENTIRE PROJECT PD: from to

4. FUNDS REQUESTED: \$

5. Assurance Committees:

- Form 3203, "Assurance Supplement (annual non-competing continuation protocol, modifications, and addendums)" must be submitted with all non-competing continuation proposals.
- Form 3206A "Animal Study Protocol (annual review)" must be submitted if an annual animal use study review is due. Form 3206 "Animal Study Protocol" must be submitted if a full animal use study review is due.
- Form 3204A "Research Involving Human Subjects (annual review)" must be submitted for all human subject use studies.

Principal Investigator (signature)

Date

Department Chairperson (signature)

Date

6. BUDGET for remainder of current FY:

Personnel

<u>Full Names (Including P.I.)</u>	<u>USUHS</u> <u>Billet No.</u>	<u>Role in Project</u>	<u>Percent</u> <u>Effort on</u> <u>Project</u>	<u>Salary &</u> <u>Fringe</u> <u>Compensation</u>
a.				
b.				
c.				
d.				
e.				
f.				
<u>Subtotal of Personnel</u> \$				_____

Supplies / Equipment / Other Expenses (separate into sub-categories below)

• <u>Supplies</u>	<u>Cost</u>
a.	
b.	
c.	
d.	
e.	
f.	
<u>Subtotal of Supplies</u> \$	

• <u>Equipment (unit cost must be less than \$5,000)</u>	<u>Cost</u>
a.	
b.	
c.	
d.	
e.	
f.	
<u>Subtotal of Equipment</u> \$	

- Other Expenses (include contracts, mission-essential travel, and publication costs)

Cost

- a.
- b.
- c.
- d.

Subtotal of Other Expenses \$ _____
Total of Supplies / Equipment / Other Expenses \$ _____
TOTAL BUDGET (this year) \$ _____

7. BUDGET for next FY (Oct. 1 through Sept. 30):

Personnel

	USUHS		Percent	Salary &
<u>Full Names (Including P.I.)</u>	<u>Billet No.</u>	<u>Role in Project</u>	<u>Effort on</u>	<u>Fringe</u>
			<u>Project</u>	<u>Compensation</u>
a.				
b.				
c.				
d.				
e.				
f.				
<u>Subtotal</u> of Personnel				\$ _____

Supplies / Equipment / Other Expenses (separate into sub-categories below)

- Supplies

Cost

- a.
- b.
- c.
- d.
- e.
- f.

Subtotal of Supplies \$ _____

- Equipment (unit cost must be less than \$5,000) Cost

- a.
- b.
- c.
- d.
- e.
- f.

Subtotal of Equipment \$ _____

- Other Expenses (include contracts, mission-essential travel, and publication costs) Cost

- a.
- b.
- c.
- d.

Subtotal of Other Expenses \$ _____

Total of Supplies / Equipment / Other Expenses \$ _____

TOTAL BUDGET (this year) \$ _____

8. BUDGET JUSTIFICATION

- a. Provide a justification for the budget if it differs substantially from that requested on the original competitively reviewed proposal (include changes listed in item 6.).

- b. Provide an explanation of the role of personnel not listed on previous proposals.

9. OVERLAP:

Describe the scientific and/or budgetary overlap of any active research projects awarded in which you are the Principal Investigator. REA can provide you with a list.

Research Project Number & Study Title

Overlap

a.

b.

c.

Describe adjustments that will be made if this application is funded.

10. PROGRESS REPORT:

Form 3210 "*Progress Report (annual, interim, or final report)*" describing the activity and progress from the previous year's research protocol (Starter or Standard) must be attached.

11. SUMMARY OF PLANS FOR THE COMING YEAR:

Provide a brief summary of plans for support during the coming year, including the research objectives and specific aims as well as the experimental design and methods for achieving these goals.